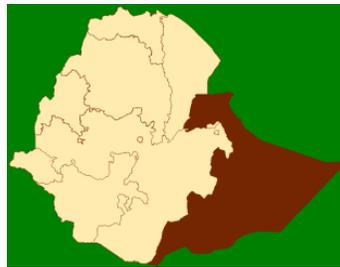


## Somali region briefing note

The Somali region borders the Ethiopian regions of Oromia and Afar to the west, as well as Djibouti to the north, Somalia to the north, east and south and Kenya to the southwest. Somali region has 11 administrative zones (Fafan, Sitti, Liban, Dhawa, Afder, Shebelle, Korahey, Doollo, Jarar, Erer and Nogob) made up of 93 *woredas* (districts) and six administrative towns with its capital in Jigjiga. The region is further divided into 1,224 *kebeles* (sub-districts). Somali region is predominantly inhabited by Moslem pastoralists (85 per cent).



There are tremendous geographical disparities and there are visible developmental inequities within the region, whereby, 32.8 per cent of the population lives well below the poverty line.

### List of key statistics

Total population: 5,307,000 (2014 projection based on the 2007 CSA census)  
Total under five years old population: 837,488 (2012 projection based on the 2007 CSA census)  
Under 5 mortality rate (per 1,000 live births): 122 (EDHS<sup>1</sup> 2011)  
Adult Literacy: 51.2 per cent men and 19.8 per cent women (EDHS 2011)  
Access to safe water supply: 54.5 per cent (EMDHS<sup>2</sup> 2014).  
Children fully immunised: 38.8 per cent (MoH 2012).  
People living below the national poverty line: 32.8 per cent (HICES<sup>3</sup> 2010/11)  
People living below the food poverty line: 26.7 per cent (HICES 2010/11)

Somali region is one of four regions classified as a Developing Regional State (DRS) by the Ethiopian Government. These are regions where poverty incidences are higher and social indicators lag significantly behind the national averages. In addition, the region is prone to drought, floods, disease outbreaks and inter-clan conflicts.

### UNICEF's support

As the year 2016 marks the beginning of UNICEF's new Country Programme and the Sustainable Development Goals (SDGs), UNICEF will contribute to four pillars of the UNDAF 2016–2020: (a) a resilient, sustainable and green economy, (b) basic social services, (c) governance, participation and

<sup>1</sup> Ethiopian Demographic and Health Survey

<sup>2</sup> Ethiopian Mini-Demographic and Health Survey

<sup>3</sup> Household Income, Consumption and Expenditure Survey

capacity development and (d) girls and women equality and empowerment with new focus areas of adolescent girls, urbanization and integrated early childhood development. These pillars align with and support the second Growth and Transformation Plan (GTPII) of the country.

UNICEF is supporting the Somali Regional Government to reach its most vulnerable populations through several initiatives such as the Mobile Health and Nutrition team (MHNT) to implement Basic Social Services (BSS) interventions that include health, nutrition, education, Water Sanitation and Health (WASH) and child protection and aim at accelerating development in the most 'lagging behind' *woredas*. UNICEF also responds to emergencies in the region, by supporting cluster coordination and providing the necessary lifesaving supplies.

### Child survival and health

There is a noticeably low coverage (16.6 per cent) of routine immunization in the region. This is due to the limited out-of-reach health facilities, low care seeking behaviour, frequent cold chain problems and frequent interruptions of supplies and high dropout rates due to mobility of the population. As a result, the under 5 children remain vulnerable to vaccine preventable diseases, amongst which are measles and polio. UNICEF supports the routine Expanded Programme of Immunization (EPI) of the region through capacity building, provision of solar fridges and production of behaviour change communication (BCC) materials.

Somali region also lags behind the national averages in the antenatal care attendance (19.1 per cent), skilled birth attendance (15.3 per cent) and post-natal care rate (3.7 per cent). The total fertility rate is 6.4; the highest in the country, while usage of any modern family planning is one of the lowest in the country and stands at 1.6 per cent. UNICEF supports Maternal, New-born and Child Health (MNCH) interventions including Basic Emergency Obstetrics New-born Care (BEmONC), maternity waiting homes, New-born Intensive Care Units (NICU), new-born care corners and procurement of essential supplies in the region.

