



Reporting Period: 1 - 30 September 2022

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Somalia

Humanitarian Situation Report No. 9



Highlights

- From July 2022 to June 2023, an estimated 1.8 million children under the age of five would endure acute malnutrition, accounting for 54.5 per cent of the overall child population. From October to December 2022, nearly 6.7 million people across Somalia are projected to be acutely food insecure.
- An estimated 6.4 million people lack access to sufficient water, with many increasingly relying on untreated water from shallow wells and drought-affected rivers, increasing public health concerns.
- Since January 2022, 25 of the 74 drought-affected districts have recorded 10,440 cholera cases and 59 deaths (0.6% CFR).
- The harsh drought also newly displaced 1,170,842 people between January and September 2022. A total of 68,393 people fled their homes during the month of September, a 3 per cent drop compared to August.
- While drought and looming hunger are the major causes of internal displacement in Somalia, the revival of armed conflict between the federal government, Al-Shabaab, and clan militias has also led to an upsurge in displacement. In September, 101,000 people were newly displaced due to conflict and insecurity.

Situation in Numbers

4,900,000
 children in need of humanitarian assistance (HNO 2022)

7,700,000
 people in need (HNO 2022)

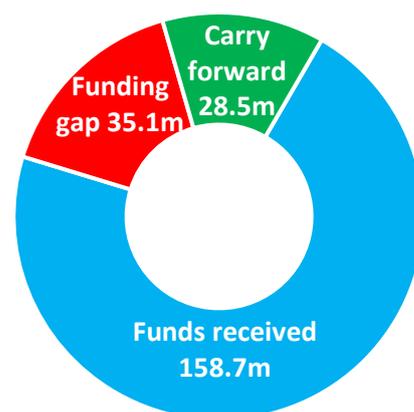
2,900,000
 Internally Displaced People (OCHA Somalia, January 2022)

UNICEF's Response and Funding Status

Nutrition	SAM admissions	85%
	Funding status	100%
Health	Essential health service	72%
	Funding status	81%
WASH	Emergency water	48%
	Funding status	94%
Child Protection	MHPSS access	46%
	Funding status	47%
Education	Education access	41%
	Funding status	78%
SBC	People reached with messages	27%
	Funding status	40%

UNICEF Appeal 2022

US\$ 222.3 million



Funding Overview and Partnerships

With the generous funding received from donors, UNICEF and partners provide lifesaving and life-sustaining interventions to scale up famine prevention interventions and respond to humanitarian needs. As of September 2022, UNICEF's Humanitarian Action for Children (HAC) appeal funding gap is 16 per cent (\$35.1 million) of the \$222.3 million appeal. Thus, as needs continue to grow rapidly, UNICEF Somalia requires additional timely and flexible funding to respond effectively and efficiently to the ongoing crises.

Situation Overview & Humanitarian Needs

Severe drought caused by four consecutive failed rainy seasons combined with increased conflict and high food prices is worsening the humanitarian situation in Somalia. According to the September 2022 [Food Security and Nutrition Analysis Unit \(FSNAU\)](#) report, an estimated 6.7 million people are experiencing severe food insecurity, including 2.2 million people who are expected to be in an emergency (IPC Phase 4) and at least 300,000 people in catastrophe (IPC Phase 5). One and a half million children under the age of five are likely to be acutely malnourished, including nearly 386,400 who are likely to be severely malnourished by the end of 2022. Furthermore, projections indicate that between July 2022 and June 2023 approximately 1.8 million children under the age of 5 are expected to face acute malnutrition, including over 513,000 who are likely to be severely malnourished. The total acute malnutrition burden represents 54.5 per cent of the total population of children in Somalia.

The [WASH Cluster](#) reports that 6.4 million people are affected by significant water shortages, with 14 out of the 18 regions being hardest affected. The limited access to safe water has triggered a spike in AWD/cholera cases. Since January 2022, 25 of the 74 drought-affected districts have recorded 10,440 cholera cases and 59 deaths (0.6 CFR). Children under the age of 2 make up 52 per cent of the cases. In 2022, out of the total of [1,170,842 people](#) who have been displaced from their homes, Bay region (26%) and Lower Juba region (22%) have received most of the new arrivals, followed by Gedo, Banadir, and Bakool regions (14%, 11%, and 11% respectively). A resurgence of armed conflict between the government, Al-Shabaab, and clan militias has also led to an upsurge in forced displacement in Somalia, causing the displacement of [more than 100,000 people](#) in September.

