**HIGHLIGHTS:**

- The food security situation in all livelihoods of Somalia remains as classified during the post Gu 2012 analysis (August 2012) with an estimated 2.12 million people in crisis until the end of the year.
- There are an estimated 1.36 million people displaced within Somalia, as well as one million Somali refugees in the region, including 66,321 new refugees in 2012.
- National Immunization Days for polio were conducted in Kismayo town from 25 to 28 November, reaching 16,851 children under five, 97% of those targeted.
- UNICEF supported nutrition centres admitted a total of 375,168 malnourished children across Somalia (of which 356,517 children were admitted in central and southern Somalia alone). Of this, a total of 214,456 were severely malnourished.
- The total number of people gaining access to water through longer-term water systems and temporary water supplies with UNICEF support is an estimated 986,569 people.
- UNICEF and partners are currently supporting an estimated 155,375 children (including 69,670 girls) in 652 schools.

**Situation Overview & Humanitarian Needs**

**Nutrition Situation**

**FSNAU Food Security & Nutrition Quarterly Brief - November 2012**

- The food security situation in all livelihoods of Somalia remains as classified during the post Gu 2012 analysis (August 2012) with an estimated 2.12 million people in crisis until the end of the year. The major assumptions made in the food security situation projections in August-December 2012 have materialized: a lower than normal Gu off-season was harvested in riverine areas of southern Somalia due to poor performance of Hagaa rains.
Food prices showed some increases in the July-October 2012 period although they remained stable in most markets, as did the minimum expenditure basket.

The food security trends in the post-Deyr will very much depend on the performance of rains in the reminder of the current Deyr season (mid-November-December) and on humanitarian access. Most forecasts are still predicting average to slightly-above-average rains for the Deyr season, but the likelihood of rain continuing into January has decreased.

Médecins Sans Frontières (MSF) Assessment – 19 November 2012

According to an assessment conducted by MSF, one in four children under five living in 34 IDP camps on the outskirts of Mogadishu are malnourished. Of the 1,500 children screened, 396 (26%) were acutely malnourished and 70 (5%) were suffering from severe acute malnutrition.

FEWSNET Rains Watch

From 11 to 20 November, moderate Deyr rains fell across most of southern and central Somalia and across some parts of the northern regions. In parts of Jawhar District in Middle Shabelle and Kurtunwary District in Lower Shabelle, localized floods were reported. In the northern regions, rains fell in a few areas, but most parts recorded little or no rain.

Security Situation

According to the OCHA Humanitarian Bulletin for Eastern Africa, insecurity persists in most parts of the country restricting humanitarian access. Heavy fighting broke out between Somali Government soldiers and Al Shabaab in rebel-held locations outside Baidoa on 16 November. Twelve people were killed during heavy fighting between Al Shabaab and Somali forces in Bulohawo on the Kenya Somalia border on 24 November. A bomb blast on 25 November in Kismayo killed at least 5 people. Humanitarian access has also been impeded by heavy rains and flooding.

Political Situation

On 9 November 2012, President Hassan Sheikh Mohamud pledged to tackle impunity and to create a Task Force to investigate the killing of journalists. A total of 18 journalists have been killed in Somalia so far this year, with the perpetrators remaining unpunished. This pledge was welcomed by UN Special Representative for Somalia Augustine Mahiga on 23 November, the International Day to End Impunity.

Somali Prime Minister Abdi Farah Shirdon “Said” released his political programme, the objective of which is “a Somalia coexisting in peace; living peacefully with neighbors and the world; under the rule of law; on the path to development.” Along with Internal Affairs, Foreign Affairs, Economic Policy and Relief and Resettlement, the following plans were made for health and education:

Health Services

Working to get health services – prevention and treatment - to all people.
Creation and expansion of Mother and Child Health centres, hospitals, out-patient departments, and laboratories.
Revamping the health centres of the country and creation of new ones.
Fighting for the eradication of communicable fatal diseases by improving the sanitation of the urban centres.
Raising health and sanitation awareness using all possible means.
Creation of an agency that controls the quality of the food and drugs coming into the country.
**Education Services**

