



Humanitarian Action for Children

unicef 

Somalia

The humanitarian situation in Somalia has continued to deteriorate due to the ongoing impacts of drought and conflict. An estimated 6.2 million people are in need of humanitarian assistance, including 3.1 million who urgently require sustained, life-saving services and protection.³ Despite the provision of large-scale assistance in 2017, the risk of famine persists. An estimated 1.2 million children are or will be acutely malnourished, including more than 232,000 children who are at risk of severe acute malnutrition (SAM) over the next year.⁴ Recurrent disease outbreaks—including acute watery diarrhoea/cholera—represent a major threat to children, with more than 78,300 reported cases and 1,118 deaths, as well as over 19,000 reported measles cases in 2017. In 2018, an estimated 4.4 million people will require water, sanitation and hygiene (WASH) services. Drought and conflict continue to cause displacement, with more than 2.1 million people displaced,⁵ and nearly 80,000 children out of school due to displacement.⁶ Grave violations of children's rights are on the rise, including forced recruitment into armed groups and gender-based violence, which disproportionately impact women and children. With another poor rainy season unfolding, the critical humanitarian needs in Somalia are projected to continue into 2018.

Humanitarian strategy

In line with the 2018 Somalia Humanitarian Response Plan, UNICEF humanitarian action in Somalia will focus on providing an integrated, multi-sectoral response to drought, displacement and conflict, including life-saving services to address malnutrition and excess mortality, and ensuring the centrality of protection in all programme activities. UNICEF will sustain critical services in priority areas, continue to procure life-saving core pipeline supplies, and expand services in hard-to-access areas with a high level of need.⁷ Integrated programming will be prioritized, and will cover nutrition, WASH and health services, complemented by child protection and education interventions. UNICEF will maintain its cluster leadership roles and active participation in strategic forums to support humanitarian coordination,⁸ and will work closely with government ministries to coordinate activities and support capacity building. Where possible, UNICEF will respond jointly with the World Food Programme (WFP) to address critical malnutrition rates. In line with the Grand Bargain commitments, cash-based assistance will be prioritized.⁹ UNICEF will also work to integrate access to social services into the Somalia Resilience and Recovery Framework to create linkages with the humanitarian programme and contribute to longer-term, shared outcomes and resilience building, in line with UNICEF's commitments to the United Nations New Way of Working principles.

Results from 2017

As of 31 October 2017, UNICEF had US\$141.8 million available against the US\$177.3 million appeal (80 per cent funded).¹⁰ This funding allowed UNICEF to maintain extensive operational reach and meet almost all of its targets for 2017. UNICEF's approximately 100 partnership agreements covering 95 per cent of affected areas were also instrumental to achieving the year's results. UNICEF effectively pre-positioned supplies and worked closely with partners, including WFP, to meet critical needs and targets, such as SAM treatment (75 per cent of the worst case scenario target met) and the provision of cash transfers benefitting more than 100,000 people. More than 1.7 million people gained temporary access to safe water and over 1.1 million women and children gained access to life-saving emergency health services. In addition, 42,570 people suffering from acute watery diarrhoea/cholera received treatment following the outbreak. More than 164,000 children and adolescents (44 per cent girls) accessed education with the support of UNICEF and the Ministry of Education, exceeding the annual target. Some 3,700 unaccompanied and separated children were identified and registered, and 3,883 survivors of gender-based violence (95 per cent female) received appropriate care and support.

Total people in need:

6.2 million¹

Total children (<18) in need:

3.4 million

Total people to be reached:

2 million²

Total children to be reached:

1.1 million

2018 programme targets:

Nutrition

- 173,000 children aged 6 to 59 months with SAM admitted for treatment¹¹
- 350,000 pregnant and lactating women received at least one individual counselling session on infant and young child feeding

Health

- 1.4 million crisis-affected people with adequate access to primary health care provided with emergency life-saving health services in high-risk areas
- 44,000 cases of acute watery diarrhoea treated

WASH

- 2 million people accessing water for drinking, cooking and personal hygiene¹²
- 750,000 people accessing appropriate sanitation facilities

Child protection

- 204,800 children reached with psychosocial support
- 4,000 adults and children reached with gender-sensitive gender-based violence prevention and response interventions

Education

- 120,000 children accessed formal or non-formal early learning, pre-primary and primary education
- 100,000 children received individual education/early learning materials

Cash transfers

- 50,000 emergency-affected households provided with monthly cash transfers to support access to basic services

	Cluster 2017 targets	Cluster total results	UNICEF 2017 target	UNICEF total results
NUTRITION				
Children under 5 with SAM admitted for treatment	346,000	282,258	277,000	208,767
Children with SAM who received treatment and recovered (%)	>92%	93.3%	>75%	93.3%
HEALTH				
Children under 5 vaccinated against measles			4,200,000 ⁱ	602,344
Crisis-affected women and children provided with emergency life-saving health services			1,122,000	1,109,169
Acute watery diarrhoea/cholera cases treated at UNICEF-supported facilities and treatment centres			75,500 ⁱⁱ	42,570
WATER, SANITATION AND HYGIENE				
People provided with temporary access to safe water (7.5–15 litres per person per day)	3,000,000	4,096,573	2,000,000	1,774,334
People with means to practice good hygiene and household water treatment	2,000,000	1,274,076	2,000,000	1,274,076
People provided with access to emergency sanitation and hygiene facilities	830,000	629,158	500,000	298,744
CHILD PROTECTION				
Separated and unaccompanied children identified, registered and provided with services	5,115	5,282	5,000	3,700
Gender-based violence survivors accessing a package of gender-based violence services (medical, legal, psychosocial support and materials)			5,000	3,883 (3,710 F ⁱⁱⁱ)
EDUCATION				
Children accessing safe and protected learning opportunities in emergency-affected environments	252,269	229,529 (45% F)	150,000	164,633 (44% F)
Children accessing safe drinking water in schools	232,396	147,893 (46% F)	100,000	109,505 (45%F)
CASH TRANSFERS				
Emergency-affected households provided with monthly cash transfers to support access to basic services			60,000	18,972 ^{iv}

Results are through 31 October 2017 unless otherwise noted.

