



Somalia

Humanitarian Situation Report

SOMALIA SITREP # 7: 16 - 31 MAY 2017

SITUATION IN NUMBERS¹

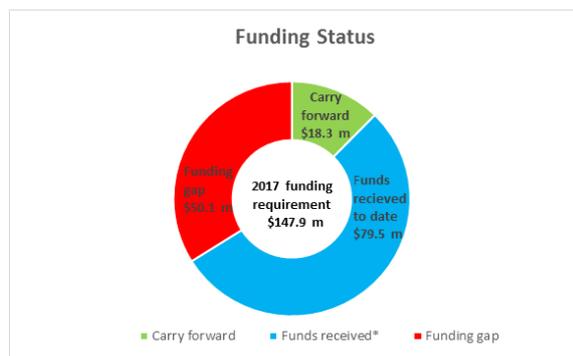
Highlights

- Since January, UNICEF and partners have treated 84,967 severely malnourished children (SAM), with a recovery rate of 92.9 per cent. UNICEF and nutrition partners have also continued to scale up SAM treatment services, and increased the number of nutrition facilities supported in 2017 from 538 to 758, with the set-up of services in hard-to-reach areas such as Middle Juba.
- As the rainy season sets in, UNICEF is scaling up sanitation interventions to reduce the transmission of diseases. UNICEF has constructed 1,437 emergency latrines in IDP sites and cholera treatment facilities which will benefit 92,350 people.
- The number of gender-based violence (GBV) cases reported doubled in April compared to the previous months, increasing from an average of 300 cases reported per month to 600 cases with displaced communities disproportionately affected.

6.7 million
People in need of humanitarian assistance

1.4 million
Children under-5 acutely malnourished

UNICEF 2017 Appeal US\$ 147.9 million



¹Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.

UNICEF's Key Response with Partners in 2017

Indicators	Cluster for 2017			UNICEF for 2017		
	Cluster Target	Cumulative results (#)	Target achieved (%)	UNICEF Target	Cumulative results (#)	Target achieved (%)
Health: # of crisis affected women and children provided with emergency lifesaving health services				731,000	597,408	81.7
Nutrition: # of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	346,000	101,263	29.3	277,000	84,967	30.7
Education: # of children accessing safe and protected learning opportunities in emergency-affected environments	219,869	128,783	58.6	87,600	61,879	70.5
WASH: # people provided with temporary access to safe water	2,500,000	2,506,600	100.3	1,500,000	1,546,166	103.1
Child Protection: # of separated and unaccompanied children identified and registered	7,000	1,707	24.4	6,885	1,707	24.8
Cash transfers: # of emergency-affected households provided with monthly cash transfers to support access to basic services				60,000	2,226	3.7

¹2017 Revised Somalia Humanitarian Response Plan (HRP), OCHA

Situation Overview and Humanitarian Needs

The humanitarian situation in Somalia continues to deteriorate due to the drought crisis, with an estimated four million children in urgent need of assistance. Despite the large scale humanitarian assistance delivered, the FSNAU-FEWSNET post Jilal assessment² indicates an elevated risk of famine (IPC 5), due to a combination of severe food insecurity, high acute malnutrition and high disease burden. The number of people in need has increased to 6.7 million (including an estimated 4 million children), including 3.2 million people in crisis. The drought is also uprooting people, with 714,000 displaced since November 2016, adding to the 1.1 million existing internally displaced persons (IDPs).³ This includes 158,000 newly displaced in Baidoa and 154,000 in Mogadishu since the start of the crisis.

The projected number of children who are, or will be, acutely malnourished has increased by 50 per cent since the beginning of the year to 1.4 million, including over 275,000 who have or will suffer life-threatening severe acute malnutrition in 2017. The severe acute malnutrition (SAM) admissions have increased by more than 50 per cent when compared to the 2016 data, consistent with the planning scenario used by the cluster and UNICEF. The post-Jilal 2017 FSNAU survey indicates that the prevalence of global acute malnutrition (GAM) in the livelihood zones of Bay, Bakool, Sool, Sanaag, Bari, Nugal regions, as well as in the Baidoa and Mogadishu IDP camps, is critical (15-30 per cent). While food access was found to be relatively better than previously projected, levels of acute food insecurity remain severe and are expected to persist throughout 2017 given the high likelihood of a third consecutive poor harvest in July.

