



Reporting Period: 1 – 31 March 2024

@2024/0302/UNICEF

Highlights

- As concern rises over potential impacts of forecasted Gu Rains, children in Somalia grapple with post El Nino floods effects including an exponential rise in cases of acute watery diarrhoea/Cholera. 80 per cent of cases are children and more than 1.2 million remain at risk of Cholera.
- 130,404 affected people including 80,000 children were reached with emergency water supply. 100,645 affected people received hygiene promotion services and products while 39,678 people accessed improved sanitation facilities.
- 36,797 under-fives (21,476 girls and 15,321 boys) were reached with treatment for severe wasting and 4,356 children (2,139 girls and 2,217 boys) were vaccinated against measles.
- 357 (160 girls, 197 boys) unaccompanied and separated children were registered, successfully reuniting 319 (145 girls) of them with their families.
- 68,676 disaster affected children can now access learning in schools and temporary learning spaces across 12 disaster affected districts.
- Interventions to mitigate against gender-based violence reached 6,550 at-risk and affected children and women, encompassing a range of services such as medical support, psychological first aid, and counseling.
- 13,894 individuals reported and sought assistance, through safeguarding mechanisms.
- 90 social mobilizers trained and deployed to conduct house to house visits and provide key prevention education sessions to 6,917 households reaching 226,800 people.
- UNICEF has diligently been executing an eight-pillar workplan designed to prevent and respond to aid diversion including digitizing its supply management system and the registration procedures for beneficiaries.

Somalia

Humanitarian Situation Report No. 3



Situation in Numbers



4,534,013

children in need of humanitarian assistance (HNRP 2024)



6,869,716

people in need (HNRP 2024)



3,861,643

Internally Displaced People (HNRP 2024)

UNICEF's Response and Funding Status



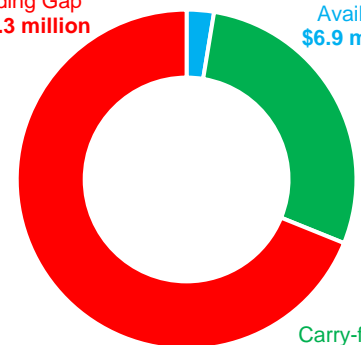
Nutrition	SAM admissions	30%
	Funding status	41%
Health	Essential health service	7%
	Funding status	24%
WASH	Emergency water	14%
	Funding status	42%
Child Protection	MHPSS access	13%
	Funding status	31%
Education	Education access	23%
	Funding status	2%
SBC	People reached with messages	2%
	Funding status	10%

UNICEF Appeal 2024

US\$189.1 million

Funding Gap
\$128.3 million

Funding Available
\$6.9 million



Carry-forward
\$53.9 million

Funding Overview and Partnership

As of March 2024, UNICEF Somalia received US\$60.45 million against the 2024 Humanitarian Action for Children (HAC) funding appeal of US\$189.1 million representing a 68 per cent funding gap. The implications of delayed emergency programming in the context of Somalia are dire as displaced children and at-risk families continue to grapple with the effects of the emerging multi crises. The funding received from Japan, United Kingdom Foreign, Commonwealth and Development Office (FCDO), French and German National Committees as well as the Global Humanitarian Thematic Fund has contributed towards efforts on cholera response, water supply, hygiene and sanitation, malnutrition prevention and response, child protection, education, immunization campaigns, prevention of sexual exploitation and abuse and accountability to affected populations. While UNICEF endeavors to deliver integrated programming where multiple sector interventions are co-located, delivered to the same children and communities and appropriately sequenced, the Nutrition and WASH sectors have been largely funded as compared to Education, Child Protection and Social Policy. UNICEF is strengthening partnerships with existing public sector donors while strategizing on extending into the private sector landscape for new collaborations. As competition for humanitarian resources increases exponentially across the globe, further discussions are underway on improving fundraising approaches and boosting investments for low-cost, high-impact interventions and resilience building initiatives.