- We will set an educational policy which makes the aspirations of the Somali people a reality.
- We will create and promulgate a united national curriculum which can produce a productive citizen.
- We will create an independent committee to oversee the educational curriculum.
- We will strive to expand the different types of knowledge to the different parts of the country, urban and rural, so that every citizen gets an opportunity to education.
- We will create and improve the education institutions for handy-craft and modern technology to produce skilled workers that can cover the different needs in the country.
- The revival of the Somali National University and creating other quality educational institutions which can quench the Somali people’s thirst for education; and produce educated people that can handle the civil service needs of the Somali nation.
- Fighting against illiteracy by setting a realistic plan that can lead to every Somali person to read and write.
- Encouraging scientific research which is seen as a vital aspect to the educational activities, stimulation of the economy, and good governance.
- The government will emphasize the improvement and the care for the teachers.
- We will encourage the education for Somali girls.

**Health Situation**

- According to OCHA, the number of suspected cholera and malaria cases usually increases during the ongoing Deyr rainfall season in Somalia, which marks the onset of the observed transmission season. Suspected cholera cases continue to be reported across the Southern and Central Zone (SCZ).

- Malaria remains the leading cause of morbidity in southern and central Somalia, with an 84 per cent increase in reported cases in southern Somalia from 10-23 November. Malaria cases are expected to further increase. Suspected cases of measles and whooping cough continue to be reported across the country.

**IDP and Refugee Situation**

UNHCR released a map of Somali refugees in the region. In addition to the estimated 1.36 million people displaced within Somalia, there are one million Somali refugees in the region (66,321 new in 2012):

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Refugees</th>
<th>Total New Refugees (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>516,439</td>
<td>13,551</td>
</tr>
<tr>
<td>Yemen</td>
<td>221,456</td>
<td>17,451</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>216,548</td>
<td>25,778</td>
</tr>
<tr>
<td>Uganda</td>
<td>23,678</td>
<td>6,817</td>
</tr>
<tr>
<td>Djibouti</td>
<td>18,022</td>
<td>2,702</td>
</tr>
<tr>
<td>Eritrea</td>
<td>4,670</td>
<td>2</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2,790</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,003,513</strong></td>
<td><strong>66,321</strong></td>
</tr>
</tbody>
</table>
PROGRAMME RESPONSE

HEALTH:

- National Immunization Days for polio were conducted in Mogadishu (17-20 November 2012) and Kismayo town (25-28 November) by UNICEF, WHO and partners. **16,851 children under five, 97% of those targeted, were immunized in Kismayo.** This is the first time children in Kismayo have been reached with polio immunization in 3 to 4 years. UNICEF partner Muslim Aid provided social mobilization to encourage parents to immunize their children. Social mobilization was delivered through mosques and used important religious leaders from the community. Results from the Mogadishu immunization activities are not yet released.

- Since January 2012 **UNICEF has dispatched essential medical supplies to replenish 133 Maternal and Child Health Centres and 236 Health Posts** for an estimated target population of 1,802,000 in accessible areas of South Central Somalia.

- A workshop was conducted for 23 partners from SCZ focusing including Communication for Development and the Health Management Information System (HMIS).

NUTRITION:

- According to partner reports submitted for January-August 2012, UNICEF supported nutrition centres admitted a total of 375,168 malnourished children across Somalia (of which 356,517 children were admitted in central and southern Somalia alone).

- Of the total number of malnourished children under five admitted in UNICEF supported centers since January 2012, **a total of 214,456 were severely malnourished** (of which 195,805 children were admitted in CSZ alone) and **160,712 were moderately malnourished children under five** (all in south).

- Wet feeding: The wet feeding programme continues in key locations along the border such as Dolow, Luuq and Dhobley, providing hot prepared meals, mostly for IDP women and young children. Since January 2012, a total of 38,000 households, including 51,344 children under five, have received support in wet feeding sites.

- Blanket Supplementary Feeding: Since January 2012, **a total of 178,792 households have received at least one monthly supplementary food ration** in accessible areas of southern Somalia, through the UNICEF supported Blanket Supplementary Feeding Programme.