Severely malnourished children are nine times more likely to die of killer diseases like acute watery diarrhoea (AWD)/cholera and measles. In 2017, as of the first week of June, close to 45,000 cases of acute watery diarrhoea (AWD)/cholera have been reported;⁴ three times more than the 2016 caseload. Since the start of the year, 738 deaths have been recorded, with a case fatality rate (CFR) of 1.6 per cent. More than 8,300 measles cases have been reported since the start of the year, and an estimated 4.5 million people are in urgent need of WASH assistance.

Humanitarian Leadership and Coordination

UNICEF actively participates in the Humanitarian Country Team, Humanitarian Heads of Agencies meetings and the Inter-Cluster Working Group, which lead 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 leads the WASH and Nutrition Clusters and the Child Protection Working Group, 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 Cluster are active members of the interagency Drought Operation Coordination Centres (DOCC) in Mogadishu, Baidoa and Garowe.

Humanitarian Strategy

UNICEF is prioritising an integrated WASH, health and nutrition response in drought-affected areas of Somalia with a focus on providing life-saving services to avert a famine and prevent excess mortality. This is on track with a rapid scale-up of the UNICEF response, through the procurement at scale and in a timely manner of life-saving core pipeline supplies, an increase in partnerships and coverage, as well as the expansion of critical services in the most affected areas. Priority regions for response are Bay, Bakool, Gedo, Lower Shabelle, Galgaduud, Mudug, Sanaag, Sool, Bari and Nugaal in light of the high malnutrition rates. This response is complemented with education interventions and monitoring of family separation as families are on the move. To ensure a timely response, UNICEF has pre-positioned essential supplies in affected areas at facility level and with partners.

UNICEF is coordinating and scaling up its interventions with line ministries, disaster management agencies and relevant Clusters to ensure there is no duplication in the response and that critical gaps are covered. Where possible, UNICEF is responding jointly with the World Food Programme (WFP) through an augmented response package which includes unconditional food assistance, preventive and curative nutrition programmes, livelihood activities, health services and support to communities to access safe water and improve sanitation and hygiene conditions with the overall objective to halt the deteriorating food security and malnutrition situation in drought affected areas. In line with Grand Bargain commitments, cash-based assistance is being prioritised.

² FSNAU-FEWSNET alert, 09 May 2017.

³ UNHCR PRMN Somalia Update, 30 April 2017.

⁴ Situation Report for acute watery diarrhoea/cholera, Epidemiological week 18 (1st-7th May 2017), Somali Federal Government Ministry of Health and WHO

Summary Analysis of Programme Response

HEALTH

Since the start of the year, UNICEF and partners have provided 597,408 women and children with emergency lifesaving health services through 109 health facilities and 84 mobile teams. The scaled up integrated response to contain the AWD/cholera outbreak includes support to 70 cholera treatment facilities (47 in central and southern regions; 14 in Puntland and 9 in Somaliland) with staff, essential drugs and supplies. Despite the high recorded caseloads, the weekly visits and the case fatality rates continue to drop with improved quality of care and this is linked to improved access to safe water and adequate sanitation facilities in the IDP camps. However, the number of cases reported in Somaliland is increasing, with a severe AWD/Cholera outbreak in Burao. Two rounds of Oral Cholera Vaccination (OCV) campaigns were conducted in the central and southern regions, which account for more than 75 per cent of the caseload. More than 452,558 (96 per cent) of the targeted population were vaccinated in the first round in April; whilst 411,883 (91 per cent) people were reached in the follow up second vaccination round in May.

As of the third week of May, 8,390 suspected cases of measles (fever and rash) and 11 recorded deaths have been reported this year. This is four times higher than the cases reported during the same period in 2016; with 65 per cent of the suspected cases being children under-5 (5,467 cases) and 17 per cent of the cases among children 5 to 9 years. Only 4 laboratory confirmed measles cases have been reported so far. As part of the mitigating and measles integrated preventive outbreak response, UNICEF, WHO, the Ministries of Health and partners have vaccinated 529,038 children under-5 with one dose of measles vaccine; dewormed 470,843 children; and provided 529,038 children with Vitamin A. In terms of coverage, 252,827 children have been vaccinated in Somaliland (100 per cent of the target), 112,123 children in Puntland (89 per cent), and 164,088 children in central and southern regions.

