

**Security Council**

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**Letter dated 9 November 2011 from the Chair of the  
Security Council Committee pursuant to resolutions 751 (1992)  
and 1907 (2009) concerning Somalia and Eritrea addressed to the  
President of the Security Council**

On behalf of the Security Council Committee pursuant to resolutions 751 (1992) and 1907 (2009) concerning Somalia and Eritrea, and in accordance with paragraph 5 of Security Council resolution 1972 (2011), I have the honour to transmit herewith the report of the Emergency Relief Coordinator on the implementation of paragraphs 3 and 4 of the latter resolution and on any impediments to the delivery of humanitarian assistance in Somalia (see annex).

I would appreciate it if the present letter and its annex were brought to the attention of the members of the Council and issued as a document of the Council.

*(Signed)* H. S. Puri  
Chairman

Security Council Committee pursuant  
to resolutions 751 (1992) and 1907 (2009)  
concerning Somalia and Eritrea



**Annex**

**Letter dated 3 November 2011 from the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator addressed to the Chair of the Security Council Committee pursuant to resolutions 751 (1992) and 1907 (2009) concerning Somalia and Eritrea**

In accordance with paragraph 5 of Security Council resolution 1972 (2011), I have the honour to transmit the report of the United Nations Resident and Humanitarian Coordinator for Somalia (see enclosure).

The humanitarian community working in Somalia wishes to advise that it maintains the definition of “implementing partner”, as defined in the first report of the United Nations Resident and Humanitarian Coordinator and pursuant to paragraph 5 of Security Council resolution 1916 (2010), as follows:

“Implementing partner”, a non-governmental organization or community-based organization that has undergone due diligence to establish its bona fides by a United Nations agency or another non-governmental organization and that reports, when requested, to the Resident and Humanitarian Coordinator for Somalia on mitigation measures. Implementing partners have the following characteristics:

- (a) The organization is part of the consolidated appeals process for Somalia (or the common humanitarian fund process);
- (b) The organization is represented in a cluster’s 3W matrix (*Who does What and Where*).

I would appreciate it if the present letter, together with its attachment, could be brought to the attention of the members of the Security Council and issued as a document of the Council.

*(Signed)* Valerie Amos  
Under-Secretary-General for Humanitarian Affairs  
and Emergency Relief Coordinator

## Enclosure

# Report of the United Nations Resident and Humanitarian Coordinator

## I. Introduction

1. The present report is the fourth submission pursuant to Security Council resolution 1972 (2011), the successor resolution to Security Council resolution 1916 (2010). The Security Council, in paragraph 5 of resolution 1972 (2011) requested the Emergency Relief Coordinator to report to the Security Council by 15 November 2011 on the implementation of paragraphs 3 and 4 of the resolution, and any impediments to the delivery of humanitarian assistance in Somalia, through the support of United Nations agencies and organizations having observer status with the General Assembly that provide humanitarian assistance.

2. This fourth report covers the period from April to November 2011. It focuses primarily on the regions of Somalia under the control of Al-Shabaab, which was listed, pursuant to paragraph 8 of Security Council resolution 1844 (2008) by the Security Council Committee pursuant to resolutions 751 (1992) and 1907 (2009) concerning Somalia and Eritrea, on 12 April 2010.

3. As in the previous three reports (S/2010/372, S/2010/580 and S/2011/125), the present report outlines constraints to humanitarian access and their operational implications, as well as the mitigation measures that have been put in place to address politicization, misuse, and misappropriation of humanitarian assistance.

4. During the reporting period, the security environment throughout Somalia varied by region and occasionally even by district. The north and north-east areas of Somalia remained generally stable with pockets of tension due to targeted assassinations of businessmen and administration officials, or occasional clan clashes. South and central Somalia, including Mogadishu, remained volatile, with brief but violent clashes taking place between a number of actors, including Transitional Federal Government troops, Transitional Federal Government-aligned forces, Ahlu Sunna wal Jama, and Al-Shabaab. On 16 October 2011, Kenyan forces entered Somalia. A press statement issued by the Office of the Government Spokesperson of Kenya on 27 October stated that the objective of the military operation was to pursue and curtail the operation of Al-Shabaab, which had become a threat to Kenya's security and economy.

5. As stated in the previous report (S/2011/125), central and southern Somalia remain the epicentre of the drought and famine crisis. While access remains difficult, it has been possible to deliver humanitarian assistance to most regions of the country, including those areas affected by famine.

