

For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



# UNICEF HUMANITARIAN ACTION SOMALIA IN 2008



### CORE COUNTRY DATA

Population under 18 * (thousands)	4261
U5 mortality rate **	135
Infant mortality rate **	86
Maternal mortality ratio**	1044
Primary school enrolment ratio ***	27.9
Primary school enrolment ratio for girls ***	22.1
% U1 fully immunized (DPT) *	35
% population using improved drinking water sources **	29
HIV prevalence (thousands) *	44
% U5 suffering moderate or severe malnutrition (underweight) **	36/38

Sources:  
\* *The State of the World's Children 2008*  
\*\* Somalia Multiple Indicator Cluster Survey (MICS) 2006  
\*\*\* Somalia Primary School Survey, UNICEF 2005/06

In 2008, UNICEF's response will focus on accelerating young child survival, targeting at least 350,000 under-five children with high-impact lifesaving interventions and 250,000 women of childbearing age with basic health care. The provision of safe water and sanitation services for 1.2 million people will underpin this response as part of UNICEF's overall goal of contributing to a major reduction in child mortality despite the insecure and complex operating environment. UNICEF will also target 120,000 children with access to basic education and 200,000 vulnerable children and young people with protection services.

### Summary of UNICEF financial needs for 2008

Sector	US\$
Health and nutrition	21,763,100
Water, sanitation and hygiene	9,975,000
Education	9,842,000
Child protection	1,821,400
Shelter and non-food items and multisectoral response	2,452,500
Coordination and support services	1,105,000
<b>Total*</b>	<b>46,959,000</b>

\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

### 1. CRITICAL ISSUES FOR CHILDREN

As Somalia enters 2008, over 1.5 million people are in a state of humanitarian emergency or acute food and livelihood crisis, up from 1 million people at the beginning of 2007. The escalating conflict in Mogadishu, combined with floods and disease outbreaks in 2007, has resulted in mass displacement and skyrocketing malnutrition rates. Insecurity, border closures, piracy along the coast and clan conflict continued to hamper humanitarian response during the year. Following the swift takeover of Mogadishu by Transitional Federal Government (TFG) and Ethiopian forces in January 2007, insurgent elements have mounted both targeted attacks against the TFG and its supporters, as well as near daily indiscriminate attacks on the civilian population. Thousands of civilians, including many children, have lost their lives in the crossfire and hundreds of thousands have fled the capital. In the first half of 2007, nearly 400,000 people fled Mogadishu. Although an estimated 125,000 people had returned by June, over 78,000 people fled the city again between June and early October. The majority of the displaced are children, women and the elderly. Conditions both inside the city and in places of refuge continue to deteriorate.

Newly displaced families have primarily relocated to communities with already limited access to basic social services. Somalia remains at the bottom of UNDP's Human Development Index. The 2006 Multiple Indicator Cluster Survey showed improvement in under-five and infant mortality rates since 2000 (down to 135 and 86 per 1,000 respectively), but coverage of essential services remains woefully low. Only an estimated 20 per cent of the population has access to basic primary health care. The private sector service delivery exists, but is totally unregulated, of questionable quality and excludes the poor due to high costs. Over 90 per cent of births take place at home and maternal mortality ratios are among the highest in the world. A mere 5 per cent of one-year-old Somali children are fully immunized and easily preventable or treatable illnesses remain the major causes of child mortality (including diarrhoea, acute respiratory infections and malaria).

Only 29 per cent of the population use improved drinking water sources and 37 per cent use improved sanitation facilities. The survey showed large regional and urban/rural disparities. For example, 50 per cent of under-five children in the North-West Zone (and 38 per cent in urban areas) receive oral rehydration therapy for diarrhoea, compared to only 15 per cent in the Central and Southern Zone (and 14 per cent in rural areas). After widespread flooding in Central and Southern Somalia in late 2006 and early 2007, an outbreak of acute watery diarrhoea was brought under control, but not until it had infected about 35,000 people and led to 1,200 deaths – exacerbated by mass population movement.

Children in Central and Southern Somalia are the most directly affected by this combination of political turmoil, disrupted markets and food insecurity, low coverage of services and natural disasters. By September 2007, an estimated 83,000 children in the zone were acutely malnourished, including 13,500 who were severely malnourished. This includes not only displaced children; in fact, the majority of malnourished children are from inaccessible rural areas of the zone. While two northern zones of Somalia have remained stable and showed better gains in child mortality overall, they are receiving increasing numbers of internally displaced persons (IDPs) from the South and surveys in 2007 show persistent levels of global acute malnutrition rates above the WHO emergency threshold of 15 per cent amongst children in IDP communities in both northern zones. In addition, the October 2007 resumption of the conflict between Somaliland and Puntland over the disputed Sool and Saanag regions could escalate in 2008.