WASH:

- Since January 2012, **153,278 people have gained access to water through the construction or rehabilitation of water supply systems.** More precisely, 76 new water points were constructed (1 borehole, 42 shallow wells, 6 water yard and 27 underground water storage tanks). A further 181 water systems were rehabilitated (8 boreholes, 134 shallow wells, 3 water yards (mini water system) and 36 underground tanks (berkads).

- In addition to the above, **an estimated 833,291 have received and/or continue to receive access to safe water through temporary water supplies** such as mass chlorination, water vouchering, and /or support for operations and maintenance of water supplies. More specifically this includes 36,515 people reached through water vouchering, 7,300 via water trucking, an estimated 311,866
beneficiaries for support to operations and maintenance of water systems and 477,610 people reached through the chlorination of water supplies.

- The total number of people gaining access to water through longer-term water systems and temporary water supplies is an estimated 986,569 people.

- Capacity building interventions have been ongoing throughout South Central Zone, since January, 3,015 people have been recipients of capacity building activities. This includes the formation and training of 204 WASH management committees with 895 committee members and 42 repair technicians. A reported 1,874 community-based hygiene promoters have also been trained.

- Since January 2012, sanitation related interventions have benefitted approximately 102,336 people through the construction and rehabilitation of 2,203 sanitation facilities. This includes the new construction of 156 institutional latrines, 1,570 emergency latrines, and 188 household latrines. In addition, there was the rehabilitation of 12 institutional latrines, 2 emergency latrines and 275 household latrines.

- A further 81,000 IDPs regained access to sanitation facilities through the desludging of 2,700 latrines for IDPs in Mogadishu.

- For hygiene related activities, over the past months, approximately 281,892 people have benefitted from Household Water Treatment and Safe Storage interventions. A further 80,468 have received hygiene related supplies such as soap and jerry cans.

- Regarding hygiene promotion, 798,940 people have been reached through direct and mass hygiene promotion activities such as one-on-one education, community discussions, radio announcements and SMS messaging.

- Four training workshops were held throughout Somalia on the use of Standard Details manual for WASH Facilities. These workshops, led by engineering consultants from Howard Humphreys, reviewed the Standard Design Manual and improved participants' knowledge of design issues throughout the project cycle, and aimed to reduce maintenance requirements based on technical mistakes as partners are better able to adhere to design standards. It was also a strong example of the empowerment of local service providers and strengthening of Public Private Partnerships in the Somalia WASH programme. The workshops were attended by 80 government, non-governmental and private sector partners.

**EDUCATION:**

- UNICEF partners have reported the new school year 2012/2013 enrolment figures for the first three months. UNICEF and partners are currently supporting an estimated 155,375 children (including 69,670 girls) in 652 schools. These schools have 3,556 teachers (928 female) managing the classrooms. During the 2011/12 school year, which closed in June 2012, UNICEF supported 386,657 with 43% girls.

- Through the Education and Peacebuilding Fast Track initiative funded by the Government of the Netherlands, a second round of stakeholder analysis workshop was held in Dolow, Gedo region from 26 to 28 November 2012. Participants were drawn from the regional Ministry of Education, UNICEF implementing partners, Community Education Committees, parents, teachers and students from newly accessible areas of Garbaharey, Luq and Dolow in Gedo region of CSZ. The workshop will enable implementing partners and communities to implement conflict sensitive and peace building education activities in their respective communities.
In collaboration with education partners, teaching and learning materials, including essential education supplies (using funds from the previous school year) were distributed to UNICEF-supported schools, increasing student retention. The supplies benefited 62,350 school age children (29,664 girls) in Mogadishu as well as Middle and Lower Shabelle regions.
### NUTRITION

