



Payenda was a public health specialist and a champion for polio eradication – He joined UNICEF Somalia as a Health Specialist in June 2014. Payenda is remembered as a kind-hearted man who made friends easily and a loving father of four daughters and five sons.

Brenda joined UNICEF Somalia in October 2014 as a Communication for Development Specialist and as the youngest member of the polio team. Brenda was soft spoken and kind with a huge smile that came readily to her lips – yet she was also a hardworking and determined professional who put in long hours and was fully focused on her work.

Woki worked passionately on education issues for children in Somalia since 2007. Woki's love of life, luminous energy and passion for her work were contagious. Everywhere she went, she won the respect and friendship of people, the affection of children, and the appreciation of all. Above all, Woki was a dedicated and wonderful mother to Ivy and Lucy.

Stephen joined UNICEF Somalia in February 2010 as an Administrative Assistant providing crucial support to the Section. He touched many young lives with his work as a mentor and part-time motivational speaker. He was the author of a motivational book entitled *Discover your Life's Purpose* and was also the captain of the UN Kenya football team.

UNICEF Champions

The April issue of the Situation Report is dedicated to our fallen heroes

Payenda Gul Abed

Brenda Kyeyune

Woki Munyui

Stephen Oduor

Your kindness, selfless dedication and commitment to the women and children of Somalia will continue to inspire us all.

We will forever cherish the many memories

We will carry your smiles in our hearts

**WE WILL NEVER
FORGET YOU**

Situation Overview and Humanitarian Needs

	Total
# of people in emergency and crisis	1,000,000
# of people in stress	2,300,000
# of severely malnourished children under-5	38,200
# of internally displaced people	1,100,000

Over 3,500 people (34 per cent children) have fled the conflict in Yemen and arrived in Somalia since late March. Most of the arrivals are Somalis, followed by Yemeni nationals. Child-friendly reception centres have been set up in Bossaso in Puntland and in Berbera in Somaliland; UNICEF and partners are working with authorities to register the arrivals and provide support to those in need. Contingency planning is also underway. Following the onset of the principal rainy season, most regions in Central South Zone (CSZ) of Somalia, received above average rainfall, whereas some northern parts received below average and are at risk of drought if conditions persist. Localised floods were experienced along the Juba and Shabelle rivers and Gaalkacyo, displacing approximately 16,500 people. Since January 2015, food security has deteriorated and the number of people in Crisis and Emergency (IPC Phases 3 and 4) has increased to nearly 1 million from earlier projections of 731,000. This is due to intensified conflict, trade disruptions, much lower *Deyr* harvest than anticipated, and water scarcity. Acute malnutrition trends based on data from health facilities for January-March 2015 suggest a deterioration in the nutrition situation in Hiraan region (Bulo Burto and Belet Weyne districts), Banadir region and among riverine livelihoods in Gedo and Shabelle regions. In an effort to curb the financing of terrorism, on 7 April 2015 the Government of Kenya revoked the licences of 13 money remittance providers in the wake of the terrorist attack in Garissa, which claimed the lives of 148 people. This follows similar closures in the United States, United Kingdom and Australia and adds further stress to the already fragile humanitarian situation, as an estimated 40 per cent of the population depends on remittances for basic needs.

Humanitarian Leadership and Coordination

The fluid security situation, inadequate funds, continuing military offensive and supply route blockages cause significant challenges to programme implementation. Nevertheless, the results achieved by UNICEF and Cluster partners demonstrate the effort made to overcome challenges. UNICEF actively participates in the Humanitarian Country Team and the Inter-Cluster Working Group, which lead strategic and cross-sectoral coordination of humanitarian programmes. UNICEF leads the WASH and Nutrition Clusters and the Child Protection Working Group, and co-leads the Education Cluster. Where relevant, UNICEF as Cluster lead agency is responsible for information management of the Cluster and for sharing overall results achieved by the Cluster collectively. The operational capacity of the UNICEF-led Clusters is significant, with a network of over 140 partners each (20 per cent international and 80 per cent national NGOs), with sub-regional Cluster coordinators in over 15 regions. This network ensures access to information, coordination and interventions in hard-to-reach and inaccessible areas.