UNICEF has introduced Mobile Health and Nutrition Teams (MHNTs) to reach the most deprived and hard to reach people of the region. Since 2012, UNICEF has provided technical and financial support to the implementation of an integrated Community Case Management (iCCM) in 12 *woredas*.

Somali region has a high prevalence of micronutrient deficiencies, such as iron deficiency among pregnant women and under 5 children, high wasting rates (27 per cent), and poor infant and young children feeding practices. UNICEF supports the Regional Health Bureau (RHB) in addressing these issues by:

- (i) Implementing a bi-annual Vitamin A supplementation using Enhanced Outreach Strategies (EOS): during the first half of the 2016, about 718,801 children aged 6 to 59 months received Vitamin A doses and screening for acute malnutrition in the 68 *woredas*
- (ii) Scaling up of Community Management of Acute Malnutrition (CMAM) through capacity development of services providers, procurement and distribution of supplies and monitoring service quality using third part institutional contracts has been done in all 68 *woredas* of the region; and
- (iii) Initiating community based Infant and Young Child Feeding (IYCF) counselling services focusing on positive behavioural changes with a view towards improving child feeding practices and household utilization of locally produced iodized salt in ten DRS focus *woredas*

### Learning and Development

In Somali region, UNICEF has supported the Regional Education Bureau (REB) to reduce Out-of-School Children (OOSC). For the last five years, more than 30,000 OOSC have received basic education access through 130 Alternative Basic Education Centres (ABECs) constructed with UNICEF's assistance. This has increased the general enrolment of primary education to 75 per cent (2006, EMIS). ABECs have also contributed to an improved quality of education in the region.

The implementation of Early Childhood Care and Education (ECCE) in the Somali region has contributed to an improved education coverage and quality of education in pre-primary. Over the last five years, the General Enrolment Rate (GER) increased from 0.43 per cent in 2009 to 14 per cent in 2015. The increased coverage was partly due to UNICEF's support in constructing 15 ECCE centres in selected *woredas*.

Extensive capacity building was provided to parents and education practitioners on ECCE and resulted in additional inputs being given to improve the quality of pre-primary education.

UNICEF, as co-lead agency in the Education in Emergency Cluster, has supported the effective establishment of the coordination of the education cluster. This coordination mechanism has allowed for the provision of timely information with regard to critical education gaps and vulnerabilities. Through this, UNICEF actively participates in helping the regional government in both emergency preparedness and response. For the last four years, UNICEF, through the REB, has ensured that more than 25,000 learners, affected and displaced by various emergencies, continue their education by supporting them in supplying preposition materials of scholastic educational materials and temporary learning spaces (school tents).

## Child protection

Harmful Traditional Practices (HTPs) are amongst the main child protection issues affecting children in Somali region. The prevalence of Female Genital Mutilation and Cutting (FGM/C) in the region is above 97 per cent: the highest in Ethiopia and amongst the highest in the world. Only 3.6 per cent of children under 5 years are registered at birth and the prevalence of child marriage stands at 52 per cent. Violence Against Children (VAC) (mainly sexual abuse and exploitation) is also prevalent throughout the region.

UNICEF, in collaboration with the Bureau of Women and Children Affairs (BoWCA), Regional Supreme Court, Regional Bureau of Justice (BoJ) and Regional Vital Events Registration Agency (RVERA), is working to address HTPs using a mix of strategies such as capacity building, service delivery, social mobilisation, social norms and Behaviour Change Communication (BCC). UNICEF is supporting the setting up and operation of a one-stop-centre for survivors of violence against women and children using a survivor-centred approach strategy.

UNICEF is also working with the Regional BoJ to ensure that the justice system is child-friendly, accessible to all, especially to the most vulnerable, and protects the rights of children who are in contact or in conflict with the law. In striving to end FGM/C and child marriage, UNICEF is implementing social norm changes by using community conversation. UNICEF is working with Regional VERA to develop and roll-out a birth registration system to a number of *woredas* and *kebeles*.

## Water Sanitation and Hygiene (WASH)

Somali region is highly dependent on seasonal rains, which have been erratic over the past few years. The region remains vulnerable to climate related emergencies (floods and droughts). People in the region are frequently affected by water shortages and by water borne epidemic outbreaks. The region has only 56 per cent and 47 per cent coverage of water supply and sanitation respectively.