<table>
<thead>
<tr>
<th></th>
<th>UNICEF and Operational Partners</th>
<th>Cluster</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Humanitarian Jan-June 2012</td>
<td>New targets Jan-Dec 2012</td>
<td>Cumulative results 2012</td>
</tr>
<tr>
<td># of children under five with Severe Acute Malnutrition admitted in Therapeutic Feeding programmes</td>
<td>45,000</td>
<td>90,000&lt;sup&gt;2&lt;/sup&gt;</td>
<td>195,805&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td># of children under five with Moderate Acute Malnutrition admitted in supplementary feeding programmes</td>
<td>58,000</td>
<td>116,000</td>
<td>160,712&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>% of children with SAM under treatment recovered</td>
<td>75% (SPHERE standards)</td>
<td></td>
<td>89.6%</td>
</tr>
<tr>
<td># of households receiving wet feeding meals in key transit points in border areas</td>
<td>18,000 households</td>
<td>18,000 households&lt;sup&gt;7&lt;/sup&gt;</td>
<td>38,000</td>
</tr>
<tr>
<td># of households reached by blanket feeding distributions</td>
<td>200,000/ HH/ month</td>
<td>90,000 households&lt;sup&gt;8&lt;/sup&gt;</td>
<td>178,792&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Justification for nutrition targets:**

The targets were calculated, by the Nutrition Cluster and UNICEF, based on the latest FSNAU assessments and number of acutely malnourished children as well as extension of Programme Cooperation Agreements for wet feeding. As FSNAU declared that the situation for the remaining half of the year would remain unchanged, all targets were multiplied by two (Jan-June + Jul-Dec). [http://www.fsnau.org/downloads/FSNAU-Quarterly-Brief-June-2012.pdf](http://www.fsnau.org/downloads/FSNAU-Quarterly-Brief-June-2012.pdf)

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<sup>1</sup> All data (targets and results) refers to South and Central Somalia (SCZ) alone.

<sup>2</sup> UNICEF and cluster, based on FSNAU Post Deyr 2011 assessments and caseloads of 323,000 acutely malnourished children (93,000 severely) across the country, agreed on targets for the whole of Somalia of 56,000 severely malnourished (SAM) and 138,000 moderately malnourished (MAM) children. For central and south regions, 45,000 severely malnourished; and 58,000 (UNICEF) and 97,000 (Cluster) moderately malnourished children will be targeted.

<sup>3</sup> SAM Results reflect cumulative partner reports for January through October 2012 for south central Somalia alone. Results across Somalia for the same period amount to 214,456 severely malnourished children under five admitted across Somalia. UNICEF SAM totals for Jan-Dec 2011 amount to 183,923 children across Somalia (with 162,221 in CSZ alone).

<sup>4</sup> MAM Results reflect cumulative partner reports for January through October 2012 MAM admissions in southern Somalia. Cluster MAM totals for Jan-Dec 2011 amount to 224,859 children reached in South.

<sup>5</sup> Actors working on SAM treatment in Somalia are all supported by UNICEF, except for observer NGOs, who do not report or participate in the Cluster.

<sup>6</sup> Target revised, based on previous experience with the new Blanket Supplementary Feeding Programme and in line with UNICEF capacity, to a cumulative number of households that will receive at least one monthly food ration.

<sup>7</sup> Number reflects households reached with at least one distribution since January 2012. This does not mean that each household was reached on a monthly basis.
<table>
<thead>
<tr>
<th>HEALTH</th>
<th>UNICEF and Operational Partners</th>
<th>Cluster</th>
<th>Change</th>
<th>Cumulative results 2012</th>
<th>Cluster Target 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Humanitarian Target July-Dec 2011</td>
<td>NEW TARGETS Jan-Dec 2012</td>
<td>Cumulative results 2012 *</td>
<td>Change</td>
<td>Cumulative results 2012</td>
</tr>
<tr>
<td># of children aged 9-59 months vaccinated against measles</td>
<td>2.9 million</td>
<td>700,000</td>
<td>646,079</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td># of population with access to health care facilities stocked with emergency supplies</td>
<td>2.1 million</td>
<td>2.0 million</td>
<td>1,802,000</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td># of children 6-59 months receiving Vitamin A supplementation</td>
<td>1.3 million</td>
<td>738,000</td>
<td>575,195</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td># of children 12-59 months receiving de-worming medication</td>
<td>1.1 million</td>
<td>656,000</td>
<td>566,955</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td># of families receiving two ITNs per family</td>
<td>140,000</td>
<td>100,000</td>
<td>82,605</td>
<td>83%</td>
<td></td>
</tr>
</tbody>
</table>

*Cumulative results are all based on partner reporting unless otherwise specified.