ⁱ 4.2 million is the target for the national measles immunization campaign planned for the end of 2017, which UNICEF will fully support with supplies, vaccines, staffing and operational support, as well as post-campaign monitoring. The campaign may run into 2018, as it will be carried out after the completion of a polio vaccination campaign.

ⁱⁱ Based on the attack rate of 5 per cent in high-risk areas in 2017.

ⁱⁱⁱ "F" refers to females, highlighting the total number or percentage of females to be reached.

^{iv} Lack of funding hindered achievement against this target.

Funding requirements

UNICEF is requesting US\$154,932,574 for its humanitarian response in Somalia in 2018. The required funding will allow UNICEF and partners to sustain the provision of life-saving services, including critical nutrition, health and WASH interventions, as well as child protection and education-in-emergencies activities. Given the displacement trends, UNICEF will prioritize service delivery in settlements for internally displaced persons. Continued and timely donor support will be critical to scaling up the response and averting a famine in 2018.

Sector	2018 requirements (US\$)
Nutrition	32,200,000
Health	34,279,200
Water, sanitation and hygiene	43,006,883
Child protection	11,446,491
Education	19,000,000
Cash transfers	15,000,000
Total	154,932,574

¹ According to the 2018 Somalia Humanitarian Needs Overview, the total population in need is 6.2 million, including 3.4 million children.

² Humanitarian agencies in Somalia will target 5.4 million people as per the 2018 Humanitarian Response Plan. Of these, UNICEF will plan to reach 2 million people, including 1.1 million children. The 2017 target of 4.2 million children to be reached includes the October measles vaccination campaign figures, which is not planned in 2018.

³ The FSNAU-FEWSNET Post-Gu Technical Release of August 2017 estimates that 6.2 million people are acutely food insecure, including 3.1 million at crisis (IPC 3) and emergency (IPC 4) levels. Particularly worrying is the number of people at emergency (IPC 4) levels, which has experienced a nearly three-fold increase in one year, reaching nearly 800,000.

⁴ The nutrition cluster projections of 1.2 million acutely malnourished children are based on the projected burden for the upcoming year, and include current prevalence based on the FSNAU Post-Gu assessment, which stands at 388,000 acutely malnourished children.

⁵ Cumulative displacements monitored by the United Nations High Commissioner for Refugees (UNHCR)-led Protection and Return Monitoring Network indicates 2.1 million displaced, including over 1 million between November 2016 and October 2017.

⁶ Per the 2012-2016 Education Sector Analysis carried out by the Federal Ministry of Education, Culture and Higher Education with support from UNICEF, nearly 80,000 children who would have otherwise been enrolled in school have lost access to education due to displacement. In addition, per the United Nations Population Fund (UNFPA), *Educational Characteristics of the Somali People*, volume 3, 2016, an estimated 3 million, out of 4.9 million children in Somalia, are out of school.

⁷ Given the high malnutrition rates, priority regions for response are: Bay, Bakool, Gedo, Lower Shabelle, Galgaduud, Mudug, Sanaag, Sool, Bari and Nugaal.

⁸ UNICEF is part of the Humanitarian Country Team, participates in the Humanitarian Heads of Agencies meetings and the Inter-Cluster Working Group, which lead strategic and cross-sectoral coordination of humanitarian programmes. UNICEF is also an active member of the Civil-Military Working Group and Access Task Force. UNICEF continues to lead the WASH and nutrition clusters and the Child Protection Working Group, and co-leads the education cluster. The operational capacity of the UNICEF-led clusters is significant, with a network of over 140 partners, including sub-regional coordinators in more than 15 regions. The network facilitates access to information, coordination and interventions in hard-to-reach and inaccessible areas. UNICEF and the WASH, nutrition and education clusters are active members of the inter-agency drought operation coordination centres in Mogadishu, Baidoa and Garowe.

⁹ UNICEF Somalia is increasing its use of the SCOPE platform, which allows for the registration of beneficiaries at the household level biometrically. This will allow UNICEF and WFP to support the same households with a range of services that beneficiaries can access using a single card (e.g. food and water, food

and cash). For the pre-famine response, this approach will be used for the provision of safe water through water vouchers, cash grants to support affected schools, as well as monthly cash transfers to support affected households to access services in the most affected regions.

¹⁰ Available funds include US\$123.5 million raised against the current appeal and US\$18.3 million carried forward from the previous year.

¹¹ UNICEF target of 173,000 children aged 6 to 59 months with SAM admitted for treatment is based on a standard calculation of 75 per cent of the total number of children projected to suffer from SAM, as calculated by the nutrition cluster based on updated nutrition and food security assessments.

¹² This covers temporary access to adequate and safe water through chlorination, operation and maintenance, water trucking, vouchers and household water treatment.

Who to contact for further information:

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