



©UNICEF Somalia/HornConnect – children participated in the Mogadishu Book Fair



REPORTING PERIOD: July 2018

SITUATION IN NUMBERS

Highlights

- Since the beginning of the year, UNICEF and partners have treated 138,268 children with SAM reaching 80 per cent of the 2018 target. Despite the above normal Gu rain performance, preliminary findings of the 2018 FSNAU Gu assessment indicate that the nutrition situation among IDP populations is still precarious. More than half of the IDP settlements assessed have global acute malnutrition (GAM) rates above the 15 percent emergency threshold. New IPC results for Food Security and Acute Malnutrition are expected to be released in late August and will inform UNICEF nutrition program targets.
- From January to end-July 2018, 386,269 beneficiaries, including 134,808 pregnant and lactating women, have been provided with critical life-saving health services by UNICEF and partners.
- In July, 14,301 children (6,410 girls) from flood, drought and conflict affected areas in Banadir region, Hiraan region, Middle Shabelle region and Galgaduud region were reached with education in emergencies services despite accessibility and security limitations.
- In July, a total of 8,168 people benefited from UNICEF-supported protection services; they include, 3,284 children (1,928 girls) who accessed psychosocial support, 483 separated and unaccompanied children (202 girls) whose families were traced and reunified, 3,175 children (1,584 girls) who benefitted from community-and-school-based mine risk awareness, and 1,226 people (1,100 girls and women) who had access to GBV services.

5.4 million

People in need of humanitarian assistance (FSNAU-FEWSNET Technical Release, February 2018)

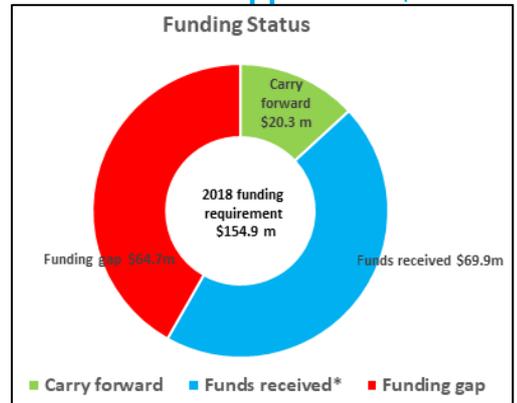
1.2 million

Children under-5 that are or could be acutely malnourished in the next year

2.6 million

People internally displaced throughout Somalia

UNICEF 2018 Appeal: US\$ 154.9m



*Funds available include funding received for the current appeal year as well as the carry-over from the previous year.

UNICEF's Response with Partners

	UNICEF			Cluster		
	UNICEF Target	Total Results	Target achieved (%)	Cluster Target	Total Results	Target achieved (%)
Nutrition: # children 6-59 months with SAM admitted for treatment	174,000	138,268	79%	232,000	143,300	62%
Health: # of crisis affected people with adequate access to PHC services provided with emergency life-saving health services in high risk areas	1,400,000	386,269	28%			
WASH: # of emergency affected people with temporary access to adequate and safe water through chlorination, operation and maintenance, water trucking, vouchers and household water treatment	2,000,000	858,608	43%	3,800,000	1,094,468	29%
Education: # children affected by crisis access formal or non-formal early learning, pre-primary, primary education`	120,000	65,092	54%	381,556	155,743	41%
Child Protection: # children reached with psychosocial support	50,000	19,894	40%	150,000	25,196	17%
Cash Transfers: # of emergency-affected households provided with monthly cash transfers to support access to basic services	50,000	18,979	38%			