Situation Overview & Humanitarian Needs

As a consequence of the 2023 drought, Deyr floods and displacement crises, sustaining the shifting cross-cutting demands in Somali communities and maintaining reliable and adequate access to water, sanitation and hygiene resources and infrastructure has been inconceivable. This has further aggravated the situation in children, women, ethnic minority, elderly, persons with disabilities and displaced communities who face additional access barriers impeding humanitarian efforts to deliver aid and assistance services to the most vulnerable and affected. Subsequently, in 2024, there has been an exponential rise in cholera/acute watery diarrhoea (AWD) cases unlike outbreaks witnessed in the last three years combined with almost 80 per cent of all cases recorded in children and teenagers below 18 years. In March 2024 alone, the overall cholera positivity rate and severity stands at 65 and 71 per cent respectively from 222 stool samples collected in Banadir, Southwest State (SWS) and Hirshabelle locales in Somalia. At least 1,500 children under five (55 percent) and 1,420 women (53 percent) have been disproportionately affected over the last month. Cumulatively, at least 6,605 AWD/cholera cases have been recorded with an overall case fatality rate (CFR) of 1.1 per cent (Source: Federal Ministry of Health (FMOH): Cholera/AWD Epi Bulletin, March 2024). Using [U-Report](#) to enhance community feedback and engagement, a poll to collect information on the cholera outbreak, hygiene practices, immunization status, and utilization of water treatment was conducted to 2,851 U-Reporters with 59 per cent male and 41 per cent female. <https://somalia.ureport.in/opinion/6899/>. 87 per cent of the respondents demonstrated a basic understanding of cholera with 57 per cent of respondents aware of the major symptoms of cholera. On practices 59 per cent of respondents indicated using Aqua tabs to treat their drinking water, with boiling water as another option that respondents prefer.

Countering the cholera/AWD epidemic, UNICEF Somalia is facilitating and coordinating the delivery of chlorine and hygiene supplies to five of the regional supply hubs (RSHs), rapidly expanding chlorination activities in Hirshabelle state including Beletweyne, Bulo Burte, and Jalalaqsi districts. In the Southwest, UNICEF is partnering with the Ministry of Energy and Water Resources (MoEWR) in Lower Shabelle, Bay, and Bakool regions. In Puntland state, the Ministry of Health reactivated AWD/cholera incident management operations geared in strengthening the seven pillars of cholera response (Coordination, Disease Surveillance, Case Management, Risk Communication and Community Engagement (RCCE), WASH, Logistics and Supply, and oral cholera vaccination (OCV)). In collaboration with Puntland Water Development Agency (PWDA), UNICEF is coordinating a large-scale cholera mitigation and response targeting all water sources through mass chlorination conducting water source mapping and water quality assessments.

The convergence of vacillating poly-crisis from drought, to conflict, to floods and disease outbreaks, at least four million people, that is, more than 20 per cent of the Somali population has been driven to Integrated Phase Classification (IPC) three (crisis) or worse (emergency). Although the figures represent a significant decline from the same period last year, anticipated riverine flooding from the Gu rains is expected to complicate preexisting food security challenges. (FSNAU, March 2024). Withal, due to the correlation between negative health outcomes in under-five children reported with AWD and moderate to severely acute malnutrition (MAM/SAM) status, UNICEF has taken additional measures to prevent and mitigate stunting in children at high risk of AWD/cholera infections.

Children and families may face the disruptions of flooding predicted by current Gu season rainfall forecasts indicating a high probability of heavy rainfall (between 100 and 150 mm) over Jubaland particularly in Kismayo district in Lower Juba region and Bardeer and Ceel Waaqa districts in Gedo region. While moderate rains (50 mm and 100 mm) are anticipated in Jubaland, Dinsoor and Qansax Dheere districts in Bay region, Sablaale, Baraawe, Wanla Weyne and Afgoye districts in Lower Juba region, and Jowhar and Balcad districts in Middle Shabelle region. As high precipitation increases flood risks in the Ethiopian highlands the primary catchment areas of the Juba and Shabelle rivers will consequently be affected. Although rise in water levels is expected along both rivers, they are expected to fall below high and moderate flood risk threshold along the Juba River and the Shabelle River, respectfully. In preparedness, the Somalia Disaster Management Authority (SODMA) is prioritizing flood mitigation measures in six districts, including Beletweyne and Buloburte, to protect lives, livelihoods and infrastructure.

According to the March 2024 epidemiological data, more than 17,160 epidemic alerts were reported from 378 health facilities nationwide on cases of severe acute respiratory syndrome (SARI), AWD/cholera, Influenza-like illness (ILI), typhoid, measles and bloody diarrhoea/shigellosis, in descending order. Across multiple states, Puntland remains the sole state with up to quadruple the number of epidemic alerts of other states combined. (FMOH, Epi Bulletin – March, 2024). Cases of Measles have recorded a reduction due to the numerous measles campaigns conducted, increased routine immunization services in the displaced persons camps and adequate potent vaccines across the country as a result of the cold chain expansion, especially in the newly accessible areas. There has been extensive use of Arktek vaccines carriers in the remote areas which can keep the vaccine temperature and potency for 30 days.