NUTRITION

Since January, UNICEF and partners have treated 84,967 severely malnourished children, with a recovery rate of 92.9 per cent, in line with Sphere standards. UNICEF and partners also screened 368,220 children and 93,463 pregnant and lactating women (PLW) who were provided with an integrated basic nutrition services package (BNSP). As a result, 8,514 children with severe acute malnutrition (SAM) were admitted during the reporting period for treatment in mobile and fixed outpatient therapeutic programmes (OTP).

In line with the pre-famine response plan, UNICEF and nutrition partners have continued to scale up SAM treatment services. UNICEF has increased the number of nutrition facilities supported in 2017 from 538 to 758, with new facilities supported in hard-to-reach areas of southern regions, such as Middle Juba.

UNICEF has also pre-positioned nutrition supplies to treat at least 27,319 SAM children. An additional 55,400 cartons of therapeutic treatment (RUTF) are in the pipeline. An additional 14,350 cartons of RUTF are docked at Mogadishu port, 6,000 cartons at Bossaso port and 4,000 cartons at Kismayo port, all awaiting clearance and release.

WASH

Since the start of 2017, UNICEF and partners have provided more than 1.55 million people with temporary access to safe water (against the overall planned target of 1.5 million in 2017). This includes 288,864 people reached in Puntland, 178,770 in Somaliland, and 1,078,532 in central and southern regions. UNICEF is also providing safe water to 103 affected schools, benefitting 11,564 pupils. As part of the water trucking exit strategy, UNICEF is supporting the rehabilitation of sustainable water sources, reaching an estimated 349,502 people. Looking at the longer-term, UNICEF will mobilise resources to drill new high production boreholes to address the perennial water supply problems in drought prone areas.

In response to the AWD/cholera outbreak, UNICEF has scaled up its interventions in hotspots and potentially high-risk areas. A total of 13 nutrition facilities and 31 cholera treatment facilities are receiving WASH support, including water supply through trucking, installation of sanitation facilities, hygiene promotion and hygiene kits distribution. Four hygiene promoters are stationed at each facility to conduct hygiene promotion and assist in case tracing, with a focus on identifying communities affected by AWD for follow-up. UNICEF also distributed hygiene kits in cholera treatment facilities, benefitting 19,560 people. As the rainy season sets in, UNICEF is scaling up sanitation interventions to reduce

the transmission of diseases. UNICEF has constructed 1,437 emergency latrines in IDP sites and cholera treatment facilities which will benefit 92,350 people.

Through the UNICEF-supported Regional Supply Hub mechanism, over 647,094 people have been provided with hygiene kits since January 2017 to support safe hygiene practices, household water treatment and safe storage to mitigate the spread of the current outbreak.

EDUCATION

Since the beginning of 2017, UNICEF has supported a total of 61,789 children across Somalia (44 per cent girls) to remain in school. In addition, 56,715 children (44 per cent girls) received temporary learning materials. UNICEF maximizes the impact of education interventions through schools as an integral service platform to provide a safe and protective learning environment with essential lifesaving services. Community-based emergency cash grants have reached 27,638 vulnerable children, including 3,457 during the reporting period. These interventions were complemented with the provision of safe drinking water, installation of latrines, hand washing points and water tanks, supporting 35,849 children (45 per cent girls) in affected areas. In Puntland, UNICEF and WFP has been collaborating on the provision of safe drinking water and school meals to the worst affected schools. In central and southern regions, as well as in Somaliland, all UNICEF-supported schools will be kept open during the school break in order to provide afternoon catch-up classes to the drought-affected children.

To date, nearly 80,000 children who enrolled at the beginning of the year have been forced out of school due to the closure of schools as a result of drought-induced displacements.

CHILD PROTECTION

The number of gender-based violence (GBV) cases reported doubled in April when compared to the previous months, increasing from an average of 300 cases reported per month to 600 cases. Displaced communities are disproportionately affected. As coping mechanisms are eroded, protection needs are increasing exponentially. During the reporting period, UNICEF conducted Clinical Management of Rape trainings for 33 GBV workers (including 30 women) from partners and clinic facilities in Puntland to improve Clinical Care and general treatment of sexual assault survivors. The training provided the participants with medical instructions while stressing the need for competent, compassionate and confidential care of sexual violence survivors.

