

# UNICEF HUMANITARIAN ACTION UPDATE

## SOMALIA

3 March 2009

UNICEF IS RESPONDING TO THE NEEDS OF CHILDREN AND WOMEN IN THE AREAS OF HEALTH, NUTRITION, EDUCATION, PROTECTION & WATER, SANITATION AND HYGIENE

- 3.2 million people affected by an escalating conflict and livelihood crisis, including 1.2 million IDPs
- 330,000 children expected to be acutely malnourished over the course of 2009, of whom 96,000 severely
- UNICEF and partners provide water daily to 250,000 IDPs and nutritional support to 100,000 children per month;
- Without funding in the coming weeks, multiple humanitarian activities will halt between April and June



## 1. ISSUES FOR CHILDREN

Somalia is one of the three poorest countries in the world and characterized by chronically high rates of acute malnutrition above emergency levels. Results of a January 2009 assessment led by the Food Security Analysis Unit (FSAU) in Somalia confirm there is an ongoing and sustained humanitarian crisis, with 43% of the country's population or around 3.2 million people including 1.4 million children in need of emergency livelihood and life saving assistance (77% increase since January 2008). The situation is compounded by the combination of the ongoing conflict that resulted in the displacement of more than 1 million people, economic collapse, rising criminality and natural disasters. Response is hampered by a major increase in direct attacks on aid workers during 2008 and into 2009.

Already home to high infant, child and maternal mortality rates (MMR)<sup>1</sup> and prone to a strong drought-flood cycle, Somali communities are facing some of the worst tests of their resilience in the past 19 years as the escalating conflict and mass displacement of 2007/2008 are coupled with low food production and soaring food and commodity prices. These populations are mostly in the Central and Southern Zone (CSZ) where violence between the political groups is a daily occurrence. Equally worrisome, however, is the expansion of the acute food and livelihood crisis into the relatively more stable North West (NWZ) and North East (NEZ) zones of Somalia.

One in six Somali children under the age of five in Somalia is acutely malnourished, and the number continues to rise. It is estimated that Somalia will be facing over 330,000 cases<sup>2</sup> of acute malnutrition among children during 2009, of whom 96,000 are expected to be severely malnourished, a situation that calls for strong and expanded humanitarian response. FSAU reported in January 2009 a median prevalence of 18.5% Global Acute Malnutrition (GAM) with 2.5% Severe Acute Malnutrition (SAM); malnutrition remains consistently and significantly above the emergency threshold (15%). While improvement in GAM and SAM was noted for Middle and Lower Shabelle during the last months of 2008 - associated mainly with humanitarian interventions - these regions continue to host over 30% of the total number of children suffering from GAM and SAM in the country (due to high population density). The latest surveys have also revealed a deepening nutritional crisis marked by deteriorating and very critical levels of GAM and SAM among the pastoralist communities of the Central regions (Galgadud and Mudug), Gedo Region, Bakol Region, the North West Zone (Somaliland) and most IDP settlements throughout the country.

Because the causes of malnutrition are multi-faceted, nutrition interventions will not have the desired impact without an integrated response, particularly in terms of health and WASH activities. Lack of safe water, sanitation and safe hygiene practice contributes to incidence of diarrhoea, which in turn leads to malnutrition. Even prior to the 2007/08 escalation of violence and displacement, the 2006 Multiple Indicator Cluster Survey revealed low nationwide coverage of safe drinking water supply (29%), inadequate sanitation coverage (37%), and poor hygienic practices (55%). All these are underlying causes of the high malnutrition rates in Somalia. The high diarrhoea incidence appears to be a significant contributory factor towards the repeated returns of malnourished children to selective feeding programmes. The water-related disease burden is particularly high among children under five, accounting for 20% of under-five mortality in Somalia.

School enrolment remains low at 30% nationwide and at a mere 22% in the CSZ. The denial of socio-economic rights is made worse by continuous civil rights abuses by all parties to the conflict, including child recruitment into armed groups. Indiscriminate firing against children, as well as deliberate attacks on schools, have resulted in death and injury of children. Displacement and continuous conflict have eroded traditional family and community coping mechanisms, resulting in increased reports of child protection violations and sexual and gender based violence (SGBV).

## 2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

UNICEF is currently able to support multiple implementing partners for the treatment of acute malnutrition through 235 facilities, a major scale-up from 135 facilities in 2007. Through these facilities about 50% of the SAM and 36% of the MAM (Moderate Acute Malnutrition) caseload were reached in 2008 - some 92,000 children. In addition, Supplementary Feeding Programmes for Bossasso IDP camps and Afgoye/Mogadishu

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<sup>1</sup> UNICEF and partners Multiple Indicator Cluster Survey (MICS) 2006 data: MMR 1,044 per 100,000 live births; Infant Mortality Rate (IMR) 86 per 1,000 live births; U5MR 135 per 1,000 live births.