Accessing and delivering humanitarian assistance in Somalia remains a significant challenge primarily due to ongoing conflict, insecurity, and limited infrastructure although the situation varies across different regions and is influenced by armed groups, clan dynamics and territorial control. UNICEF and sister agencies, continue to face numerous obstacles in accessing and delivering humanitarian assistance in Somalia significantly limiting their ability to effectively reach vulnerable children and communities. Armed groups often restrict or deny access to the territories they control, leaving countless children without critical aid. This can result in delays or even the prevention of life-saving deliveries, greatly jeopardizing the well-being of these children. UNICEF Somalia is making every possible effort to reach hard-to reach families by developing a comprehensive strategy to gain access to areas controlled by armed groups, such as armed non-state actors (ANSA), to provide vulnerable children and families with assistance. Through negotiations with local communities and other alternative approaches, UNICEF aims to overcome service and aid delivery barriers posed by restricted access to affected communities.

The withdrawal of ATMIS (African Union Mission in Somalia) is expected to have a significant impact on the humanitarian situation in Somalia by potentially reducing operational access and movement of aid agencies, particularly in areas with ongoing conflict. ATMIS plays a crucial role in securing areas where humanitarian workers operate while providing logistical support and basic services in hard-to-reach areas. The post-withdrawal scenario is likely one with increased conflict or instability, potentially resulting in further displacement of the Somali people, exacerbating access barriers and further straining humanitarian resources. Despite these formidable challenges, UNICEF remains unwavering in its commitment to children working tirelessly to overcome constraints in reaching the unreached and unreachable children across Somalia.

In response to this situation, UNICEF Somalia is targeting 30 per cent of children in need (1.3 million) in 2024 from 1.5 million under-fives expected to be acutely malnourished, 2.4 million children lacking education support and 310,000 persons with disabilities aiming to provide infant and young child feeding, child protection, inclusive accountability and feedback mechanisms, health care services, formal and informal learning, and clean water and sanitation, among other services as part of the strategy to streamline inclusion of minority and marginalized communities, and ensure humanitarian programming is centred around the needs and vulnerabilities of children and caregivers (UNICEF Somalia HAC, 2024).

Summary Analysis of Programme Response

Nutrition

Overall, the combination of the ongoing cholera outbreak and the arrival of the rainy season poses significant challenges for Somalia's women and children nutrition status. Effective measures are needed to address the underlying factors contributing to the outbreak, improve access to safe water and healthcare services and provide necessary support to vulnerable communities during the rainy season to mitigate the impact on nutrition and health. UNICEF in collaboration

with Nutrition cluster and WHO Coordinating has supported the trainings on treatment of cholera among children with severe acute malnutrition (SAM) by targeting both stabilization centers (SC) and cholera treatment centers/ cholera treatment units (CTC/CTU) frontline staff at national and subnational level. UNICEF has been collaborating with the logistics cluster and partners on the ground and the government to ensure essential resources, including preventive and therapeutic nutrition supplies are prepositioned to hotspot districts through integrated responses. During the period under review, UNICEF, in partnership with 39 civil society organization (CSO) partners and the government, continued to provide life-saving nutrition services to the most vulnerable population groups in 70 out of 74 districts.

In March 2024, a total of 36,797 children under the age of five (21,476 girls and 15,321 boys) were reached with treatment for severe wasting. Of these, 6 per cent (2,157) were admitted to SCs due to medical complications. The treatment outcomes have aligned with the SPHERE standards, with 96 per cent of the admitted children being discharged as cured. The rate of deaths has remained below one per cent, indicating positive progress in achieving favorable treatment outcomes. UNICEF has also prioritized reaching caregivers of children aged 0-23 months with Infant and Young Child Feeding (IYCF) support. The aim is to improve child feeding practices and behaviors in line with recommended IYCF guidelines. During the review period, a total of 183,108 caregivers received counselling on IYCF and early stimulation, with the goal of promoting optimal child health and development. (ONA, March 2024).

To ensure the quality of interventions and prevent supply leakage into the market, UNICEF has been undertaking an integrated, multi-pronged approach to monitor its nutrition intervention activities. With a focus on improving community engagement and raising awareness about the responsible use of supplies and reporting; various communication channels have been utilized for these purposes. Furthermore, UNICEF continues to engage with the national cluster, government, and partners to prevent and mitigate the leakage of Ready-to-Use Therapeutic Food (RUTF) and other supplies with the objective of ensuring that essential life-saving commodities reach the people in need.