During the reporting period, UNICEF and partners have provided 5,242 people in host and IDP communities with protection services. This includes 314 GBV survivors (98 girls, 12 boys, 176 women, and 28 men) who had access to medical assistance and psychosocial support; 264 separated and unaccompanied children (159 boys, 105 girls) who were identified and registered, and received support. Additionally, protection partners through the community-based child protection mechanism, also reached 4,664 people (1,045 boys, 1,201 girls, 1,050 men and 1,368 women) with messages aimed at preventing family separation and GBV, including information on where to access services.

In May, the Country Task Force on Monitoring and Reporting documented the cases of 118 children recruited and used by armed forces/groups, and 143 children abducted by armed groups during the same month, mainly in central and southern regions. The number of children recruited in May is lower than the monthly average of the first quarter of 2017 (132 children). However, the abduction of children increased by more than 100 per cent in May when compared to the monthly average of 52 children documented in the first quarter of 2016.

CASH-BASED ASSISTANCE

WFP and UNICEF engaged in a strategic partnership in 2016 to implement an augmented response to address the alarming food insecurity and malnutrition levels in Somalia. Under this partnership, returnee households from Dadaab refugee camp in Kenya received an emergency unconditional cash-based transfer assistance package to help them settle back in their locations of return. In the pre-famine context, the joint UNICEF-WFP response is prioritising the provision of cash assistance through the SCOPE platform, targeting the same beneficiary households for food and non-food assistance. WFP and UNICEF will provide from June onwards, and for a duration of three months, cash assistance to affected populations in in Bay and Bakool, targeting 25,000 households (1750,000 people) in Baidoa, Dinsor, Xudur and Wajid districts This response will be extended in duration and coverage once additional funding becomes available.

Cash assistance will be implemented using a Cash Plus model, where cash recipients are also linked to essential services. The cash transfers will be provided to populations in peri-urban areas or towns, with the aim that the cash

can then be used to cover associated costs of essential services. UNICEF’s health, education, WASH, nutrition, response will be undertaken in the same location and the cash will complement these demand-side interventions. Behavioural messaging through voice-based messaging will also be used to share key messages (e.g. recognising the signs of cholera and malnutrition). To strengthen accountability to affected populations, UNICEF is partnering with a third party monitor who will use mobile phones to reach and hear from the hard-to-reach populations in Bay and Bakool regions. The partner will broadcast monthly voice messages direct to beneficiaries’ mobile phones to inform them of the program’s details and encourage participation. This will also spark an SMS feedback loop, with monthly post-distribution surveys that will allow for effective and near-time programme monitoring and evaluation. Throughout the timeline of the targeted households will also be able to report on specific technical issues they are facing. The partner will also analyse the SMS data collected from households to track progress of the programme against targets, and give insight into how programming might be improved to meet beneficiary needs.

Communication for Development (C4D)

During the reporting period, UNICEF trained vaccination teams in social mobilization in preparation for the measles campaign in Banadir and the Afgooye corridor on 21-25 May. UNICEF is also revising training modules for the AWD/cholera response to add a stronger component on behaviour change and safe practices.

SUPPLY AND LOGISTICS

UNICEF, through an arrangement with WFP, has positioned one temperature controlled storage unit at the International Airport in Mogadishu. This storage unit will enable temporary storage of regular and emergency temperature sensitive supplies that arrive by plane.

FUNDING

UNICEF is appealing for US\$ 147,918,410 to scale-up life-saving assistance for women and children and avert a famine in Somalia. As of end May 2017, UNICEF has a funding gap of 34 per cent against the revised appeal. The funding overview detailed in the table below includes US\$ 18,289,814 carry-forward available from 2016, due to multi-year funding planned for 2016/2017 implementation and generous contributions received in late December 2016.

UNICEF wishes to express its sincere gratitude to all public and private donors for the contributions received, including the most recent contribution from ECHO, in support of the WASH and health emergency response to the cholera outbreak in central and southern regions of Somalia, as well as the Government of Norway for emergency hygiene promotion. Continued and timely donor support is critical to enable a scale up in the response and to avert famine. Adequate, predictable and flexible resources will allow UNICEF and its partners to respond effectively where needs are greatest and to reach the most disadvantaged children.