Due to the repeated failure of rains (both *Gu* and *Deyr*) in 2015 and early 2016, the region has suffered severe drought as well as disease outbreaks, including Acute Watery Diarrhoea (AWD). UNICEF supports the rehabilitation and maintenance of existing water supply systems, the establishment of new water supply systems with new boreholes and multi-village water supply schemes to improve communities' access to safe water supply in rural and peri-urban areas. In urban settings, UNICEF supports the establishment of water supply systems with efficient pipe networks, as well as the improvement of solid waste management facilities. UNICEF supports and advocates for a Community Led Total Sanitation and Hygiene (CLTSH) approach to achieve the Open Defecation Free (ODF) status in villages.

## Cross-cutting Interventions

Local government authorities responsible for service delivery at *woreda* level have poor capacities to consult, plan, implement and monitor programmes. Moreover, the generation and usage of data and evidence to design and formulate appropriate programmes and to inform development programming remains haphazard in the Somali region.

UNICEF's Social Policy and Evidence for Social Inclusion (SPESI) programme supports the Somali regional government in the areas of good governance and capacity development by strengthening the government's capacities in monitoring, evaluation and evidence-based planning. The programme delivers results in the areas of data and evidence generation. The programme also supports the Bureau of

Finance and Economic Development (BoFED) to monitor its socio-economic development indicators by regular data collections and updates in the established DevInfo database. It supports with region specific situation analyses of children and women to avail of data for informed decision making. It also supports the regional government to achieve its decentralization strategy through the implementations of Integrated Community Based Participatory Planning (ICBPP). In addition, it conducts child focused budget analysis studies and publishes child focused sector budget briefs to inform child spending priorities and for advocacy.

## Humanitarian Situation

Four key hazards currently affect the Somali region, as informed by available data<sup>4</sup>; 1) drought 2) floods, 3) disease outbreaks and 4) internal conflicts. Fafan and Siti zones remain the most affected by the drought, while the southern parts, particularly the lower Shebelle riverine areas, are the most susceptible to floods. Conflicts (particularly inter-clan), and disease outbreaks (mainly Acute Watery Diarrhoea (AWD), measles and malaria) continue to spread to different degrees across the zones.

The impact of these hazards resulted in the loss of human and animal lives, as well as livelihoods. Somali region currently hosts 64,002 Internally Displaced People (IDPs), of this 40,718 are known to be conflict induced and 2,987 are flood related. The prevailing situation continues to adversely affect food production, income earnings and market prices of most basic commodities.

In response;

- UNICEF, together with the regional bureaus, continues to provide technical assistance to strengthen the humanitarian coordination efforts. Through these coordination efforts, several inter-sectoral rapid assessments and response plans have been completed.
- UNICEF, together with partners, responded to AWD and other disease outbreaks, particularly in Liben and the surrounding zones. UNICEF provided essentials supplies such as Information, Education and Counselling (IECs), and Community Based Therapeutic Care and Child to Child (CTC) kits. UNICEF also supported the response to reduce the prevalence of the Acute Febrile Illnesses (AFIs) caused by malaria through a multi-strategic approach i.e. Long Lasting Insecticidal Nets (LLINs) distribution and the use of Indoor Residual Spraying (IRS). Through UNICEF's support, case management and mass campaigns for measles and meningitis outbreaks have been carried out across the region.
- Through UNICEF, Somali Regional Health Bureau has expanded a number of health facilities providing treatment for Severe Acute Malnutrition (SAM): 496 Outpatient Therapeutic Programme (OTP) service sites and 39 Stabilization Centres (SCs) sites now exist
- Furthermore, UNICEF supported the implementation of biannual Vitamin A supplementation for 718,801 children and nutrition screening that identified 47,752 acutely malnourished children and 41,037 Pregnant and Lactating Women (PLW) in the 33 hot spot priority one *woredas*. These children and women were supported through the joint UNICEF/WFO Therapeutic Supplementary Feeding Programme (TSFP) in June 2016.
- UNICEF remained committed to support the MHNT initiative that continues to provide reliable and comprehensive outreach primary health care services in 29 hard to reach areas.

## For more information and resources

Website- [www.unicef.org/ethiopia](http://www.unicef.org/ethiopia)

Email- [ethcommunication@unicef.org](mailto:ethcommunication@unicef.org)

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<sup>4</sup> Rapid Assessments, Seasonal Assessments, Routine programme data, Disease Surveillance Data etc.