Situation Overview and Humanitarian Needs

Despite improvements in the first half of 2018, major humanitarian needs in Somalia persist, particularly among IDP populations, due to residual impacts of drought, ongoing displacement, conflict and marginalization. 5.4 million people are still in need of humanitarian assistance throughout Somalia, including 2.8 million children; although this number may decrease in the second half of the year following the impact of above average Gu rains and sustained humanitarian interventions. Malnutrition rates across Somalia remain among the worst in the world. In total, about 1.2 million children under-5 are projected to be acutely malnourished in 2018 including, 232,000 expected to be suffering from severe acute malnutrition.¹ Over 4.4 million people need humanitarian WASH services, with 3.5 out of 5 people without adequate safe water to meet basic needs. More than 5.7 million people require basic health services, including critical needs in maternal and child health, as one in eight Somali children die before the age of five. Disease outbreaks such as AWD/cholera and measles continue to represent a major threat to children with 6,979 suspected measles cases (72 per cent being children under-5) and 5,704 suspected cases of AWD/cholera with 39 deaths reported in 2018. Over 3 million children, out of 4.9 million in the country, are estimated to be out of school. More than 2.6 million people have been displaced, including over 1 million in the last year alone² and displacement flows continue at critical levels. Exclusion and discrimination of socially marginalised groups continue to exacerbate high levels of acute humanitarian needs. More than 76 per cent of recorded gender-based violence (GBV) survivors are reported to be from IDP communities. Grave violations against children continue at worrying rates with abductions, recruitment and use, as well as killing/maiming reported as the primary concerns.³

Humanitarian Leadership and Coordination

UNICEF is part of the Humanitarian Country Team (HCT), participates in the Humanitarian Heads of Agencies meetings and the Inter-Cluster Working Group which leads strategic and cross-sectoral coordination of humanitarian programmes. UNICEF is also an active member of the Civil-Military Working Group and Access Task Force. UNICEF continues to lead the WASH and Nutrition Clusters and the Child Protection Area of Responsibility and co-leads the Education Cluster. The operational capacity of the UNICEF-led Clusters is significant, with a network of over 140 partners, including sub-regional coordinators in over 15 regions. The network facilitates access to information, coordination and interventions in hard to-reach and inaccessible areas. UNICEF and the WASH, Nutrition and Education Clusters are active members of the interagency Drought Operation Coordination Centres in Mogadishu, Baidoa, and Garowe.

Humanitarian Strategy

UNICEF's ongoing humanitarian action focuses on integrated, multi-sectoral response to residual drought impact, displacement, conflict, disease outbreaks and seasonal floods. In line with the 2018 Somalia Humanitarian Response Plan (HRP), as well as the HCT Centrality of Protection Strategy, UNICEF's priorities are to provide life-saving services to address critical malnutrition and excess mortality, effectively respond to mounting protection threats, as well as support resilience building and early recovery. UNICEF is maintaining critical service provision in highest need areas, procuring life-saving core pipeline supplies, and continually looking to expand partnerships and coverage in hard-to-access areas.⁴ Life-saving programme integration prioritises nutrition, WASH and health services, complemented with child protection and education in emergencies. UNICEF maintains key leadership roles in support of humanitarian coordination as well as active participation in other crucial strategic fora. Humanitarian interventions are closely coordinated with relevant ministries, disaster management agencies and clusters. Where possible, UNICEF is responding jointly with the World Food Programme (WFP) through an augmented response package including integrated treatment of acute malnutrition and joint humanitarian cash interventions. In line with Grand Bargain commitments, cash-based assistance is being prioritised where appropriate. UNICEF will also work towards integrated access to social services in the Somalia Resilience and Recovery Framework, which will inform humanitarian integration and contribute towards longer term, shared outcomes and resilience building, in line with the New Way of Working (NWOW) commitments.

Summary Analysis of Programme Response

Nutrition

Despite the normal to above normal Gu rain performance, the preliminary findings of the 2018 FSNAU Gu assessment indicate that the nutrition situation among IDP populations is still precarious. More the half of the IDP settlements assessed

¹ The Nutrition Cluster projections of 1.2 million acutely malnourished are based on the projected burden for the upcoming one year, and include current prevalence based on the FSNAU 2017 post-Gu assessment, which stands at 301,000 acutely malnourished children. The 2018 Post-Gu assessment results are expected to be released in late August 2018 and will inform updated malnutrition prevalence and burden figures.

² Cumulative displacements monitored by the [UNHCR-led Protection and Return Monitoring Network \(PRMN\)](#) as of June 2018.

³ As recorded in the Monitoring and Reporting Mechanism for grave violations.