## II. Constraints on humanitarian access and their operational implications

6. Somalia continues to experience a protracted and complex humanitarian emergency. Most areas of the south remain under the control of non-State armed groups. These are also the areas with the most humanitarian needs, apart from some

border areas and Mogadishu. The majority of the border areas with Kenya are controlled by armed groups affiliated with the Transitional Federal Government. Insecurity remains high in areas under the control of both anti-government and pro-government groups, undermining humanitarian access. Displaced people are also constantly on the move due to insecurity. Famine in the last four months further increased the number of displaced people.

7. On 6 August 2011, Al-Shabaab publicly announced that it would withdraw from nearly all parts of Mogadishu, but that it would continue to attack the Transitional Federal Government forces and the African Union Mission in Somalia (AMISOM). Since Al-Shabaab's withdrawal, there has been a noted increase in vehicle-borne improvised explosive devices, improvised explosive devices, and hand grenade attacks. The conflict had a significant impact on the population during the reporting period. The World Health Organization (WHO) recorded 7,426 casualties in the three main hospitals in Mogadishu from March to mid-October 2011, with a peak of 1,590 casualties in May.

8. Until the second quarter of the year, conflict remained the main reason for displacement. From June onward, drought and famine became the major reason for displacement. In July over 55,000 internal displacements were recorded. Mogadishu, for example, received an average of 1,000 new arrivals a day in July and August. Others fled to neighbouring countries: 294,000 Somalis became refugees during the reporting period.

9. The failure of the rains from April to June 2011, coupled with the previous season's insufficient rains, led to crop failure, livestock deaths, and an increase in water and cereal prices. The consequent drought led to the declaration of famine in two areas of southern Somalia (Lower Shabelle and parts of Bakool) in July and affected more than 350,000 people. By the beginning of September, the famine had spread to four more areas (the Bay region, parts of Middle Shabelle, internally displaced person (IDP) areas in the Afgooye Corridor and in Mogadishu), increasing the number of people at risk of dying to around 750,000.

10. Due to the famine and the prolonged conflict, the number of people in urgent need of humanitarian assistance increased from 2.4 million in March to 4 million in September 2011. Three quarters of the 4 million people in crisis in Somalia live in southern Somalia. The number of malnourished children in Somalia also grew from 390,000 to 450,000, 75 per cent residing in southern regions. Malnutrition rates in parts of the south are alarming. In the Bay region, for example, global acute malnutrition rates reached 58 per cent.

11. Unimpeded humanitarian access to populations in crisis in southern Somalia was not secured. The limited access granted was a result of lengthy negotiations. Despite access constraints, humanitarian organizations had been able to scale up their activities since famine was declared. During the reporting period, roughly 900 national and international United Nations staff were in Somalia at any given time, and there was a 30 per cent increase in the number of staff in Mogadishu as of June.

12. The current scaling up of activities is being assisted by a number of new humanitarian actors that until now had very limited or no presence in Somalia. While the majority of the new actors are operating in Mogadishu, a number of them are also working in areas controlled by non-State armed groups. This improved presence has increased the overall capacity to respond to humanitarian needs.

13. Since July, the number of beneficiaries receiving food assistance tripled, from 770,000 to 2.2 million people; 77 per cent of beneficiaries were in the south. Partners working in the sectors of water, hygiene and sanitation also scaled up interventions: the number of beneficiaries reached with sustainable water interventions increased from 658,000 people between January and July to nearly 1.1 million people by September; and 1.8 million people benefited from emergency water interventions by the end of September. Health partners distributed 79,000 long-lasting insecticide-treated nets to 39,500 households to reduce the spread of malaria. By October, an estimated 391,000 children were admitted for treatment of severe and moderate acute malnutrition, and blanket supplementary feeding to families with malnourished children under the age of five had reached over 85,000 households (approximately 512,000 people). Health facilities were also equipped with 1 million rapid diagnostic tests and 560,000 doses of antimalarial drugs. Over 755,000 children under the age of 15 were vaccinated against measles in Mogadishu and in accessible districts of Gedo and Bakool. Roughly 13,000 households in south Somalia received cash transfers and/or food vouchers.

### **III. Risk mitigation measures**

14. In resolution 1972 (2011), the Security Council called on Member States and the United Nations to take all possible steps to mitigate the politicization, the misuse and the misappropriation of humanitarian assistance, and requested the Emergency Relief Coordinator to report by 15 November (2011) and again by 15 July 2012 on the implementation of such measures. The Humanitarian Coordinator for Somalia, on behalf of the Emergency Relief Coordinator, surveyed organizations operating in Somalia on the mitigation measures that the humanitarian community has adopted.