Humanitarian Strategy

UNICEF aims to prevent mortality and morbidity, increase access to services and promote community resilience by building community capacity to anticipate and cope with shocks. Eradication of polio is a top priority and efforts will be made to immunise all children. Following the declaration of a measles outbreak in May 2014, UNICEF is implementing emergency vaccination campaigns across Somalia to prevent the further spread of the disease in conjunction with polio immunization activities. UNICEF provides a package of curative, promotive and preventive nutrition interventions, while strengthening the implementation capacity of Government, partners and communities. Lifesaving and resilience initiatives are promoted by increasing access to safe water; promoting emergency sanitation; extending community-led total sanitation approaches to flood, drought and disease-prone areas; and maintaining immediate response capacity through 10 supply hubs across the Central South Zone (CSZ). UNICEF supports the disengagement and reintegration of children associated with armed groups, monitors and reports on grave violations, while preventing and responding to Gender based Violence (GBV). Furthermore, UNICEF works to improve access, quality and capacity for provision of emergency education. Following the AMISOM offensives since March 2014, UNICEF is ensuring that a package of basic lifesaving interventions take place in newly accessible areas whilst maintaining neutrality and ensuring that humanitarian interventions are not associated with the offensive.

Summary Analysis of Programme Response

HEALTH: UNICEF continued to respond to the measles outbreak; in 2015 a total of 2,416 suspected measles cases have been reported (73 per cent are children under-5) and 255 reporting sites are providing routine immunization services. As at end of April, 70 per cent of these reporting sites have functional cold chains and 85 per cent have routine vaccines available. Although no further cases of wild polio virus have been confirmed since August 2014, polio campaigns will continue in 2015; funding constraints by WHO have caused campaigns planned for April and May to be postponed. In consultation with the Ministry of Health, new dates are being set. With CERF funding, UNICEF continues to provide primary healthcare services to reach 925,137 beneficiaries in Bay, Bakool, Hiraan and Lower Shabelle by June 2015.

NUTRITION: UNICEF-supported nutrition centres admitted 3,996 severely malnourished children across Somalia in April with 95.9 per cent recovery rates achieved. In response to the ongoing crisis in Galgala, Bari region, UNICEF supported the Ministry of Health to conduct blanket distribution of 400 cartons of BP5 for children under-5 and Pregnant and Lactating Women in the worst affected areas of El-Dahir, Awsame, El-lahelay, Buran and Dharar. The distribution was accompanied by delivery of key nutrition promotional and preventative messages. Preparedness activities, including prepositioning essential nutrition supplies, have been enhanced to ensure adequate response is in place to deal with the deteriorating nutrition situation in Hiraan region and the impact of flood hazards and acute water diarrhoea outbreaks on acute malnutrition. Furthermore, UNICEF is working closely with Government and other humanitarian partners to ensure screening services are provided to children under-5 and Pregnant and Lactating Women arriving from Yemen and infant and young child feeding support and promotional activities are available.

EDUCATION: In April, UNICEF supported 13,661 (6,625 girls) children in Banadir and Baidoa through provision of emergency education supplies including 98 School-in-a-Carton kits¹, 170 recreational kits² and 249 replenishment kits³. Planned school construction is progressing; eight temporary classrooms and eight separate latrines for boys and girls were completed in Banadir. Furthermore, 342 teachers (80 female) received incentive payments, 24 teachers were trained in pedagogy and emergency response and 217 (65 female) Community Education Committee members were trained on school management and development of school plans in Banadir and Baidoa.

WASH: Following the start of the *Gu* rains, UNICEF continued to closely monitor the situation in flood prone areas; in addition to the support provided under the umbrella of the WASH Cluster, reported in sections below, UNICEF conducted daily chlorination of 156 shallow wells in Mogadishu to avert waterborne disease outbreaks. Through the chlorination approximately 80,450 were provided with access to safe water. In response to the ongoing crisis in Galgala, UNICEF provided WASH emergency supplies to benefit 561 families. April also saw the start of the development of district level WASH contingency plans; consultative workshops bringing together government disaster management authorities, local district authorities, NGOs and women group representatives, were held in Burco for Somaliland and in Gaalkacyo for CSZ. The workshop in Garowe was cancelled following the attack on UNICEF staff.