⁴ Priority regions for response are Bay, Bakool, Gedo, Lower Shabelle, Galgaduud, Mudug, Sanaag, Sool, Bari and Nugaal given the high malnutrition rates.

have global acute malnutrition (GAM) rates above the 15 percent emergency threshold suggestive of the need to sustain the delivery of lifesaving services to the affected communities. Thus, children affected by severe acute malnutrition (SAM) continues to be a priority for UNICEF ensuring sustained access to lifesaving treatment and preventive services as part of a basic services nutrition package. Since the beginning of the year, admissions have reached 80 percent of the planned 2018 caseload, with 138,268 children with SAM admitted for treatment. The number of SAM children reached thus far doubles the caseload from this time in 2016, but is only 85 percent of the caseload at this time in 2017 – highlighting that despite limited improvements, the situation is no back to a pre-crisis state. The quality of services delivered by UNICEF and partners continues at high levels, with outcome indicators at or above recommended Sphere humanitarian standards including 95.5 percent cured, 0.5 percent died and 3 percent defaulter rates. The upcoming FSNAU post-Gu assessment report, expected in late August 2018, will guide UNICEF in possibly adjusting the annual target and overall service delivery adjustments in hotspot areas. In the meantime, UNICEF will continue to focus on delivering an integrated response, ensuring prioritization of the neediest populations including IDPs and other marginalised population groups in hotspot and hard-to-reach areas.

Health

By end July 2018, 386,269 beneficiaries, including 134,808 pregnant and lactating women, were provided with critical life-saving health services. As part of its sustained response, in July 2018, UNICEF activated eight new partnerships to respond to emergency health needs of an estimated 642,228 crisis-affected people up to the end of the year; focusing on the areas of highest need and lowest levels of predictable access in Bay, Bakool, Banadir, Lower and Middle Shabelle, Sool and Sanaag regions. Additional essential medicine and supplies catering for 110,000 beneficiaries were delivered and prepositioned in strategic regional hubs to respond to emergency health needs on timely basis. About 6,979 suspected measles cases have been reported from January to July 2018 72% being children under-5. UNICEF and partners have conducted measles campaigns since January targeting 4,624,869 children between 6 months-10 years. Out of these 4,424,261 children (96 percent) have been vaccinated. 5,704 cases of AWD/cholera (including 39 deaths) have been recorded at CTCs from January to July 2018, with 3,198 (56 percent) treated at UNICEF supported facilities; 3,199 (56 percent) of the cases were among children under 5 years.

WASH

During the month of July 2018, UNICEF and its partners continued providing WASH services to vulnerable internally displaced persons (IDPs) and host communities. Emergency water supply through trucking, voucher and source chlorination reached 55,600 new beneficiaries in Belet Weyne, Bulo Burto and Jalalaqsi (Hiraan) and Tukaraq village of Laas Caanood (Sool). In addition, 205,600 people previously reached in Kaxda and Weydow (Banadir), Baidoa (Bay), Waajid and Xudur (Bakool) continued to benefit from the same service. Construction of 14 solar systems in central and southern regions and Puntland, drilling of boreholes in Puntland and the extension of Wajaale water system in Somaliland are ongoing. UNICEF is also conducting a technical assessment to increase the water supply coverage in Baidoa and in drought prone zones of Somaliland and Puntland. The number of beneficiaries accessing appropriate sanitation remains low against the annual programme target, in part due to slow implementation of service contracts for sanitation facilities; yet during the reporting period, 400 latrines (360 new and 40 deslugged/rehabilitated) were constructed in Belet Weyne, Baidoa, Xudur and Waajid; Garowe (Nugaal) and Gaalkacyo (Mudug) benefitting 14,950 IDPs. In a bid to expedite the construction of latrines facilities, UNICEF is engaging with private firms to expand service coverage; these services for construction of latrines are expected to start in August 2018. UNICEF and partners are working to expand menstrual hygiene management services, which to date have been limited due to delays in delivery of key supplies. Hygiene promotion activities in different IDPs settlements and host communities reached 70,000 new beneficiaries.