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10 All data refers to South and Central Somalia (SCZ).
11 Through campaigns and Child Health Days (integrated package of health interventions incl. measles).
12 Revised targets based on planned CHD/campaigns (no routine/outreach EPI and static data which is only available quarterly) in accessible areas of SCZ, considering access constraints and scale-down from famine targets (total of 4.1 million people in accessible planned areas - of which 17% are children aged 9 to 59 months).
13 Based on estimated catchment population of all UNICEF supported health facilities across SCZ as of June 2012: 148 Maternal and Child Health (MCH) Centres and 236 Health Posts (HPs).
14 Revised targets based on planned CHD and campaigns (no routine/mobile EPI and static data which is only available quarterly) in accessible areas of south SCZ, considering access constraints and scale-down from famine targets (total of 4.1 million people in accessible planned areas - of which 18% are children aged 6 to 59 months).
15 Revised targets based on planned CHD and campaigns (no routine/mobile EPI and static data which is only available quarterly) in accessible areas of SCZ, considering access constraints and scale-down from famine targets (total of 4.1 million people in accessible planned areas - of which 16% are children aged 12 to 59 months).
16 Revised targets based on planned CHD and campaigns (no routine/mobile EPI and static data which is only available quarterly) in accessible areas of SCZ, considering access constraints and scale-down from famine targets (total of 4.1 million people in accessible planned areas - of which 16% are children aged 12 to 59 months).
17 Applicable for the following regions identified for ITN distributions: Hiraan, Lower and Middle Shabelle, Lower Juba and Middle Juba.
18 The target was reduced as a result of access constraints, as well as the ban imposed on UNICEF and partners (eg. Lower and Middle Shabelles are still inaccessible).
## Water, Sanitation and Hygiene (WASH)

<table>
<thead>
<tr>
<th></th>
<th>UNICEF and Operational Partners</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Humanitarian Target as of July 2011</td>
<td>NEW TARGETS Jan-Dec 2012</td>
</tr>
<tr>
<td># of people with access to safe water</td>
<td>1.5 million</td>
<td>1.8 million</td>
</tr>
<tr>
<td># of people with new access to sanitation facilities</td>
<td>150,000</td>
<td>180,000</td>
</tr>
<tr>
<td># of people with means to practice good hygiene and household water treatment</td>
<td>2,800,000</td>
<td>3,360,000</td>
</tr>
<tr>
<td># of people reached through hygiene promotion</td>
<td>3 million</td>
<td>1,500,758</td>
</tr>
</tbody>
</table>

21All data (targets and results) refers to South and Central Somalia (SCZ).
22Cluster indicators vary from UNICEF in that the cluster disaggregates two strategic indicators: Temporary interventions which include chlorination, Operation and Maintenance (O&M), water trucking, vouchers and Household Water Treatment (HHWT); and Sustained interventions which include rehabilitation and construction of water points. UNICEF’s indicator for access to safe water includes both temporary and sustained interventions that can be added together, since the two interventions do not overlap. Results for UNICEF’s temporary interventions do not include HHWT which instead falls under indicator 3 on ‘means to practice good hygiene and HHWT’; while CLUSTER results for temporary water interventions include HHWT provision.
23UNICEF target includes people in the south to be reached with new access to emergency water trucking/vouchers, new and on-going access to sustained water schemes and people benefiting from chlorination and O&M of water sources, as part of UNICEF’s combined emergency and cholera response, excluding household water treatment and WASH in schools.
24Results are based on partner reporting from January 2012 to present. Results include people in the south reached with on-going and new access to emergency water trucking/vouchers, new and on-going access to sustained water schemes and people benefiting from chlorination and O&M of water sources and systems, as part of UNICEF’s combined famine and cholera response, excluding household water treatment and WASH in schools.
25Cluster end year revised CAP targets for access to safe water by any means for SCZ (sustained and temporary).
26Cluster results for temporary interventions include provision of HHWT, as opposed to UNICEF results for temporary which do not include provision of HHWT.
27Results reflect cluster partner reports for period January 2012 to date. Note that the two results cannot be added as they significantly overlap. Temporary water interventions target areas where sustained water interventions have not been completed. In many cases a temporary water intervention is followed by a sustained intervention as an exit strategy.
28Cluster revised CAP 2012 target for SCZ.
29Cluster results are for period January 2012 to date for people newly accessing sanitation facilities.
30This includes HHWT, hygiene kits and supplies distribution. Results are for Jan 2012 to present period.
31Cluster target for 6 months (Jan-June 2012) which considers the population at high or medium risk of AWD/Cholera in SCZ to be reached with hygiene promotion interventions (both mass media outreach and direct participatory hygiene promotion training).
32Results include both people reached through direct participatory hygiene promotion/training and people reached through mass media interventions.
### CHILD PROTECTION