CHILD PROTECTION: Armed conflict, eviction and displacements continue to expose children to violence, abuse and exploitation. The Country Task Force documented 172 grave violations against children, a decrease from the 229 cases reported in March, with most involving abduction. The Community-based Child Protection Mechanisms (CBCPM) composed of community Child Protection Committees (CPC) and Child Protection Advocates (CPA) identified and assisted 240 children (212 girls; 28 boys) that had experienced violations of their rights.

¹ The School-in-a-Carton kit contains supplies and materials for a teacher and up to 40 students. In addition to the basic school supplies, such as exercise books, pencils, erasers and scissors, the kit also includes a wooden teaching clock, wooden cubes for counting, a wind-op/solar radio and a set of three laminated posters (alphabet, multiplication and number tables).

² The recreation kit includes balls for several types of games, coloured tunics for different teams, a measuring tape for marking play areas and a whistle and scoring slate. Following a gender analysis of the kit, and in light of UNICEF's priority of girls' education, additional items aimed at encouraging physical activity and sport amongst girls have also been added. The kit caters for up to 90 children.

³ The Replenishment Kit comprises the consumable items contained in the School-in-a-Carton such as pens, pencil, chalk, paint, flipchart, register books, crayons, exercise books both for students and the teacher

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In addition, 315 children (258 girls; 57 boys) were referred for specialised services which included medical care; family reunification and psychosocial support. Furthermore, all children and families in need arriving from Yemen received psychosocial support and assistance provided by child protection officers, case workers and identification, tracing and reunification staff at the reception centres. Funding gaps continue to cripple response; carry-over funds from 2014 supported implementation of activities for 31,093 beneficiaries in the first quarter of 2015, however, a drop in child protection results is expected unless funding levels increase, as no funds were allocated to child protection under the first 2015 CHF allocation.

CASH TRANSFERS AND SOCIAL PROTECTION: UNICEF continued supporting lean season cash transfers to over 10,000 vulnerable households in Galgaduud, Gedo, Hiraan and Lower Shabelle. This support consists of unconditional cash transfers to provide supplementary income to poor households who are at risk of negative food security and nutritional outcomes. Recent insecurity in Gedo region and an advisory by AMISOM to suspend activities outside of Ceel Waaq, has delayed some UNICEF-supported cash transfer activities in the district. Cash transfer programmes in Galgaduud, Hiraan, and Lower Shabelle will be extended for two additional months through May and June, to respond to urgent food security needs.

Cluster Coordination

Nutrition: A total of 3,996 new cases of severe acute malnutrition were admitted into Outpatient Therapeutic Programmes/Stabilization Centres (OTP/SC). Cumulatively, 30,854 severe acute malnutrition cases have been admitted in 2015. However, with a reporting rate of approximately 50 per cent, further analysis of trends and response performance indicators is not possible. Efforts to improve reporting by partners have been stepped up. During the month of April, the Nutrition Cluster finalised the mapping for integrated OTP, identifying 176 potential sites for strategic integration between UNICEF and WFP. Furthermore, key findings from the recently completed Nutrition Causal Analysis have been made available and include: a) acute malnutrition is directly influenced by access to health care services (specifically Vitamin A supplementation and measles coverage) and overall morbidity, access to food (food consumption scores), access to hygiene and sanitation services and prevailing practice (use of soap in hand washing, access to a latrine) and maternal psychosocial status; b) funding levels for humanitarian interventions have declined over the past four years, resulting in major gaps in programme coverage and impact; c) lack of integration of interventions among lifesaving Clusters contributes to worsening the situation; d) insufficient coordination between partners results in duplication of efforts and inefficient usage of resources. The report calls for integrated emergency programming and response to sustainably reduce acute malnutrition in Somalia. Nutrition Cluster specific recommendations include expansion of integrated and decentralised malnutrition services at community level to enhance admissions of severe acute malnutrition.