In partnership with the Supply Division and the Regional Office, Somalia is making significant strides in digitizing the Nutrition supply chain and the outpatient therapeutic programme (OTP) registry. The initiative aims to improve efficiency and effectiveness in managing nutrition resources. Two digital solutions have been identified for adaptation, and efforts are currently underway to customize and implement them within the next six months. The goal is to deploy these solutions across 350 nutrition facilities and warehouses throughout the country. This digitization process will bring about several benefits. By leveraging technology, Somalia will enhance the monitoring and tracking of nutrition supplies, ensuring timely delivery, and reducing the risk of stockouts. Additionally, the digitized OTP registry will streamline data management, allowing for more accurate and accessible records of individuals receiving treatment.

Health

During this reporting period, UNICEF's continued response focused on areas of highest needs and promoting essential healthcare. UNICEF's response intervention continued to focus on the provision of essential emergency health services, through static, outreach, and mobile services. During the March 2024 reporting, a total of 41,896 people (22,693 children, 11,761 women, and 7,442 men), benefited from outpatient department (OPD) consultation service for curative care. This indicates 2.2 per cent increase in service delivery when compared with the last reporting period. In March 2024, the country reported 1,319 suspected cases of measles and two suspected deaths through integrated disease surveillance and response (IDSR) with highest cases reported in Banadir, Karkaar, Galgadud and Gedo. This indicates a 21 per cent decrease in the reported cases when compared with the previous reporting period.

Through routine immunization, 4,356 children (2,139 girls and 2,217 boys) were vaccinated against measles and across the country, 49,064 children under the age of one year were vaccinated with 1st dose of measles vaccine through routine immunization. UNICEF also sustained its support for the provision of maternal health services, where 6,511 pregnant women attended at least one antenatal care visit and 2,209 attended all four visits. Moreover, skilled birth attendants assisted 1,307 pregnant women with delivery services. Additionally, 1,897 mothers and newborns received first postnatal care services within 48 hours after giving birth.

WASH

During the reporting period, UNICEF and its partners were able to provide emergency water supply to 130,404 people, out of which 80,000 were children, through water trucking. Additionally, 100,645 people affected by the emergency were provided with hygiene kits and hygiene promotion, while 39,678 people were given access to improved sanitation facilities. UNICEF also continued to support routine water source chlorination of 600 well sources in areas with high risk

of AWD/cholera outbreak such as Baidoa, Hudur, Wajid Burhakaba, Marka, Afgoye, Jalalaqsi, Beletweyne, and Buloburte districts to reduce the risk of disease outbreaks.

Education

UNICEF and its education partners on-going education in Emergency programme is providing 68,676 (31,775 girls) disaster affected children with access to learning in schools and temporary learning spaces across 12 disaster affected districts in the Federal Member States (FMS) of Somalia. The programme is focused on supporting children to continue their education and minimize disruption to education in the face of emergencies. The package of emergency support, including the construction or rehabilitation of gender sensitive WASH facilities, the provision of clean drinking water, learning materials, support to teachers as well as to Community Education Committees (CEC) who work with communities to emphasize the importance of Education. UNICEF is also supporting incentive for 950 teachers (including 208 female teachers), to ensure the continuity of learning and support. The children enrolled as part of this programme are following the Accelerated Basic Education (ABE level one curriculum), a government accredited non-formal education programme. Approximately 90 per cent of these out of school children had never been to school, while the remaining 10 per cent had attended school at some stage in the two preceding years but had left and not returned. The ABE programme is recognized by the Ministry of Education, Culture and Higher Education as a formal equivalency to primary education and was initially designed to target over aged out of school children who could not integrate into their age level primary grade equivalent.

Child Protection

In March 2024, UNICEF-supported social workers identified and registered 357 (160 girls, 197 boys) unaccompanied and separated children, with a focus on reuniting them with family members or caregivers. Notably, 319 of the children, including 145 girls, were successfully reunited with their families, underscoring the importance of family-based care in promoting the well-being of children affected by conflict and displacement. Mental health and psychosocial support activities remained a cornerstone of UNICEF's interventions, benefiting 4,600 children and caregivers. These services, delivered through mobile teams and child-friendly spaces, provided much-needed psychological support, protection and resilience-building in the face of psychosocial distress. Gender-based violence (GBV) continued to pose significant threats to the safety and well-being of children and women. UNICEF's GBV interventions reached 6,550 individuals, encompassing a range of services such as medical support, psychological first aid, and psychosocial support. By prioritizing the needs of survivors, including children, these initiatives aimed to mitigate the immediate and long-term impacts of GBV within affected communities. Additionally, efforts to establish safe channels for reporting sexual exploitation and abuse contributed to enhancing accountability and enabling access to justice for survivors. With an additional 13,894 individuals having access to reporting channels to seek assistance, these mechanisms played a crucial role in safeguarding the rights and dignity of vulnerable populations.