Education

In central and southern regions, UNICEF activated seven new education in emergencies partnerships and four of them have started implementation; expanding geographic coverage primarily in areas hosting IDPs. During the month of July, 14,301 children (6,410 girls) from flood, drought and conflict affected areas in Danyale of Banadir region, Belet Weyne in Hiraan region, Jowhar in Middle Shabelle region, Adado and Abudwaq in Galgaduud region were reached with education in emergencies services, including child friendly spaces, despite accessibility and security limitations. UNICEF and partners also organized a teacher training in different locations of the aforementioned sites and 358 teachers benefited, of which 99 were females. The training topics included psycho-social support, pedagogical support and lifesaving skills. Moreover, 251 teachers received monthly incentives (66 women) from 68 schools in flood, drought and conflict affected areas mentioned earlier, which is expected to continue through the school year as UNICEF continues to appeal for required support to make this intervention sustainable. The Education Cluster also conducted a three-day training on education in emergencies and information management in Gaalkacyo and Kismayo for partner NGOs and the Ministry of Education; approximately 32 (2 women) staff from national and international organizations attended including three from MoECHE Jubaland.

Child Protection

In July, a total of 8,168 people benefited from UNICEF-supported protection services; they include, 3,284 children (1,928 girls) who accessed psychosocial support, 483 unaccompanied and separated children (202 girls) whose families were traced and reunified, 3,175 children (1,584 girls) who benefitted from community-and-school-based mine risk awareness, and 1,226 people (1,100 girls and women) who had access to GBV services. In addition, during the same period, the Monitoring and Reporting Mechanism for Grave Violations (MRM) team reported that 242 children (44 girls) were subjected to grave violations including 85 boys who were recruited or used by armed forces/groups. Currently, there are 1,027⁵ children formerly associated with armed forces and groups (201 girls) who were enrolled into UNICEF-supported reintegration programs. Overall, the CPWG has reached 147,649 people with prevention and response services, including 77,674 children (36,819 girls).

Cash-Based Programming

UNICEF continues a joint intervention with WFP, delivering cash assistance through the SCOPE⁶ platform, jointly targeting beneficiary households, with UNICEF providing monthly cash transfers for non-food needs, alongside the WFP food assistance. Since July 2017, UNICEF has reached 18,979 households with monthly cash assistance. The number reached includes 2,993 households in Waajid (6,627 people), 2,887 households in Xudur (6,918 people) and 13,099 households in Baidoa district (62,791 people). In parallel to the cash assistance, UNICEF is reaching the targeted households with a comprehensive package of positive behavioural messages including health, nutrition and hygiene promotion, as well as promoting access to basic services. UNICEF is actively reviewing its cash assistance response strategy to identify and expand early action linkages to emergency safety-nets including nutrition, health, gender and comprehensive early childhood development support.

Funding

In line with the 2018 Humanitarian Response Plan, UNICEF appeals for US\$ 154,932,574 to sustain provision of life-saving services including critical nutrition, health, WASH, child protection and education in emergency interventions, as well as cash-based assistance for women and children in Somalia. To date and thanks to generous contributions from USAID/OFDA, DFID, Japan, ECHO and other donors, UNICEF Somalia has a remaining funding gap of 42 per cent. Adequate and timely funding support is key to not only maintain life-saving interventions, but to also respond effectively to new humanitarian situations. UNICEF wishes to express its sincere gratitude to all the public and private donors for their continued generosity and for the contributions. Continued predictable, flexible and timely donor support is critical to sustaining vital response activities and preventing further deterioration of the situation.

Funding Requirements (as defined in the 2018 Humanitarian Appeal)

Appeal Sector	Requirements*	Funds available**		Funding gap	
		Funds Received Current Year	Carry-Over	US\$	%
Health	34,279,200	15,773,676	3,823,630	14,681,894	43%
Nutrition	32,200,000	18,332,469	9,026,406	4,841,125	15%
Education	19,000,000	5,622,587	1,215,650	12,161,763	64%
WASH	43,006,883	17,285,896	5,739,480	19,981,507	46%
Child Protection	11,446,491	8,354,425	511,740	2,580,326	23%
Cash-based response	15,000,000	4,507,728	-	10,492,272	70%
Total	154,932,574	69,876,781	20,316,906	64,738,887	42%

* Cluster coordination requirements have been included in sub-costs for the nutrition, WASH, child protection and education sectors.