The conflict has also had a severe effect on access to basic education. Some 40,000 schoolchildren from Mogadishu have been displaced. Even before this, at 27.9 per cent, Somalia's gross enrolment ratio was among the lowest in the world and only 35 per cent of primary school pupils were girls. Compounding these issues and, as a result of prolonged insecurity, is the diminished community capacity to protect the most vulnerable in society and ensure their access to humanitarian aid. Increasing reports of violence against children and women, separation of children from their families due to displacement, and the recruitment and use of children by all parties to the conflict are all key humanitarian concerns in Somalia.

### 2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Somali population affected by escalating conflict, natural disasters and disease outbreaks. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. The 2007 conflict has led to border closures and access restrictions, severely hampering UNICEF's ability to provide assistance to the most vulnerable families, including thousands of

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families too poor to flee Mogadishu. The bulk of emergency response has been in Central and Southern Somalia, with the two more stable northern zones also receiving support for response to disease outbreaks, existing IDP communities and the influx of new IDPs from Southern Somalia.

UNICEF continued to support over 137 selective feeding programmes in Central and Southern Somalia with food commodities and supplies and technical assistance and training, in response to the deteriorating nutrition situation. Approximately 15,000 malnourished children are being treated by partners every month. Maternal and child health facilities and health posts supported by UNICEF with medicines, vaccines and equipment continue to be the backbone of the health-care system in Somalia, giving approximately 500,000 people access to basic health care. Immunization campaigns have protected 1.6 million children against polio and 275,793 children against measles. No new polio cases have been reported since March 2007 – a significant milestone after the 2005 outbreak.

To contain the acute watery diarrhoea outbreak and reduce associated mortality, UNICEF also provided 36 cholera kits and 782,000 sachets of oral rehydration salts (ORS) to partners during the first half of 2007, alongside treatment of water sources and massive hygiene and sanitation campaigns. During the year, some 460,000 people had access to safe water through chlorination, rehabilitation or construction of water sources. Over 240,000 people displaced by flooding or conflict have received family relief kits with essential survival items. Nearly 29,000 children received access to basic education through the establishment of 360 temporary classrooms, teacher training and provision of school supplies and textbooks.

Community mobilization for child protection and HIV prevention has continued in all zones of Somalia; 48 child protection advocates have been trained and have in turn mobilized more than 200 communities to establish child protection committees. More than 40 displaced communities in Central and Southern Somalia benefited from family tracing support, psychosocial outreach and community mobilization for child protection. Over 500 teachers and health workers were trained on psychosocial care and support for children. Some 28,000 young girls and women throughout Somalia as well as 750 religious leaders and local authority figures gained knowledge and skills to respond to the risk of HIV infection, sexual violence and abuse. High-level advocacy focused on the impact of conflict on children, in particular regarding the recruitment and use of children by all parties to the conflict in Mogadishu. Troops from Burundi, Nigeria and Uganda were trained on HIV and child protection prior to their deployment with the African Union's peacekeeping mission in Mogadishu.

### 3. PLANNED HUMANITARIAN ACTION FOR 2008

#### **Coordination and partnership**

UNICEF works in partnership with numerous national and international NGOs, UN agencies, donors, Somali administrations and local communities. Coordination with these partners is based on active participation in the UN Country Team (UNCT), the Somalia Support Secretariat and the cluster system, in which UNICEF leads the nutrition, water, sanitation and hygiene, and education clusters.

#### **Regular programme**

UNICEF's regular Country Programme in 2008 will be part of the joint 2008-2009 UN Transition Plan (UNTP) for Somalia, including early recovery and development programming. As Somalia is characterized by chronic vulnerability to natural and man-made emergencies, there will be close linkages between humanitarian response and longer-term initiatives towards the achievement of the Millennium Development Goals.

#### **Health and nutrition (US\$ 21,763,100)**

All under-five children (about 350,000) and women of childbearing age (250,000) among the overall Somali population in need of humanitarian assistance will benefit from the following key activities:

- Provide 350,000 under-five children (as part of the overall country programme target of reaching 1.2 million children nationwide) with a twice-yearly, high-impact package of child survival interventions including measles vaccination, deworming, vitamin A supplements and oral rehydration salts (ORS); provide 250,000 women with tetanus toxoid vaccination.