Social and Behaviour Change (SBC) and Accountability to Affected Populations (AAP)

In the month of March, SBC-AAP interventions focused on Coordination, Community Engagement and Social Mobilization as well as Mass Media on Cholera, AWD prevention and promoting early health seeking behaviours. In collaboration with state Ministry of Health, weekly coordination meetings at zonal and district level as well as at inter-agency level are being conducted to ensure harmonized SBC interventions, key messages and information, education and communication (IEC) materials. At community level, consultations with 346 influencers including gate keepers, religious leaders, Imams, nomadic elders, internally displaced persons (IDPs) and minority community leaders were conducted providing them with an integrated message package on cholera prevention and control. At school level, 50 teachers were trained to conduct cholera prevention education sessions in 126 schools and Madrasahs.

To enhance community mobilization in the most affected districts in Southwest State and Hirshabelle, (Balcad, Mahaday, Jowhar, Buloburte and Beletweyn, Baidoa, Burhakaba, Merka, Daynile, Kaxda and Afgoi), 90 social mobilizers were trained and deployed to conduct house to house visits and provide key prevention education sessions to 6,917 households reaching 226,800 people. In Borama and Hargeisa, 117 social mobilizers have been oriented and deployed to the hotspot areas. At facility level, health education sessions engaged 6,000 people providing integrated health and nutrition messages. Across Lower Jubba, Kismayo and Dhobley, messages promoting disability inclusion and access to services continue to be disseminated reaching 10,000 people.

To enhance information dissemination through mass media channels, 2,150 flyers on AWD/cholera were shared to districts with hot spot areas particularly in schools, Madrasahs, health facilities, and community centers while radio spots were aired on nine local radio stations reaching an estimated 1.5 million people. Furthermore, mounted vehicles with loudspeakers to deliver AWD/cholera awareness messages were deployed reaching an estimated 115,000 people.

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy is designed around the imperative to proactively respond to pressing needs identified in interagency famine prevention plans and 2024 Humanitarian Needs and Response Plan (HNRP), with a firm grasp of UNICEF's Core Commitment to Children guiding humanitarian actions. In August 2023, UNICEF revised its corporate emergency activation procedure (CEAP) from Level 3 to Level 1 developing and implementing a transition plan addressing residual risk within the country programme up to 2025.

Through its integral role in the effective coordination of humanitarian efforts, UNICEF leads the Nutrition Cluster coordination, deputised by WFP and International Rescue Committee (IRC) as the NGO co-lead. At the subnational level, nutrition cluster coordination is led by dedicated state-level coordinators deployed by Save the Children, International Medical Corps (IMC) and CARE International, with support UNICEF in five states, co-leads the WASH Cluster with PAH, and co-leads the Child Protection Area of Responsibility and the Education Cluster with Save the Children International. There are dedicated full-time staff to support coordination and quality information management for evidence-based decision-making at strategic national and operational sub-national levels.

The Humanitarian Country Team (HCT) approved priority setting and integrated response framework as the prescribed delivery modality in 10 priority districts for the first quarter of 2024. HNRP *required rapid response* in priority districts: (1) Districts most affected by floods (*Belet Weyne, Luuq, Baidoa, Bardere, Afmadow, Kismayo, Jamame, Banadir*): access to water, sanitation and health to mitigate cholera/AWD outbreaks; access to food; emergency livelihood support and rehabilitation of destroyed critical infrastructure. HNRP indicated population groups of highest humanitarian concern: flood displaced and return households; (2) Additional districts affected by drought/conflict displacement (*Garowe and Galckayo*): improve access to food (MPCA favored), WASH, health and protection services; (3) HNRP indicated population groups of highest humanitarian concern: displaced in underserved IDP sites. UNICEF is supporting operations through engagement in District Level Area Based Coordination (ABC) and routine completion of a response matrix covering HNRP defined core relief interventions. UNICEF sits with others in 10-member Operational Cell appointed by the Humanitarian Coordinator (HC) to enable integrated response in the priority districts; comprised of emergency coordinators from agencies/OCHA/NGOs/consortia with "provider of last resort" responsibility and biggest capacity to respond across the priority sectors and areas. UNICEF led clusters contribute to operations through validation of response and gaps analysis and filling, provision of technical advice and quality assurance at national and state levels.