The combined effects of the drought, insecurity, and conflict have further degraded the protective environment for children in Somalia. Between January and May, incidents of gender-based violence increased by 200 per cent, while the number of unaccompanied and separated children increased by 81 per cent, compared to the same period in 2021. More than 1,000 grave child rights violations committed by armed forces were verified in the first half of 2022, while reported incidents of child recruitment between July and September showed a two-fold increase compared to the previous quarter.

UNICEF and its partners continue to scale up their humanitarian response to meet the rapidly growing needs of the drought and conflict-affected populations to address severe water shortages, extreme food insecurity, and deteriorating nutrition outcomes, including the risk of famine. Moreover, with recurrent and more severe climate events coupled with existing vulnerabilities, continued investment in an integrated humanitarian response is essential to help communities survive the crisis, including populations in hard-to-reach areas.

In compliance with the interagency [famine prevention and drought response plan 2022](#), UNICEF, IOM, and WFP are implementing a Minimum Response Package (MRP) intervention in Banadir and Baidoa districts and are currently expanding the intervention to Beletweyne district. UNICEF, WFP, and WHO are collaborating in 16 hard-to-reach districts. These partnerships have enabled UNICEF to leverage resources with its sister agencies to swiftly provide lifesaving assistance for newly displaced people and to help populations residing in hard-to-reach areas stay where they are.

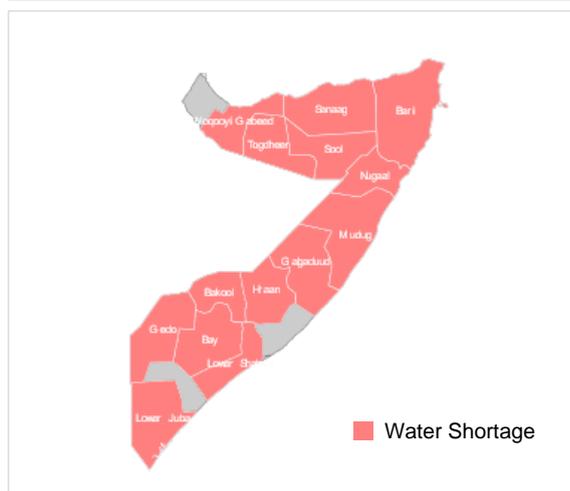
Summary Analysis of Programme Response

Nutrition

UNICEF continues to be at the forefront of providing lifesaving treatment for children affected by severe wasting. As the malnutrition situation of Somali children worsens, UNICEF is increasing the geographic coverage of its nutrition interventions and has signed 44 multi-year partnership agreements to cover 69 of the 74 districts of the country with both prevention and treatment services while leveraging annual work plan agreements with all seven states of Somalia and the Federal Ministry of Health (FMoH).

In September 2022, 22,267 children aged 6–23 months received micronutrient powders to improve their diet at home, while 104,427 women were counselled on infant and young child feeding. Furthermore, 33,809 children were treated for severe malnutrition and 96 per cent recovered successfully. This is a 66 per cent increase in the number of children

A map of regions affected by severe water shortage.



treated compared to the same period in 2021. Between January and September 2022, 864 children died while receiving treatment for severe wasting (0.4% of admissions). This represents a 72 per cent increase in the number of children dying in care compared to the 503 children who died in care between January and September 2021. As suggested by the Famine Review Committee (FRC) after the Integrated Phase Classification (IPC) of August 2022, a follow-up food nutrition and mortality survey will be done in October 2022 to reclassify the situation and provide timely evidence for a better response.

Health

During the reporting period, UNICEF intensified the delivery of safe motherhood services to improve maternal health outcomes. As a result, 13,405 pregnant women completed their first antenatal care visit, 4,670 pregnant women completed their fourth antenatal care visit, skilled birth attendants assisted 9,011 deliveries, and 3,455 women received postnatal care services within 48 hours after birth. In response to the AWD/Cholera outbreak and to improve the timely management of cases, UNICEF continued supporting three cholera treatment centres (CTC) in Baidoa, Marka, and Banadir. In addition, UNICEF supported the establishment of two cholera treatment units (CTUs) in Kismayo in response to the current outbreak.