WASH: Disbursement of funding for the 14 WASH projects selected under the first 2015 CHF allocation and for a CHF emergency intervention in Cadaado and Cabudwaaq in Galgaduud region is underway. Nevertheless, significant funding gaps remain, as the 2015 Strategic Response Plan for WASH is only 1.1 per cent funded. In April, UNICEF partners distributed 3,260 WASH hygiene kits to vulnerable IDP households affected by displacement in Baidoa and 6,000 flood prevention sacks to over 15,000 families to create embankments around their homes following floods in Jowhar and Mahaday in Middle Shabelle region.

Education: Funding for education activities is urgently needed; at least 1.7 million children of school age are not in school and 78 per cent of these are in CSZ. 2014 carry-over funds have enabled humanitarian partners to continue supporting education as a full package comprising teacher incentives, school supplies and construction of learning centres. A number of schools, including five schools in Baidoa and one in Dhobley, constructed without further support to education activities including teacher incentives, are currently not operational.

Child Protection Working Group (CPWG): CPWG members assisted 8,486 beneficiaries (2,754 girls; 2,398 boys; 1,972 women; and 1,362 men) through various child protection services, capacity building and awareness raising activities.

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CPWG members also provided psychosocial support at the Berbera reception centre to 45 refugee/returnee children feeling Yemen.

Security: On the morning of 20 April 2015, a suicide attack against a UN vehicle occurred outside of the FAO compound in Garowe, Puntland. Al-Shabaab accepted responsibility for the attack, which represents the first suicide attack in the history of Garowe. Four UNICEF staff members lost their lives in the attack and five other staff were injured. Injuries were also sustained by a number of Special Police Unit (SPU) personal and two private security guards working nearby. The security level for Garowe and Bossaso has been raised to high and UN missions are thus limited to lifesaving and critical commitments. Since the attack, tension within the area has remained high and this has been accentuated with uncertainties and political turmoil within government. Political tensions have also been evident in Somaliland with uncertainties related to the Presidential elections and a trend toward youth gang and clan related violence. In CSZ, the capital has remained relatively quiet although analysis suggests that the situation might change as we move toward and into the Holy month of Ramadan.

Communication for Development (C4D): In Somaliland, 13 sheikhs were trained to conduct health promotion sessions in Maternal and Child Health (MCH) clinics; in the month of April, 52 health education sessions were held reaching a total of 750 caregivers. The sheikhs link up with the female community health workers (FCHW) who follow up with caregivers for purposes of tracing immunization defaulters. In Puntland, media and nomadic elders orientation sessions on polio were held and the micro-plan was jointly validated by UNICEF, WHO and the Ministry of Health. In CSZ, orientation and advocacy meetings were conducted for religious groups, District Social Mobilization Committees and secretaries, Quranic teachers and MCH in-chargers and FCHWs were trained on interpersonal communication skills to facilitate the conduct of community dialogues.

Supply and Logistics: In CSZ, security convoy timelines and delays impact on UNICEF's ability to deliver to inaccessible areas. In the northern zones, there continue to be delays and additional costs incurred as a result of the inability to utilise cross-border road transportation between Somaliland and Puntland.

Media and External Communication: In the wake of the attack in Garowe, significant efforts were spent on addressing media enquiries, both local and international, and disseminating information including press releases and statements in order to dispel rumours. The statement, releasing the names of the UNICEF staff that were killed, was shared with journalists and posted on social media sites.

In April, UNICEF also supported a journalist from Agence France Presse (AFP) to cover two stories on malnutrition and rehabilitation of children formerly associated with armed forces.

<https://uk.news.yahoo.com/somalias-famine-hunger-persists-044241511.html#dUiunT3>

<https://uk.news.yahoo.com/blaming-victims-rape-somalia-040029610.html#BA92O51>

Funding

In 2015, UNICEF appeals for US\$ 111,705,413 to meet the humanitarian needs of women and children in Somalia in line with the country's inter-agency Strategic Response Plan. As at 22 May, UNICEF has a funding gap of 81 per cent.

UNICEF wishes to thank all public and private sector donors for the contributions and pledges received in 2015. UNICEF would like to especially thank donors who have contributed un-earmarked funding, as it gives UNICEF essential flexibility to direct resources to ensure delivery of lifesaving supplies and interventions where they are needed most. UNICEF continues to encourage longer term and predictable funding to be able to strengthen preparedness and resilience building. Continued donor support is critical to maintaining and scaling up the response.