<table>
<thead>
<tr>
<th>UNICEF and Operational Partners</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Humanitarian Targets July-Dec 2011</strong></td>
<td><strong>NEW TARGETS Jan-December 2012</strong></td>
</tr>
<tr>
<td># of former CAAFG and children/minors at risk of recruitment enrolled in reintegration programmes</td>
<td>950&lt;sup&gt;34&lt;/sup&gt;</td>
</tr>
<tr>
<td># of UASC identified, registered and in family-based care or appropriate alternative</td>
<td>All identified cases&lt;sup&gt;38&lt;/sup&gt;</td>
</tr>
<tr>
<td># children reached with community-based psycho-social activities through Child Friendly Spaces (jointly with education)</td>
<td>45,500&lt;sup&gt;40&lt;/sup&gt;</td>
</tr>
<tr>
<td># of communities with on-going work to prevent and address violence, abuse and exploitation, including a combination of GBV prevention, response/prevention of family separation, child recruitment and mine-risk-education</td>
<td>384&lt;sup&gt;43&lt;/sup&gt;</td>
</tr>
<tr>
<td># of women, girls and boys accessing services to prevent, mitigate and respond to GBV</td>
<td>158,250&lt;sup&gt;45&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

#### Footnotes:

33 All Sub-Cluster targets currently the same as UNICEF target, subject to revision.

34 This indicator is for children targeted by UNICEF’s release and reintegration programme for children associated with armed forces and groups and children at risk of recruitment. Figures represent both children released and children at risk, with information disaggregated by age and sex to the extent possible. The targets are set for the three areas where the programme is active: Mogadishu, Dhusamareb, and Guriel (Galgaduud). Original targets were set based on partners’ capacity, funding availability and probability of children being released.

35 Timeframe for the cumulative target of 950 children is 1 July 2011-31 December 2012, from July-December 2011, 655 children were reached.

36 This represents the new target figure for 2012 based on an increase in the need for these programmes.

37 Out of this target of 1250, 950 children have already benefited from the Vocational Training Component of the community-based reintegration programme and 5 from the Interim Care Centres available for children that fall within this target group.

38 UNICEF and the Child Protection Sub-Cluster are maintaining a target of ensuring that 100% of Unaccompanied and Separated Children who are identified are registered and referred to family-based care or an appropriate alternative, as per UNICEF’s Core Commitments to Children in Humanitarian Action.

39 Identification and Documentation activities commenced in September 2011 with the above number of children identified. Tracing and reunification activities are on-going.

40 Estimated number of children to be reached through 353 CFS (planned jointly with Education), including three key border/transit areas for IDPs, as well outreach through mobile teams.

41 Targets were not revised, in line with the strategy to phase out CFSs following the end of the famine crisis.

42 UNICEF is no longer supporting CFSs in Somalia as of June 2012.

43 Target is up to 30 April 2012. It reflects both scale-up and efforts with partners to (i) ensure activities are reoriented to align with communities targeted under the CFS component of UNICEF’s response; (ii) ensure that communities mobilized are among those worst affected by the current crisis, and; (iii) include additional training of community mobilisers/child protection advocates on nutrition screening and mine-risk education for cross-programme and geographic convergence of interventions. Numbers of targeted communities has not changed for family separation, child recruitment or mine-risk-education, number has increased for GBV prevention and response.