WASH

Access to safe drinking water remains challenging for internally displaced people (IDPs) and vulnerable host communities across the drought-affected districts of Somalia. The increased influx of IDPs to urban areas is overstressing the existing water supply and sanitation services. Also, the ongoing expansion of conflict between government military engagements with non-state actors has led to more people leaving their homes in the central and southern regions. Armed clashes in Hishabelle and Galmudug states have damaged strategic water supply systems, worsening the already dire water shortages in the area.

In September, 227,236 people were provided with emergency water supply services in 35 drought-affected districts through water trucking, water access by voucher, and chlorination of water sources. Similarly, a total of 95,168 people were provided with a sustainable, safe water supply through the drilling of two new boreholes, the rehabilitation and maintenance of six shallow wells, and the rehabilitation of 19 boreholes in Daynile, Buurhoodle, Eyl, Garowe, Xudur, Waajid, Qardho, Galdogob, Jariiban, and Taleex districts. Furthermore, UNICEF has constructed 60 new emergency communal latrines in Baidoa, Bay region, reaching 2,250 people with basic sanitation services. In addition, 44,410 people were reached with hygiene promotion messages and essential hygiene kits.

Education

The Home-Grown School Feeding programme has commenced in 235 schools across the four federal member states of Somalia, providing two meals per day to over 77,000 students in schools affected by the drought. The programme supports Community Education Committees (CECs) to plan weekly menus, purchase food and cook two meals daily for the students, encouraging enrolment and improving school retention. To complement these activities and support teachers' livelihoods, 2,081 teachers and principals received incentives to boost their salaries and ensure their commitment to teaching. An assessment is ongoing to ensure schools in the programme have access to sustainable water sources. UNICEF continues to provide a safe water supply to over 14,425 children (6,726 girls) in 60 schools within Hirshabelle and Southwest states.

Child Protection

The protective environment for children across the country is deteriorating due to the combined effects of drought, conflict, and insecurity. In September, mental health and psychosocial support (MHPSS) interventions, including individual and group counselling, benefited over 25,000 people (69% children), marking a 24 per cent increase compared to the previous month. UNICEF and its partners also prioritized identifying unaccompanied and separated children and ensured the provision of family tracing and reunification or community-based alternative care services. One-stop centres continued to receive women and child survivors of sexual violence and provided life-saving medical care, psychological first aid, counselling, and safe shelter. Similarly, community outreach and engagement on social norms, child protection, and GBV concerns remained at the centre of UNICEF's response. For example, hotlines in Somaliland provided critical child protection and GBV information, including on the availability of services, to over 100 drought-affected callers. In Dhobley and Baardheere, Gedo region, UNICEF and its partners launched community discussions on protecting children and women from violence, exploitation, and harmful practices, including child marriage and female genital mutilation, as part of the community care program. UNICEF and its partners also provided continuous support to children formerly associated with armed forces and armed groups (CAAFAG) and children at risk of recruitment during the reporting, including those who graduated from vocational training programmes in August.

Social and Behaviour Change & Accountability to Affected Populations

As part of its drought response scale-up action, in collaboration with the government and partners, UNICEF continued to promote and educate communities across drought-affected districts on key lifesaving messages. During the reporting

month, social and behavioural change interventions reached 20,446 individuals (10,281 females and 10,165 males) with integrated life-saving messages through household engagement, community meetings and dialogues, health education sessions, broadcasting of radio spots and TV spots, and mosque announcements.

As part of Accountability to Affected Population (AAP) interventions, UNICEF conducted a baseline survey in twenty-two districts within nine regions of South-Central Somalia. The quantitative survey, which covered 4,400 respondents, indicated that 75 per cent of communities are aware of the different services that humanitarian agencies provide. Among the services with a high awareness level include immunization (58%), cash transfer (40%), screening and treatment in health facilities (37%), education (33%), and (27%) for nutrition-related treatment. The survey also shows that 52 per cent of the population knows where to get the services, and 63 per cent said they had been satisfied with the support. A total of 67 (52 males and 15 females) programme managers, officers, and frontline service providers from UNICEF programs, government, and implementing partners were trained on AAP and Prevention of sexual exploitation and abuse.