UNICEF also wishes to express its sincere gratitude for the overwhelming response, support and for the many condolence messages received in the aftermath of the Garowe incident.

2015 Funding Requirements				
Appeal Sector	Requirements	Funds received*	Funding gap	
			US\$	%
Health	37,438,024	5,610,780	31,827,244	85%
Nutrition	30,076,458	5,112,065	24,964,393	83%
Education	4,418,875	945,094	3,473,781	79%
WASH	15,124,813	3,276,068	11,848,745	78%
Child Protection	6,967,373	3,808,187	3,159,186	45%
Cash-based response	17,679,870	2,019,688	15,660,181	89%
Total⁵	111,705,413	20,771,882	90,933,531	81%

'Funds received' does not include pledges.

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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⁴ The total includes a maximum recovery rate of 8 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

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Annex A SUMMARY OF PROGRAMME RESULTS

	Cluster Response		UNICEF and IPs	
	2015 Target	Total Results	2015 Target	Total Results
HEALTH				
# of outpatient consultations for children under-5			450,000	142,000
# of children under-5 treated			70,000 diarrhoea	24,333
			62,000 pneumonia	21,967
# of children receiving DPT3 vaccination through routine services			85,000	25,383
# of women attending their first Antenatal Care visit			130,000	61,833
NUTRITION				
# of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding programmes	150,000	30,854	150,000	29,185
% of children with SAM under treatment recovered	75%	95.9%	75%	91.3%
% nutrition centers stocked out of essential nutrition supplies	<10%	1.1%	<10%	1.4%
EDUCATION				
# of young children and adolescents (girls/boys) enrolled in education facilities.	330,000 (154,000 F)	43,816	30,000 (15,000 F)	22,662
# of children (girls/boys) benefitting from teaching and learning supplies, including recreational materials	330,000 (154,000 F)	26,119	30,000 (15,000 F)	35,350 ⁶
# of teachers (women/men) receiving training (including lifesaving messages, psycho-social support and pedagogical support skills) and monthly incentives	3,096 (900 F) training	196	700 (140 F)	1,380
	2,870 (850 F) incentives	961		
# of CEC members trained to participate in school management			1,400 (420 F)	731 (368 F)
WATER, SANITATION & HYGIENE				
# of people with new, sustained access to safe water	1,230,000 ⁷	162,911	226,750	31,663
# of affected people accessing safe water through temporary means including chlorination; operation and maintenance; water trucking; vouchers; and household water treatment	1,265,000	190,016	570,000	109,542
# of affected people with new access to sanitation facilities	600,000	83,059	105,000	12,846
# of villages self-declared Open Defecation Free (ODF)	250	3	145	3
# of people with means to practice good hygiene and household water treatment through water filters or purifiers, jerry cans, aqua tabs, etc.	600,000	88,800	475,000	88,800
# of children benefitting from WASH facilities			34,300 in schools	1,900
			39,300 in health or	6,132

⁶ Gender disaggregated figures not available⁷ This target represents a 10 per cent increase as it is based on the new population figures of 12.3 million.

			nutrition centres	
CHILD PROTECTION				
# of unaccompanied and separated children (UASC) identified and registered	1,000	3,269 ⁸	1,872	470
# of survivors of GBV assisted	4,000 legal counselling	1,006	3,122 legal counselling	1,423
	5,000 material assistance	267	1,126 material assistance	939
# of violations identified and resolved by Community-Based Child Protection Committees			3,500	1,239
# of referrals made by Community-Based Child Protection Committees	3,000	932	2,500	1,583
# of children received psychosocial support and care	6,000	4,537	3,530	2,150
# of caregivers received psychosocial support and care	4,000	726	408	48
# of former children associated with armed forces/groups (CAAFAG) and children/minors at risk of recruitment enrolled in reintegration programmes	1,000	24	1,000	61
SOCIAL PROTECTION AND CASH TRANSFERS				
# of households able to meet basic food and non-food needs with improved access to services in situations of crisis			30,000	10,200

⁸ This sharp increase is linked to a surge in clan fighting, as well as the joint military offensive, which resulted in population displacement/movement with ensuing cases of separation of families.