15. The United Nations country team adopted an enterprise risk management framework to be used by all United Nations agencies, funds and programmes working on Somalia (including those providing humanitarian and development assistance). Since the last report, the United Nations country team formally established a Risk Management Unit comprised of two staff and headed by a Risk Manager. The primary focus of the Unit is to facilitate effective, efficient and harmonized assistance to the people of Somalia while mitigating risks associated with the delivery of assistance.

16. An information and communications technology (database) analyst in the Risk Management Unit provides dedicated capacity to support, maintain and further develop the Contractor Information Management System. Since the last report, the System has been populated by seven United Nations country team members, and now includes over 1,000 individual contractor entities. The System will also be linked to relevant Security Council resolution sanction lists, such as those with regard to resolutions 1844 (2008) and 1267 (1999), to better support and enhance the United Nations country team's due diligence processes.

17. The Risk Management Unit is actively involved in promoting enterprise risk management in Somalia, as well as throughout the wider United Nations system and with the international community. Additional risk management training was provided to United Nations employees in Somalia, as well as to key implementing partners and donors and Transitional Federal Government employees. Since the last

report, an additional 100 people have been trained, bringing the total number trained to over 250 people throughout Somalia (Mogadishu, Garowe, Galkayo, Boosaaso, Hargeisa) and in Nairobi. The Risk Manager also undertook a mission to Afghanistan to encourage the creation of a Risk Management Unit and is supporting the implementation of enterprise risk management at United Nations Headquarters.

18. Many organizations implementing humanitarian projects rely, at least partially, on remote management and monitoring. Recognizing the need to uphold the integrity and the accountability of the Common Humanitarian Fund, two key measures are being implemented to mitigate the risk of misuse of funds. First, use of the Contractor Information Management System has enabled the United Nations country team to identify which agencies and contractors are working in Somalia, to see the activities they are carrying out, and to check references. Second, the Office for the Coordination of Humanitarian Affairs plans to conduct an external audit of all NGO-funded projects, including field visits to a number of projects.

19. The humanitarian community has continued to strengthen accountability and monitoring mechanisms at the country level. For example, satellite imagery is increasingly used to verify the implementation of projects. One of the largest clusters also received funding through the Common Humanitarian Fund to pilot the monitoring of cluster achievements. The Fund has also employed a dedicated staff member based in Somalia to monitor a number of its funded projects. To further strengthen monitoring, the Fund conducts a lessons learned exercise after each standard allocation.

20. The continued support of donors to the Common Humanitarian Fund reflects their confidence in the Fund's accountability: the Fund was established in 2010 with an allocation of \$20 million; since the beginning of the year, \$73 million has been allocated to it. Roughly 72 per cent of that funding has been committed to projects assisting people in central and southern Somalia.

21. The survey undertaken by the Humanitarian Coordinator, as referred to in paragraph 14, did not reveal any instances of misuse or misappropriation of assistance. One instance of politicization was identified: an organization reported that the local administration was blocking the recruitment of additional staff, as well as the implementation of certain projects. The matter remains unresolved.

22. Organizations responding to the survey stated that they continue to use and refine mitigation measures. All respondents, for example, screen one or more of the following against United Nations sanctions lists: national or international staff, implementing partners, or contractors.

23. In addition to the measures outlined in the previous reports, organizations are increasing the regular reporting requirements for their staff and implementing partners, particularly during the current famine crisis. In order to assure greater accountability, some organizations have also begun embedding their own staff with their implementing partners to take responsibility for logistics, finance and reporting. One organization reported that it had employed a compliance officer dedicated to its Somalia operation.

#### **IV. The impact of resolutions 1916 (2010) and 1972 (2011)**

24. Since the adoption of Security Council resolution 1916 (2010) and its successor, resolution 1972 (2011), views on the impact of the resolutions on donor funding are variable. The general consensus seems to be that though funding delays occurred initially, the resolutions have had a limited impact on stopping funding overall. The perception of some organizations is that the humanitarian exemption clause in the resolutions has enabled them to continue to operate, particularly in central and southern Somalia. There is general agreement that Member States' national counter-terrorism legislation has had greater impact on the ability to access funds.

25. With respect to the impact of the resolutions on organizations operating in Somalia, the survey revealed that most do not consider that the resolutions have had a significant impact on their humanitarian operations. This is in line with the conclusions of previous surveys for reports pursuant Security Council resolution 1916 (2010).

#### **V. Conclusion**

26. The majority of Somalia's population remains in need of humanitarian assistance. The majority of people in need reside in areas under the control of non-State armed groups listed under Security Council resolutions. Risks associated with delivering humanitarian assistance remain high in these areas, as well as in other parts of Somalia. Risk management and mitigation measures have improved since the first report to the Security Council and are constantly being revised to respond to the changing and complex environment in Somalia.