44 Up to 30th April 2012, a total of 384 communities were providing these services meaning the target up referred to in footnote 43 was reached by the 30th April. The additional 100 communities represent the number of communities to be reached between June to December 2012. The reason the target was reduced for this period was in order to review, consolidate and strengthen this key programme during this period based on lessons learned from the previous period and in response to the needs of the communities and children in the zone.

45 This figure represents the number of women, girls and boys accessing services to prevent, mitigate and respond to GBV up to 31 December 2011.
### EDUCATION

<table>
<thead>
<tr>
<th># of primary school-aged children accessing education (wherever possible combined with essential health, nutrition, WASH services in schools).</th>
<th>Humanitarian TARGET academic year Sep 12-Jun 13</th>
<th>RESULTS for academic year Sept 12- June 13</th>
<th>Change</th>
<th>Cluster TARGET academic year Sep 11-Jun 12’</th>
<th>Cumulative results 2012</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td>250,000&lt;sup&gt;46&lt;/sup&gt;</td>
<td>155,375&lt;sup&gt;47&lt;/sup&gt;</td>
<td>64%</td>
<td>524,000&lt;sup&gt;48&lt;/sup&gt;</td>
<td>243,011&lt;sup&gt;49&lt;/sup&gt;</td>
<td>39%</td>
<td></td>
</tr>
</tbody>
</table>

| # of teachers receiving incentives and training (including training on psychosocial support, risk reduction and child-centred techniques) | 7,000 (training) 6,250 (incentives) | Data collection for teacher training and incentives is yet to be established for the Sept 12-June 13 school year | 12,000 (training) 6,000 (incentives)<sup>50</sup> |

**Comments/Caveats**

The UNICEF Somalia Education response strategy is predicated on an integrated approach to responding to children’s needs in safe, protective environments in which education and other essential services and key survival messages can be provided. Monitoring of health, nutrition, WASH and protection interventions will be carried out in collaboration with ACSD and Child Protection colleagues, with schools and teachers as a key entry point to reach children.

*Cumulative results are all based on partner reporting unless otherwise specified.*

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<sup>46</sup> Targets and results from the September 2012 to June 2013 school year.

<sup>47</sup> Reported figures are from partners in 852 UNICEF-supported primary schools.

<sup>48</sup> This is the target established for the September 2012 to June 2013 school year.

<sup>49</sup> Based on cluster partner reports on enrolment in over 1,140 schools.

<sup>50</sup> This is the target for the school year from September 2011 to June 2012.
### Funds Received against Appeal as of 1 December 2012

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Initial Requirements by Sector</th>
<th>Mid-Year Revised requirements by Sector</th>
<th>Funds Received* (US$)</th>
<th>Unmet requirements (US$)</th>
<th>% Unfunded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Sanitation and Hygiene (WASH)</td>
<td>22,272,157</td>
<td>13,363,294</td>
<td>5,953,866</td>
<td>7,409,428</td>
<td>55%</td>
</tr>
<tr>
<td>Health</td>
<td>25,941,052</td>
<td>20,684,394</td>
<td>5,707,765</td>
<td>14,976,629</td>
<td>72%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>142,678,206</td>
<td>48,223,534</td>
<td>16,854,372</td>
<td>31,369,162</td>
<td>65%</td>
</tr>
<tr>
<td>Education</td>
<td>20,598,566</td>
<td>14,403,896</td>
<td>6,727,551</td>
<td>7,676,345</td>
<td>53%</td>
</tr>
<tr>
<td>Protection</td>
<td>12,474,939</td>
<td>9,630,000</td>
<td>5,802,852</td>
<td>3,827,148</td>
<td>40%</td>
</tr>
<tr>
<td>Shelter</td>
<td>4,784,835</td>
<td>1,188,260</td>
<td>1,188,260</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>60,380,100</td>
<td>60,380,100</td>
<td>32,905,580</td>
<td>27,474,520</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>289,129,855</strong></td>
<td><strong>166,722,147</strong></td>
<td><strong>75,140,246</strong></td>
<td><strong>91,581,901</strong></td>
<td><strong>55%</strong></td>
</tr>
</tbody>
</table>

* This figure does not currently match the Financial Tracking System. A solution to this problem is currently being explored.

**For further information, please contact:**

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