<sup>2</sup> A total of 200,000 children were estimated to be currently acutely malnourished by FSAU in January 2009. Conservative calculations of this "point in time" rate of malnutrition translate into at least 330,000 children suffering from acute malnutrition over the whole course of the year.

IDP settlements provided protective/preventive blanket feeding to about 65,000 children aged 6 – 59 months during 2008, regardless of nutritional status due to their high vulnerability.

These activities continue in early 2009, reaching some 7,000 acutely malnourished children per month and an additional 50,000 children per month receive blanket supplementary feeding in high risk locations. However, despite the major emphasis on scaling up therapeutic feeding programmes for children with SAM over the past several years, the current operating environment of Somalia prevents UNICEF and partners from keeping pace with the increasing need for these highly technical services. Therefore, in an effort to maximize the types of interventions that are possible with limited access in Somalia and in an effort to prevent more children from becoming acutely malnourished in certain high risk areas, UNICEF - in collaboration with the Nutrition Cluster - designed and introduced a new approach in 2008: young children (6-36 months old) who are at higher risk of acute malnutrition are being reached with a preventative RUF (Ready to Use Food) product Plumpy'doz. Thus far, 85,000 vulnerable children (80% of which are in CSZ) in areas with the highest malnutrition rates (e.g. Bossasso IDPs, coastal areas of NWZ) and/or high population density (e.g. the IDPs in Afgoye corridor and other CSZ areas) have been targeted since December 2008. Since diarrhoea is one of the key underlying factors for acute malnutrition, this preventive RUF distribution is also being used to deliver an integrated package of aquatabs for home water treatment and oral dehydration salts (ORS) for timely treatment of dehydration. The initiative will be scaled up to target at least 120,000 children with Plumpy'doz distributions during 2009, funding and access permitting.

The nationwide Child Health Days Campaign led by UNICEF and WHO was launched in late December 2008 in Somaliland (North West Zone) and completed in all its six regions of the zone in February 2009. The campaigns are built on the successful polio vaccination network (Somalia has been polio free since March 2007) and were made possible through a huge logistical effort involving 986 vehicles nearly 5,000 personnel, including vaccinators, health educators, recorders, monitors and supervisors. The Child Health Days target all children under five nationwide and at least 60% of women of childbearing age with a critical package of high impact health services. Preparations are ongoing to start the campaign in the North East Zone (NEZ) and CSZ in March in a phased manner due both to security/access constraints, as well as due to lack of sufficient health personnel to cover all locations at once. Preliminary coverage reports received so far from first round in NWZ show that 282,977 children under five (63% coverage) were reached with OPV (oral polio vaccine); 239,249 children between 9-59 months with measles vaccination (63%); 237,051 children between 6-59 months with Vitamin A (59%); 226,274 children between 12 and 59 months with deworming (63%) and 169,440 women of child bearing age (33%) with Tetanus Toxoid vaccination<sup>3</sup>. The actual number of beneficiaries reached indicates a major improvement over routine health service coverage rates and underscores the need for this type of outreach campaign approach. For example, in a six-week period, the Child Health Days achieved ten times the measles vaccination coverage that the routine immunization programme at fixed-site health facilities had achieved during the first eight months of 2008 in NWZ. Children and women will be reached every six months with Child Health Days, funding permitting<sup>4</sup>.

A 150% increase in the enrolment of IDP children and youth in emergency schools in Afgoye was witnessed in 2008 accompanied by provision of psychosocial support to children in schools and teachers training. Incentives for teachers in IDP settings in CSZ have boosted children's access to education. Additionally, UNICEF provided school kits and textbooks for 132,000 IDP children. In the midst of the worst security situation Mogadishu has faced in the past 19 years, a symbolic achievement has been the construction of the 22-classroom Hammar Jab Jab School – the first school to be built or rehabilitated by UNICEF in Mogadishu in the past ten years. The school includes a laboratory, library, admin offices, water and sanitation facilities and access to a nearby health facility. More than 1,700 children will be enrolled during 2009, at least half of which will be girls.

For WASH, UNICEF provides comprehensive intervention packages inclusive of hardware and software, in both urban and rural settings. Existing services are being sustained, alongside rehabilitation and new construction activities where possible, focusing on drought affected and IDP communities. Because Somalia is traditionally subject to a strong seasonal cycle Acute Watery Diarrhoea outbreaks, chlorination activities through partners are continuous, alongside support to construction of sanitation facilities and hygiene promotion. Since January 2008 and in coordination with multiple partners, UNICEF has been providing life-

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<sup>3</sup> Coverage rates are subject to interpretation as the baseline population estimates have been the subject of lengthy discussion with the Somaliland MOHL.