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

Next SitRep: 20 September 2018

UNICEF Somalia Crisis: <http://www.unicef.org/Somalia>

UNICEF Somalia Crisis Facebook: www.facebook.com/unicefsomalia

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

⁵ This figure is not included in the totals reached in July as the caseload does not change frequently and the project runs for a year. However, the figure is included in the totals reached by the Child Protection Working Group (CPWG).

⁶ SCOPE is a beneficiary and entitlement information management platform developed by WFP, which also incorporates biometric identification of beneficiaries, allowing for improved targeting, tracking and accountability.

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Annex A: SUMMARY OF PROGRAMME RESULTS

	UNICEF and IPs			Cluster Response		
	2018 Target	Total Results	Change since last report ▲ ▼	2018 Target	Total Results	Change since last report ▲ ▼
WATER, SANITATION & HYGIENE						
# of emergency affected people with temporary access to adequate and safe water through chlorination, operation and maintenance, water trucking, vouchers and household water treatment	2,000,000	858,608	55,600 ▲	3,800,000	1,094,468	162,064 ▲
# of people with sustained access to safe water through newly built and/or rehabilitated water points	702,000	376,541	No change	1,200,000	553,151	24,422 ▲
# people access appropriate sanitation facilities	750,000	117,798	14,950 ▲	1,000,000	123,139	1,006 ▲
# of girls/women access menstrual hygiene management services	312,500	23,820	6,920 ▲			
# children access WASH facilities in health facilities and learning environments	18,500	46,227	1,067 ▲			
EDUCATION						
# children affected by crisis access formal or non-formal early learning, pre-primary, primary education	120,000	65,092 (42%F)	14,301 ▲	381,556	160,224 (45%F)	4,481 ▲ ⁷
# children receive individual education/early learning materials	100,000	44,627 (47%F)	7,073 ▲	278,025	138,278 (44% F)	4,481 ▲
# temporary learning spaces newly established/rehabilitated with gender sensitive WASH facilities	100	23	23 ▲	683	159	40 ▲
# children from the most vulnerable and at risk households receive support for schooling through emergency school cash grants	35,000	53,773 (47%F)	14,301 ▲	35,000	39,472 (47% F)	No change
HEALTH						
# children (6 months-10 years) vaccinated against measles	4,400,000	4,424,261	No change			
# of crisis affected people with adequate access to PHC services provided with emergency life-saving health services in high risk areas	1,400,000	386,269	73,915 ▲			
# children (0-59 months) with acute watery diarrhoea treated	44,000	12,932	2,657 ▲			
# of pregnant and lactating mothers reached through antenatal and postnatal consultations	126,000	134,808	28,002 ▲			
NUTRITION						
# children 6-59 months with SAM admitted for treatment	174,000	138,268	18,763 ▲	232,000	143,300	18,931 ▲
# caregivers of children reached with IYCF counselling	350,000	166,276	47,543 ▲	463,472	166,276	No change ▲
% Children under-5 with SAM admitted in therapeutic feeding programme discharged cured	>75%	95.5%	0.1% ▲	>75%	95.5%	No change
# Boys and Girls screened for acute malnutrition	1,200,000	317,767	64,577 ▲	1,200,000	317,767	64,577 ▲
# Number of OTP sites stocked out of RUTF	<2%	0.0%	0.2% ▼	<2%	0	No change
CHILD PROTECTION						
# children reached with psychosocial support	50,000	19,894	3,284 ▲	150,000	25,196	1,550 ▲
# children separated from armed forces/groups reached with reintegration support	1,000	1,027	210 ▲			
# of registered unaccompanied/separated children supported with reunification services	3,000	3,277	483 ▲	8,000	5,022	267 ▲
# children in areas affected by landmines/other explosive weapons reached with prevention interventions	180,000	10,357	3,175 ▲	85,250	4,880	No change
# of women and children reached with GBV prevention and response interventions	4,500	5,355	1,226 ▲			
CASH TRANSFERS						
# of emergency-affected households provided with monthly cash transfers to support access to basic services	50,000	18,979	No change			

⁷ Differences between UNICEF and Education Clusters figures can be attributed to slight differences in reporting cycles.