To further bolster its aid diversion prevention efforts, UNICEF is persistently executing its eight-pillar work plan. The key areas of focus under this plan include beneficiary selection and verification, minority inclusion, strengthening program and supply monitoring, implementing community feedback mechanisms, and fostering engagement with the government. Since January 2024, UNICEF conducted training sessions for 84 staff from 47 implementing civil society organizations (63.5 per cent of all UNICEF partners) to manage potential aid diversion and to ensure inclusive delivery of services. Program document agreements have been amended and introduced minority inclusion clauses, activities and indicators for tracking implementation. Further, UNICEF trained 6 new Civil Society Organizations (CSOs) out of 16 CSOs identified last year, which either advocate for or are led by minorities, to facilitate possible collaborations. Additionally, UNICEF utilized the Geosight platform - an open GIS platform - to map its service coverage in districts with significant minority populations. The mapping of locations inhabited by minority groups in 61 districts improves analysis and targeting to better ensure marginalized and minority groups are included in service delivery by partners. Furthermore, UNICEF is in the process of digitizing its supply management system and the registration procedures for beneficiaries. Furthermore, UNICEF signed Rolling Work Plans with SoDMA (Somalia Disaster Management Agency) and State Ministry of Humanitarian Affairs and Disaster Management (MoHADMD) which explicitly include collective actions and activities with the government to prevent aid diversion. The annual work plan encompasses a range of critical activities.

UNICEF is also intensifying its efforts towards programme integration. UNICEF has partnered with 26 partners geared towards providing integrated service delivery. This move is not only streamlining the number of implementing partners but also enhancing UNICEF's capacity to monitor them effectively, which is a crucial part of the aid diversion prevention plan. The selected districts for this integrated approach also encompass the Humanitarian Country Team's top 10 priority areas.

As part of enhancing data readiness for improved preparedness, UNICEF has been implementing its Data Readiness for Improved Preparedness (DRIP) initiative since 2022. To enhance the utilization of evidence for risk monitoring and

timely action, UNICEF is moving towards GeoSight, an open-source geographical information system. Through DRIP, UNICEF aims to improve situational awareness and forecasting through robust risk mapping and analysis. The analysis also helps to better understand the impact of Somalia's increasingly complex operating environment on access to services and programme coverage while guiding the development of agile, flexible, and conflict-sensitive programming and operations based on sound analysis to enhance preparedness and response.

UNICEF is expanding its multi-sectoral humanitarian response in coordination with the Government of Somalia, UN agencies, and implementing partners. UNICEF participates in the Humanitarian Country Team and is an active contributor to the multi-sectoral actions. UNICEF has prepositioned emergency supplies in nine supply hubs for rapid humanitarian response and extends critical basic services to the underserved, including children in some of the hardest-to-reach areas, through its robust and scaled-up field presence in eight locations (Hargeisa, Garowe, Galkayo, Baidoa, Mogadishu, Dollow, Kismayo and Beletweyne) and through expanded partnerships.

UNICEF contributes to the coordination of cholera preparedness and response between the WASH and Health clusters within a national task force engaging the Ministry of Health, WHO and other partners. Routinely, UNICEF Somalia, liaises with other offices in Ethiopia and Kenya to monitor cholera trends and collaborates in transmission reduction through risk communication, WASH and health interventions in the border areas.

UNICEF-supported programmes are informed by solid risk analysis and humanitarian access monitoring, addressing inequities, particularly in relation to marginalized groups, prioritizing gender and disability, and mainstreaming prevention of sexual exploitation and abuse (PSEA) and accountability to affected populations (AAP). UNICEF continues to provide life-saving health, nutrition, and WASH interventions. Children formerly associated with armed forces and groups have access to psychosocial support and skills training to facilitate their reintegration into communities. Vulnerable children and youth participate in safe and protective educational programmes to continue learning, develop literacy and numeracy skills, and take advantage of opportunities for structured recreation and play.