<sup>4</sup> Child Health Days are only 50% funded through the CAP; the rest of the required budget rests in the United Nations Transition Plan for Somalia as the intervention is both an emergency response and simultaneously addresses longer term routine immunization and Health sector capacity building targets

saving water trucking support to IDPs residing along the Mogadishu-Afgoye corridor where 400,000 IDPs are located, reaching 250,000 people per day since June 2008. As this operation is extremely costly, UNICEF has simultaneously been supporting the establishment of more sustainable water systems that would replace water trucking, aiming to eliminate the need for trucking by end June 2009.

Towards UNICEF's Core Commitments for Children on child protection and HIV/AIDS, UNICEF is working with multiple partners to improve the protection of children through advocacy, service delivery and building skills among both duty bearers and claim holders. Approximately 40,000 children, youth and women are reached each month through a combination of interventions. Services are provided for victims of sexual violence including psychosocial care and support, and referral to legal and medical services. Through its monitoring and reporting mechanism on violations of child protection, UNICEF is able to identify child victims of violence and mobilise an appropriate response ranging from community mobilisation to strengthen the protective environment, to the provision of psychosocial care and support. UNICEF advocates for the prevention of child recruitment, for the abolishment of corporal punishment and for the reduction of HIV associated stigma and discrimination. In parallel, UNICEF and partners build the skills of vulnerable groups such as out of school adolescents and women and girls on issues of HIV and child protection through a life skills based education initiative.

UNICEF works through over 100 local and international NGOs and community based organizations throughout the country to provide these multi-sectoral services. UNICEF also serves as cluster lead for the WASH, Nutrition and Education clusters.

### 3. FUNDING REQUIREMENTS AND RECEIPTS

The ongoing humanitarian response in early 2009 has been funded entirely by carry-over from several late 2008 CAP contributions. As part of the 2009 CAP appeal launched on December 1<sup>st</sup> 2008, UNICEF appealed for US\$ 79 million<sup>5</sup> to enable response to the needs of children and women in Somalia. This appeal figure is commensurate with UNICEF's portion in the 2008 CAP appeal in terms of per capita funding. The response from the donor community has been unusually slow thus far in 2009. UNICEF has received no contributions to date against the 2009 CAP, although a recent UN Somalia application to the CERF is expected to provide approximately US\$ 4 million towards urgent funding gaps below for WASH and Nutrition interventions. Beyond the CERF, UNICEF has one pledge (from USAID/OFDA for an \$8 million multi sectoral contribution), but has yet to receive indications of expected CAP/HAR funding levels from other donors.

**Table 1: Funds Received against CAP/Humanitarian Action Report\***

Appeal Sector	Requirements by Sector	Funds Received (US\$)	Unmet requirements (US\$)	% Unfunded
Water, Sanitation and Hygiene (WASH)	17,153,000	0	17,153,000	100%
Health	12,162,183	0	12,162,183	100%
Nutrition	26,588,109	0	26,588,109	100%
Education	13,388,500	0	13,388,500	100%
Protection and HIV	8,935,200	0	8,935,200	100%
Non-food Items and Emergency Shelter	808,470	0	808,470	100%
<b>Total**</b>	<b>79,035,462</b>	<b>0</b>	<b>79,035,462</b>	<b>100%</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

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

<sup>5</sup> UNICEF Somalia appealed for US \$ 79,459,883 under the Humanitarian Action Report 2009.

**Table 2: Funding Priorities as of March 2009**

Immediate funding requirements to ensure continued humanitarian response during March – June 2009 are highlighted below. Taking into account pledged funds above, the Nutrition programme will still require an additional \$5 million to be available by end March in order to keep selective and blanket feeding programmes across the country operational. Without additional funds on tap in the coming weeks to place orders with sufficient lead time to reach destinations throughout Somalia, nutritional supplies (including food products) will not be available to treat children after June 2009. Likewise, without at least \$1.5 million by end-March for Protection programming, all activities will halt by 1<sup>st</sup> April 2009 and without at least \$3 million in addition to existing pledges for WASH, the provision of safe water and sanitation services to hundreds of thousands of people will be at risk of termination.

Project	Beneficiaries/ coverage	Amount Required (US\$)
1. <b>Water, Sanitation and Hygiene (WASH)</b> – AWD prevention and control, rehabilitation of malfunctioning systems and support O&M of existing systems to ensure continued access to safe water, expansion of services to unserved areas, WASH services to underpin nutrition, health and education response	over 200,000 people per month	3,000,000
2. <b>Nutrition:</b> Life saving selective and blanket feeding for children under five	100,000 children under five per month	5,000,000
3. <b>Emergency Education</b> - teacher training and provision of basic supplies for emergency-affected and displaced school age children; Mine Risk Education and life skills	30,000 school age children	1,000,000
4. <b>Protection</b> – Child protection monitoring, reporting and response, psychosocial care and support, response to SGBV, community mobilisation for Child Protection, HIV prevention and awareness	22,000 children and 20,000 women and youth per month	1,500,000
<b>Total Priority needs</b>		<b>10,500,000</b>

Further information on the Somalia emergency programme can be obtained from:

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