Humanitarian Leadership, Coordination, and Strategy

UNICEF is expanding its multi-sectoral humanitarian response in coordination with other UN agencies, the Somali government, and partners. UNICEF leads the nutrition and WASH clusters and co-leads the education cluster and child protection sub-cluster, providing dedicated full-time support to coordination and information management. UNICEF has prepositioned emergency supplies in nine supply hubs for rapid humanitarian response. In addition, UNICEF implements its programmes in some of the hardest-to-reach areas, through its robust field presence in three offices and expanding its partnerships. UNICEF pursues a balanced approach between providing an immediate life-saving response, investing in systems strengthening, and building the resilience of services and communities.

UNICEF-supported programmes are informed by solid risk analysis and humanitarian access monitoring. In its programmes, UNICEF prioritizes gender, disability, equity, and mainstream Prevention of Sexual Exploitation and Abuse (PSEA) and Accountability to the Affected People (AAP). UNICEF will also continue to provide life-saving health and nutrition interventions through community-based activities for affected populations. In 2022, UNICEF will expand its Risk Communication and Community Engagement strategies to reach families affected by the humanitarian crisis. UNICEF also supports nutrition services targeting children and pregnant/lactating mothers with nutrition screening, vitamin supplementation, promoting safe infant and young child feeding practices, and treatment for severe acute malnutrition. UNICEF's water and sanitation programme focuses on establishing safe, sustainable water supply systems, including strategic borehole drilling, maintaining, upgrading, expanding water structures and sanitation facilities, and distributing hygiene kits and information. Regarding the protection of children, UNICEF continues with prevention campaigns and specialized services targeting survivors of gender-based violence. UNICEF has scaled up its mental health and psychosocial support program. Children associated with armed groups have access to psychosocial support and life skills to facilitate their reintegration. Vulnerable children and youth participate in safe and protective educational programmes to continue learning, developing literacy and numeracy skills, and opportunities for structured recreation and play. Vulnerable children and families will receive social protection services, including humanitarian cash transfers, in line with the Grand Bargain commitments and leveraging UNICEF's current support to the Government's social transfer delivery mechanisms.

Human Interest Stories and External Media

UNICEF highlighted the prediction of [famine](#) in Baidoa area and Burhakaba by the Famine Relief Committee based on data compiled by the Integrated Food Security Phase Classification ([IPC](#)) through several social media [posts](#), a [Palais](#) Briefing, and a [press release](#). UNICEF Director of Emergency Programmes, Manuel Fontaine, UNICEF Somalia Representative [Wafaa Saeed](#), and the team assessed the drought in [Baidoa](#) and [Wajid](#) and visited with UN agencies and the Special Presidential [Envoy](#) for Drought Response. The UNICEF Somalia [Representative](#) spoke at a high-level [event](#) co-hosted by UNICEF, USAID, and partners that raised roughly US\$280 million to tackle child malnutrition in 15 countries. Education advocacy and communications were highlighted around [World Literacy Day](#) and the [Transforming Education](#) Summit. Articles on the UNICEF Somalia website are on [nutrition](#), [WASH](#), and [climate change](#) issues related to children. UNICEF Somalia was mentioned in the news approximately 24 times this month, including articles with [Al Jazeera](#), [Reuters](#), [Deutsche Welle](#), and [VOA Africa](#).

Next SitRep: 20 November 2022

UNICEF Somalia Crisis: <https://www.unicef.org/somalia/>

UNICEF Somalia Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/somalia>

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Summary of Programme Results*