Appeal Sector	2017 Funding Requirements			
	Requirements*	Funds available**	Funding gap	
			US\$	%
Health	22,000,000	22,455,723	-455,723***	-2%
Nutrition	40,200,090	27,016,279	13,183,811	33%
Education	16,595,192	7,838,550	8,756,642	53%
WASH	30,000,718	27,362,654	2,638,064	9%
Child Protection	14,115,430	5,961,490	8,153,940	62%
Cash-based response	25,006,980	7,101,969	17,905,011	72%
Total	147,918,410	97,736,665	50,181,745	34%

*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.

*** Initial estimates for health were based on significantly lower caseloads of measles and AWD/cholera – requirements will be revised during the HAC mid-year revision process

UNICEF Somalia Crisis: www.unicef.org/Somalia

UNICEF Somalia Facebook: www.facebook.com/unicefsomalia

UNICEF Somalia Appeal: <http://www.unicef.org/appeals/somalia.html>

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Annex A: SUMMARY OF PROGRAMME RESULTS (up to 30 May 2017)

Indicators	Cluster Response		UNICEF and IPs	
	Revised 2017 Target	Results	Revised 2017 Target	Results
HEALTH				
# of crisis affected women and children provided with emergency lifesaving health services			731,000	597,408
# of pregnant and lactating mothers reached through Antenatal and Postnatal consultations			85,000	112,369
# of children immunised against measles			340,000	529,038
# of emergency affected pregnant mothers who have received delivery services by Skilled Birth Attendants			22,950	18,116
# of AWD/cholera cases treated at facility and treatment centres			27,500	42,006
NUTRITION				
# of children under-5 with SAM admitted in Therapeutic Feeding Programmes	346,000	101,263	277,000 ⁵	84,967
% of children with SAM under treatment recovered	>93.1%	93.0%	>75%	92.9%
% nutrition centres stocked out of essential nutrition supplies	<10%	0.2%	<2%	0.2%
EDUCATION				
# of children accessing safe and protected learning opportunities in emergency-affected environments	219,869	128,783 (42% F)	87,600	61,789 (44% F)
Average difference in attendance recorded in schools reached	< 30%	N/A	< 30 %	N/A
# of children accessing safe drinking water in schools	186,211*	93,594 (43% F)	63,000	35,849 (45%F)
# of children benefitting from temporary learning material including recreational material	211,806	98,452 (44% F)	87,500	56,715 (44% F)
# of children reached with schools cash grants	49,000	27,638	49,000	27,638
WATER, SANITATION and 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	2,500,000	2,506,600	1,500,000	1,546,166
# of people with sustained access to safe water through newly built and/or rehabilitated water points	1,500,000**	607,802	500,000	349,502
# of emergency affected people with access to adequate and appropriate emergency sanitation and hygiene facilities	600,000	288,750	270,000	92,350
# of people with means to practice good hygiene and household water treatment	1,500,000	647,094	1,500,000	647,094
CHILD PROTECTION				
# of separated and unaccompanied children identified, registered and provided with services	7,000	1,707 (655 F)	6,885	1,707 (655 F)
# of children formerly associated with armed forces and armed groups and other vulnerable children provided with inclusive reintegration services	2,463	1,213 (241 F)	2,463	1,213 (241 F)
UNICEF-targeted children and women who experienced or are at risk of sexual violence and received at least one kind of multi-sectoral support service in humanitarian situations.			3,803 (1,963 F)	1,910 (1,716 F)
# of people reached through protection messages	31, 870	16,980 (9,750 F)	31, 870	16,980 (9,750 F)
CASH TRANSFERS				
# of emergency-affected households provided with monthly cash transfers to support access to basic services			60,000***	2,226

* This target has been revised to align with the final cluster and partner pre-famine plan.

** This target represents a 10% increase (from 30% to 40%) of people in Somalia having sustained access to safe water (based on a population of 12.3 million people).

*** The cash-based interventions will reach around 420,000 people (approximately 254,000 children) in the 60,000 households targeted.

⁵ UNICEF's current pre famine response plan is based on three response scenarios; 1) current (138,500 SAM cases); 2) 50 per cent increase from current situation (208,000 SAM cases); and 3) famine (worst case scenario projected at 277,000 SAM cases). While the Humanitarian Response Plan (HRP) has been revised based on scenario 3, UNICEF's current response is based on scenario 2 but will monitor and report on the overall target (i.e. 277,000).