To provide vulnerable children and families with social protection services, including humanitarian cash transfers, efforts to mobilize more resources to leverage UNICEF's current support for the government's social cash transfer delivery mechanisms will be continued. Building on lessons from previous droughts, a most recent in-action review of the response to EL Nino flood impacts UNICEF pursues a balanced approach between providing an immediate life-saving response, building capacities of Government and partners, investing in systems strengthening, and building the resilience of services and communities to withstand shocks through Joint Resilience Programming with sister agencies (WFP and FAO) on food security and nutrition, foundational education and skills for enhanced livelihoods, WASH in communities and institutions and technical capacity of federal and state government to deliver durable solutions and services. In newly accessible areas, UNICEF has been collaborating with its sister agencies to expand access to basic social services including WASH, education, nutrition, protection and health services.

Human Interest Stories and External Media

In early March, working with the Federal Ministry of Health and in collaboration with WHO, UNICEF embarked on a five-day mass [vaccination campaign](#) against polio targeting over 2.7 million under-5 children in 80 districts. UNICEF deployed more than 50 religious' leaders, 200 nomadic elders, 1,600 influencers, and over 6,000 social mobilizers for the campaign. The teams went from house to house and camp to camp explaining the importance of the vaccinations.

On the resilience front, UNICEF installed [solarized boreholes](#) in Borama, which are more cost-effective to operate as well as a cleaner source of energy. In Dinsoor, over 6,000 pregnant and lactating women received [cash transfers](#) through the Child Sensitive Social Protection Programme (CSSP), which will run for 18 months. Increasing mothers' financial resources and health knowledge can enhance their resilience to climate change and conflict.

Somalia received 1.4 million vials of the [oral cholera vaccine](#) in a stepped-up effort to stem an outbreak of the disease that from January to March infected 4,388 people and claimed 54 lives, two-thirds of them children. Procured through UNICEF, the vaccines will be distributed to five hotspot districts across the country. To complement the vaccines, [40 cholera/acute watery diarrhoea kits](#) arrived the next day. In conjunction with the vaccines and supplies, UNICEF and partners are stepping up improvements in water, sanitation, and hygiene services in affected areas and creating awareness among communities on prevention.

On a field mission to Galkayo, Galmudug State, the [UNICEF Representative](#) took part in several activities, which included meetings with the Ministry of Health, government officials, and partners. The discussion was centered around improving integration, mitigation of aid diversion, and collective action for innovative solutions.

Next SitRep: 20 May 2024

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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Annex A

Summary of Programme Results

Sector	Overall needs	UNICEF and Implementing partners			Cluster/AoR Response		
		2024 target	Total results	Change since the last report ▲▼	2024 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	4,797,811	280,421 (143,015 G 137,406 B)	120,133 (69,323 G 50,810 B)	36,797 ▼	280,421 (143,015 G 137,406 B)	120,133 (69,323 G 50,810 B)	36,797 ▼
# of primary caregivers of children aged 0-23 months who received counselling on infant and young child feeding		1,095,882	604,617 (604,617 W)	183,108 ▼	1,095,882	604,617 (604,617 W)	183,108 ▼
Health							
# of people provided with access to essential life-saving health services	6,598,667	1,038,320 (339,531 G 345,761 B 174,438 W 178,591 M)	114,588 (34,200 G 28,429 B 31,267 W 20,692 M)	41,896 ▲			
# of children under 5 years old vaccinated against measles			11,899 (5,995 G 5,904 B)	4,356 ▲			
# of pregnant women receiving delivery services by skilled birth attendants		33,753 (33,753 W 0 M)	3,722 (3,722 W 0 M)	1,307 ▲			
# of healthcare facility staff and community health workers trained in infection prevention and control (IPC)		733 (410 W 323 M)	42 (18 W 24 M)	42 ▲			
WASH							
# of people reached with emergency water services in targeted settlements and communities	6,642,526	2,070,000 (676,890 G 689,310 B 347,760 W 356,040 M)	417,285 (123,933 G 128,900 B 87,358 W 77,094 M)	130,404 ▲	2,875,780 (940,380 G 957,635 B 483,131 W 494,634 M)	516,468 (154,940 G 180,766 B 92,965 W 87,797 M)	36,191 ▼
# of people reached with sanitation services in vulnerable settlements and communities		210,000 (68,670 G 69,930 B 35,280 W 36,120 M)	45,678 (13,566 G 14,111 B 9,562 W 8,439 M)	39,678 ▲	1,106,600 (361,858 G 368,498 B 185,909 W 190,335 M)	191,816 (57,544 G 67,136 B 34,524 W 32,612 M)	79,393 ▲
# of people reached with hygiene promotion activities and hygiene kits distribution in vulnerable settlements and communities		1,200,000 (392,400 G 399,600 B 201,600 W 206,400 M)	166,837 (49,550 G 51,538 B 34,927 W 30,822 M)	100,645 ▲	4,266,939 (1,395,289 G 1,420,891 B 716,846 W 733,914 M)	356,780 (107,036 G 124,871 B 64,220 W 60,653 M)	113,541 ▼
# of people reached with sustainable access to safe water in targeted settlements and communities		850,000 (277,950 G 283,050 B 142,800 W 146,200 M)	49,774 (14,783 G 15,377 B 10,422 W 9,192 M)	19,774 ▲	1,980,081 (647,486 G 659,367 B 332,654 W 340,574 M)	316,190 (94,857 G 110,666 B 56,914 W 53,753 M)	107,956 ▲
Child Protection							
# of children and caregivers accessing community-based mental health and psychosocial support services	3,026,063	192,557 (114,944 G 114,944 B 14,271 W 12,841 M)	29,685 (8,741 G 7,958 B 9,752 W 3,234 M)	4,600 ▲	600,000 (258,691 G 269,250 B 35,309W 36,750 M)	10,961 (4,576 G 5,371 B 749 W 265 M)	
# of registered unaccompanied and separated children supported with reunification services, family-based care, or appropriate alternatives		12,150 (6,561 G 5,589 B)	1,000 (476 G 524 B)	357 ▲	52,059 (24,988 G 27,071 B)	1,385 (1,023 G 2,408 B)	
# of women, girls, and boys accessing GBV risk mitigation prevention and response interventions		106,319 (47,622 G 37,449 B 78,686 W 37,145 M)	20,989 (5,143 G 2,669 B 10,030 W 3,147 M)	6,550 ▲			
# of girls and boys at risk or have suffered from grave child rights violations receiving social, education, economic reintegration and life skill assistance (CAAFAG)		2,120 (233 G 1,887 B)	90 (4 W 86 M)	35 ▲	2,120 (233 G 1,887 B)		