Sector	Overall needs	UNICEF and Implementing partners			Cluster/AoR Response		
		2022 target**	Total results	Change since the last report ▲▼	2022 target***	Total results	Change since the last report ▲▼
Nutrition							
# of boys and girls aged 6-59 months with severe acute malnutrition admitted for therapeutic care	386,410	360,000 (183,600 G 176,400 B)	305,650 (166,618 G 139,032 B)	33,809 ▲	386,410 (197,069 G 189,341 B)	305,650 (166,618 G 139,032 B)	33,809 ▲
# of primary caregivers of children aged 0-23 months who received counselling on infant and young child feeding	1,413,000	1,142,002	980,893 (980,893 W 0 M)	104,427 ▲	1,416,526	980,893 (980,893 W 0 M)	104,427 ▲
Health							
# of people provided with access to essential life-saving health services	4,700,000	1,310,858 (341,204 G 318,608 B 371,480 W 279,566 M)	940,279 (232,237 G 213,455 B 291,049 W 203,538 M)	180,941 ▲			
# of children under 5 years old vaccinated against measles		1,279,326 (699,803 G 579,523 B)	736,528 (372,454 G 364,074 B)	19,165 ▲			
# of pregnant women receiving delivery services by skilled birth attendants		36,804	30,629	9,011 ▲			
# of healthcare facility staff and community health workers trained in infection prevention and control (IPC)****		1000 (598 W 402 M)	1,076 (614 W 462 M)	247 ▲			
WASH							
# of people reached with emergency water services in targeted settlements and communities	1,841,208	2,500,001 (801,364G 797,398B 490,710W 410,529M)	1,207,761 (368,194 G 376,407 B 242,728 W 220,432 M)	227,236 ▲	2,804,551 (841,365 G 981,593 B 504,819 W 476,774 M)	1,694,534 (508,362 G 593,087 B 305,017 W 288,068 M)	262,861 ▲
# of people reached with sanitation services in vulnerable settlements and communities	1,206,309	230,000 (70,963 G 61,962 B 50,974 W 46,101 M)	63,320 (18,579 G 20,048 B 13,025 W 11,668 M)	2,250 ▲	1,920,000 (576,000 G 672,000 B 345,600 W 326,400 M)	415,700 (124,706 G 145,497 B 74,823 W 70,674 M)	44,778 ▲
# of people reached with hygiene promotion activities and hygiene kits distribution in vulnerable settlements and communities	3,174,497	2,448,014 (774,377 G 772,398 B 490,710 W 410,529 M)	574,362 (170,058 G 176,016 B 120,998 W 107,290 M)	44,410 ▲	3,174,496 (952,349 G 1,111,074 B 571,409 W 539,664 M)	1,856,402 (556,922 G 649,739 B 334,147 W 315,594 M)	296,709 ▲
# of people reached with sustainable access to safe water in targeted settlements and communities	1,777,718	875,000 (272,000G 241,680B 196,240W 165,080M)	540,591 (132,580 G 127,659 B 152,696 W 127,656 M)	95,168 ▲	1,505,280 (451,584 G 526,848 B 270,950 W 255,898 M)	1,311,811 (393,539 G 459,137 B 236,123 W 223,012 M)	140,945 ▲
# of people reached through institutional WASH Infection Prevention and Control (IPC) activities	220,000	176,000 (62,051 G 57,885 B 30,422 W 25,642 M)	10,130 (3,017 G 3,510 B 1,855 W 1,748 M)	-			
Child Protection							
# of children and caregivers accessing community-based mental health and psychosocial support services	793,864	300,000 (134,176 G 134,176 B 16,659 W 14,989 M)	137,756 (42,241 G 45,847 B 30,225 W 19,443 M)	25,664 ▲	521,343 (224,778 G 233,953 B 30,680 W 31,932 M)	142,128 (45,820 G 46,994 B 30,960 W 18,354 M)	25,664 ▲
# of registered unaccompanied and separated children supported with reunification services, family-based care, or appropriate alternatives	35,851	19,000 (9,160 G 9,840 B)	10,686 (4,988 G 5,661 B 15 W 22 M)	1,508 ▲	35,851 (17,208 G 18,643 B)	25,417 (10,928 G 11,948 B 1,728 W 813 M)	7,393 ▲
# of women, girls, and boys accessing GBV risk mitigation prevention and response interventions	2,289,689	165,385 (36,412 G 23,143 B 63,233 W 42,597 M)	74,045 (18,981 G 11,504 B 31,479 W 12,081 M)	28,662 ▲			
# of girls and boys released from armed groups and forces, reintegrated with	12,804	4,950 (554 G 4,396 B)	1,809 (543 G 1,266 B)	280 ▲	5,000 (1,000 G 4,000 B)	2,138 (1,247 G 878 B 13 M)	280 ▲