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- Provide supplies for over 137 selective feeding programmes run by partners to treat up to 90,000 malnourished children; increase the nutrition cluster ability to respond to the nutritional crisis by training and mentoring at least 10 new partners (both NGOs and community-based organizations);
- Support the implementation of 35 nutritional surveys, assessments and evaluations;
- Provide emergency medicines and basic equipment to targeted basic health-care facilities to benefit IDPs and host community members; support NGOs to manage and operate these facilities with a focus on immunization and control of common childhood illnesses, such as pneumonia and diarrhoea;
- Underpin all interventions with strong social mobilization and communication for behaviour change to address underlying causes of child mortality – this will include the promotion of handwashing and of immediate and exclusive breastfeeding;
- Vaccinate 1.4 million under-five children against polio, as part of joint polio eradication efforts.

### Water and sanitation (US\$ 9,975,000)

Some 1.2 million vulnerable people (including approximately 600,000 IDPs, 300,000 under-five children and 120,000 schoolchildren) will be reached through the following key activities:

- Rehabilitate/construct safe water sources and adequate sanitary facilities in 30 schools and at 20 health/nutrition facilities; rehabilitate/construct 30 existing community water supply systems, install emergency water supply systems when needed, or provide emergency water trucking services when no other solutions are available;
- Provide basic sanitary facilities and communication for behaviour change, with special emphasis on expanding mass coverage of home-based actions (such as handwashing with soap and home-based water treatment) for maximum impact linked to health, nutrition and education interventions;
- Chlorinate existing water sources as needed, particularly in the event of further flooding to prevent disease outbreaks;
- Train 40 local water committees and local authorities to manage and repair facilities;
- Monitor the quantity and quality of water sources, sanitation coverage and hygiene practices, with special focus on enhancing youth participation in community-based monitoring efforts.

### Education (US\$ 9,842,000)

Over 120,000 displaced/conflict-affected children and 2,400 teachers will benefit from the following key activities:

- Rehabilitate 20 schools and provide classroom tents for 400 schools, including provision of sanitary latrines, hygiene education and basic scholastic materials (including notebooks, pencils and erasers) for at least 120,000 primary schoolchildren;
- Train and provide incentives for 2,400 primary schoolteachers, with particular attention to training on HIV prevention, mine-risk education and psychosocial care and support;
- Train 500 Community Education Committees to ensure effective management of schools, increased enrolment (particularly of girls) and better retention of children in school;
- Reach 7,000 children and youth with life skills education and provide psychosocial care and support services to 15 schools in areas particularly affected by conflict.

### Child protection (US\$ 1,821,400)

Some 200,000 displaced, conflict-affected or vulnerable children are targeted through the following key activities:

- Train and deploy 15 psychosocial workers to establish child-friendly spaces and outreach in IDP and conflict-affected communities, train teachers and strengthen community-based response to abuses;
- Train 60 health workers/community workers on improved psychosocial support for survivors of gender-based violence and reach 20,000 vulnerable women and girls with information, knowledge and skills to prevent or respond to HIV, sexual violence and abuse;
- Ensure that protection violations against displaced and vulnerable children and women are more comprehensively and accurately reported to inform response and advocacy, especially against UN Security Council Resolution 1612;
- Support community mobilization on child protection issues in emergencies, including gender-based violence, family separation, child recruitment, HIV prevention and mine-risk education.

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### **Shelter and non-food items (US\$ 1,587,500) and multisectoral response (US\$ 865,000)**

Some 104,000 IDPs or those affected by rapid onset emergencies – as well as 150,000 community members – will benefit from the following key activities:

- Provide access to basic health, nutrition, water and education services for 14,000 longer-term IDPs;
- Preposition 5,000 family relief kits for distribution to displaced households throughout Somalia – each kit contains plastic sheeting, blankets, insecticide-treated mosquito nets, soap, jerrycans and a cooking set (to benefit approximately 30,000 people);
- Build the capacity of 200 communities to develop emergency preparedness and response plans, with particular emphasis on the protection of children and women in emergencies;
- Enhance child-focused emergency response in the northern zones by building the capacity of government early warning and disaster preparedness bodies and prepositioning supplies.

### **Coordination and support services (US\$ 1,105,000)**

The programme interventions above will be underpinned by enhanced UNICEF operations and logistics capacity for quick response to children and vulnerable populations impacted by the humanitarian crisis in Central and Southern Somalia.