Sector	Overall needs	UNICEF and Implementing partners			Cluster/AoR Response		
		2024 target	Total results	Change since the last report ▲▼	2024 target	Total results	Change since the last report ▲▼
# People with access to safe channels to report sexual exploitation and abuse		298,876 (97,732 G 99,526 B 50,211 W 51,407 M)	39,640 (10,450 G 7,579 B 15,708 W 5,903 M)	13,894 ▲			
Education							
# of children accessing formal and non-formal primary education	2,361,437	297,000 (148,500 G 148,500 B)			897,951 (404,077 G 493,874 B)	272,307 (132,783 G 139,524 B)	101,228 ▼
# of children receiving individual learning materials		297,000 (148,500 G 148,500 B)			297,000 (148,500 G 148,500 B)	44,060 (21,284 G 22,776 B B)	
Social Behaviour and Change							
# People reached through messaging on the individual, family, and community-level prevention practices and access to services		12,888,226 (6,495,666 W 6,392,560 M)	879,100 (532,347 W 346,753 M)	631,271 ▲			
# of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms		570,000 (287,280 W 282,720 M)	671,918 (1,266 G 0 B 409,500 W 261,152 M)	484,087 ▲			
Social Protection							
# of households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)		20,000 (10,000 W 10,000 M)					

Annex B

Funding Status

Funding Requirements					
Appeal Sector	Requirements*	Funds Available**		Funding Gap	
		Funds received 2024	Carry-over from 2023	US\$	%
Nutrition	\$46,740,000	2,575,158	\$16,950,481	\$27,214,361.34	58%
WASH	\$47,970,000	2,045,514	\$19,839,208	\$26,085,278.40	54%
Health	\$32,074,464	570,586	\$7,098,321	\$24,405,556.81	76%
Child Protection	\$21,660,236	582,074	\$6,271,499	\$14,806,662.76	68%
Education	\$22,970,000	818,397	\$148,057	\$22,003,546.10	96%
Social Protection	\$10,455,000	0	\$167,632	\$10,287,368.00	98%
C4D/SBC	\$3,813,000	213,441	\$477,210	\$3,122,349.00	82%
Cluster Coordination	\$3,497,135	80,079	\$2,994,424	\$422,632.00	12%
Total	\$189,179,835	6,885,249	\$53,946,832	\$128,347,754.41	68%

* As defined in the approved Humanitarian Appeal of 2024 for a period of 12 months.

** 'Funds available' includes funding received against the current appeal and carry-forward from the previous year of 2023.