Sector	Overall needs	UNICEF and Implementing partners			Cluster/AoR Response		
		2022 target**	Total results	Change since the last report ▲ ▼	2022 target***	Total results	Change since the last report ▲ ▼
their families/communities, and provided with adequate care and services							
# of individuals targeted with rights-based public outreach and awareness-raising activities	1,394,992	340,000 (99,892 G 125,930 B 41,132 W 73,046 M)	91,902 (16,276 G 15,149 B 36,100 W 24,377 M)	10,185 ▲	950,684 (294,712 G 313,726 B 171,123 W 171,123 M)	281,072 (87,404 G 70,658 B 82,887 W 40,123 M)	19,117 ▲
# People with access to safe channels to report sexual exploitation and abuse		674,554 (237,414 G 248,485 B 91,024 W 97,632 M)	12,945 (3,438 G 4,087 B 3,296 W 2,124 M)	257 ▲	624,554 (223,318 G 217,966 B 98,166 W 85,104 M)	12,945 (3,438 G 4,087 B 3,296 W 2,124 M)	257 ▲
Education							
# of children accessing formal and non-formal primary education	3,000,000	300,000 (150,000 G 150,000 B)	123,344 (56,639 G 66,705 B)	2,253 ▲	833,477 (375,064 G 458,413 B)	394,514 (192,905 G 201,609 B)	56,165 ▲
# of children accessing appropriate water, sanitation and hygiene facilities, hygiene services, key preventive messages on COVID-19*** in learning facilities and safe spaces	3,000,000	300,000 (150,000 G 150,000 B)	135,915 (62,498 G 73,417 B)	0	833,477 (375,064 G 458,413 B)	192,336 (91,000 G 101,336 B)	5,386 ▲
# of teachers trained in basic pedagogy and psychosocial support		1,200 (480 W 720 M)	1,367 (473 W 894 M)	0	9,490 (2,373 W 7,117 M)	5,710 (1,296 W 4,414 M)	2,020 ▲
Social Behaviour and Change							
# People reached through messaging on the individual, family, and community-level prevention practices and access to services		11,752,897 (5,923,460 W 5,829,437 M)	3,218,516 (2,124,221 W 1,094,295 M)	20,446 ▲			
# of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms		783,527 (394,898 W 388,629 M)	23,816 (16,433 W 7,383 M)	5,588 ▲			
Social Protection							
# of households with children under 5 years in the host communities as well as IDP camps who are registered using the Government Common Registration Form		24,216	0	0			

* As a significant portion of the HAC funding was received after June 2022, achievements in WASH, education, and child protection are less than 50 per cent and UNICEF is stepping up its response to meet the targets.

** Targets reflect HAC revision <https://www.unicef.org/appeals/somalia>

*** Cluster targets may be lower than UNICEF targets due to increased targets in UNICEF's revised HAC.

**** COVID-19 data can be accessed via the following link: <https://rebrand.ly/who-covid-somalia-dashboard>

Funding Status

Funding Requirements					
Appeal Sector	Requirements*	Funds available**		Funding gap	
		Funds Received Current Year	Carry-Over	US\$	%
Health	\$32,292,079	\$17,494,066	\$8,649,390	\$6,148,623	19%
Nutrition	\$57,108,056	\$53,257,203	\$13,240,513	-	0
Education	\$24,690,960	\$18,749,065	\$546,499	\$5,395,396	22%
WASH	\$57,764,420	\$49,388,351	\$5,069,505	\$3,306,564	6%
Child Protection	\$36,418,242	\$16,461,735	\$476,417	\$19,480,090	53%
SBC, Community Engagement, and AAP	\$3,479,677	\$964,338	\$419,440	\$2,095,899	60%
Social Protection	\$7,248,382	\$550,000	0	\$6,698,382	92%
Cluster Coordination	\$3,301,820	\$1,884,106	0	\$1,417,714	43%
Total	\$222,303,636	\$158,748,864	\$28,401,764.00	\$35,153,008	16%

* As defined in the revised Humanitarian Appeal of 2022 for a period of 12 months

** Funds available' includes funding received against the current appeal and carry-forward from the previous year.