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April 2016 – SOMALIA SITREP #04

Highlights

- The number of Acute Watery Diarrhoea (AWD)/cholera cases continue to increase in South Central Somalia with over 7,000 cases reported since the start of the year, an increase of 140 per cent when compared to 2015 during which 5,257 cases were reported throughout the year. Cholera has now been confirmed in 11 districts and UNICEF and partners are scaling up efforts to provide health and water, sanitation and hygiene (WASH) services in affected areas and hotspots.
- As part of programming for Resilience and together with UN partners FAO and WFP, since 2015 UNICEF has increased access to safe water, extended community-led total sanitation approaches to floods, drought and disease prone areas and provided training and support to community based workers on health, nutrition and hygiene outreach and promotion. To date, 25,081 households have accessed health, nutrition, hygiene and child protection information and services through a community-based worker or local committee. 10,240 children have accessed education services from ongoing UNICEF resilience interventions. 27,000 additional people now live in self-declared open defecation-free communities and 4,521 children have benefited from child protection services.

Somalia

Humanitarian Situation Report

SITUATION IN NUMBERS¹

4.7 million

People in need of humanitarian and livelihood support

1.1 million

People internally displaced

305,000

Acutely malnourished children under the age of 5

Humanitarian Requirements

January - December 2016

US\$ 82.2 million

Funding Gap 77%

Indicators	Cluster for 2016			UNICEF for 2016		
	Cluster Target	Cumulative results (#)	Target achieved (%)	UNICEF Target*	Cumulative results (#)	Target achieved (%)
Health: # of children under-1 vaccinated against measles				445,000	80,537	18.1%
Nutrition: # of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	27,833	18.6%	108,750	27,833	18.6%
WASH: # of people with sustained access to safe water	1,230,000	221,636	18%	250,000	91,352	36.5%
Education: # of children and adolescents (girls/boys) have access to education in emergencies	200,000	58,382	29.2%	50,400	18,174	36.1%
Child Protection: # children (girls/boys) formerly associated with armed forces and armed groups and other vulnerable children provided with inclusive reintegration services ²	3,000	753	25.1%	3,000	1,084	36.1%
Social Protection: # of households receiving regular, monthly, unconditional cash				16,000	0	0%

¹ Humanitarian Bulletin, OCHA, April 2016.

² The programmes run for a year and these figures are from projects initiated in 2016 and ending in April 2016.

Situation Overview and Humanitarian Needs

Parts of Puntland and Somaliland continue to experience severe drought conditions, following four successive seasons of below-average rains in parts of Somaliland and a below-average *Deyr* rainy season in Puntland. An estimated 385,000 people face acute food insecurity and are in dire need of assistance, while another 1.3 million are at risk of slipping into acute food insecurity. While moderate to heavy rains have been recorded in parts of Somaliland in April, drought conditions in Puntland have worsened from severe to extreme due to delayed and poorly distributed rains³, further exacerbating the vulnerability of affected populations.

The number of Acute Watery Diarrhoea (AWD)/cholera cases continue to increase in South Central Somalia with over 7,000 cases reported since the start of the year, an increase of 140 per cent when compared to 2015 during which 5,257 cases were reported throughout the year. Cholera has now been confirmed in 11 districts and the most affected regions are Banadir, Bay, Lower and Middle Juba, Lower and Middle Shabelle and Hiraan. Based on data from previous years, projections from WHO indicate there could be up to an additional 15,000 severe cases and 60,000 mild/moderate cases over the coming six months; with a peak of the outbreak by end of July to beginning of August.

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 each, including sub-regional coordinators in over 15 regions. The network ensures access to information, coordination and interventions in hard-to-reach and inaccessible areas.

Humanitarian and Resilience Strategy

UNICEF aims to prevent mortality and morbidity with the provision of an integrated package of curative, promotive and preventive nutrition interventions, and primary health care services. Eradication of polio remains a top priority and efforts are made to immunise all children, combined with emergency measles vaccinations campaigns to prevent outbreaks. Following the AMISOM offensives since March 2014, UNICEF is ensuring that a package of basic life-saving interventions is also provided in newly accessible areas, whilst maintaining neutrality and impartiality.

UNICEF continues to work on strengthening the implementation capacity of Government and partners. Life-saving and resilience initiatives are also 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 nine supply hubs across the Central South Somalia. 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. These interventions contribute to the joint UNICEF, FAO and WFP resilience programming which aims to address the interrelated causes of malnutrition through multi-sectoral interventions at community level. The aim is to build community capacity to anticipate and deal with the recurrent shocks in their environment with a package which further includes support to schools as an important entry point for nutrition support, behaviour change interventions and quality education.

In response to the drought, UNICEF is working with the respective Governments and partners to scale-up the response in the most affected areas. Priority interventions include the provision of access to safe water via vouchers for water supply, the rehabilitation and repair of strategic boreholes and water points and distribution of hygiene kits. In addition to strengthening the services at facility level, UNICEF and partners have also deployed joint mobile health and nutrition teams in order to reach pastoralist populations and uncovered areas. UNICEF is also working with WFP on an integrated response to halt the deteriorating food security and malnutrition situation in the drought affected areas. In parallel, an integrated response targeting affected schools is being rolled-out to ensure children and teachers remain in schools, and prevent exposure of children to the risks of family separation, child labour and abuse, while teams continue to monitor the separation of children as communities migrate with their livestock.

³ 'Update on drought and Rainfall in Somalia', Somalia Water and Land Information Management (SWALIM), 21 April 2016.

Summary Analysis of Programme Response

HEALTH: UNICEF continues to respond in drought affected areas, with a scale up in outreach services in Somaliland through Essential Package of Health Services (EPHS) implementing partners. Mobile teams targeting Boroma, Zeila, Dilla, Lughaya and Baki districts are now providing emergency health services to affected populations, including emergency immunisation against measles and polio. Essential health services were also provided to IDP communities in Kosar and Aden Saleban in Burao. Emergency health kits were distributed to the Ministry of Health (MoH) to support 30,000 people in drought affected areas, as well as kits to support directly 25,000 people in Lasanod town, Sool region.

UNICEF, in coordination with the MoH and WHO, supported the implementation of the mop up measles campaign in four districts of Bakool region, namely Hudur, Rabdhure, Tieglow and Wajid. In total, 57,631 children between 6 months and 10 years were vaccinated against measles. In addition, 25,290 children aged 12-59 months and 28,327 children aged 6-59 months were administered with deworming tablets and Vitamin A respectively. While Somalia has been polio free for the last 18 months, efforts to completely eradicate polio continue. Two National Immunisation Days (NIDs) campaigns targeting 1,094,714 children under-5, 582,714 in Somaliland and 512,000 in Puntland, and related social mobilisation activities, have been successfully implemented during the reporting period. Nineteen solar fridges were distributed to selected health facilities in Mudug and Nugal regions in Puntland as part of the cold chain expansion process.

During the reporting period, UNICEF continued to scale up emergency health interventions in newly accessible areas in the South and provided health supplies to in Afmadow and Sakow. A total of 19,192 children under-5 and 4,798 pregnant women accessed curative lifesaving health services in supported health centres as well as through mobile outreaches. UNICEF and partners continue to provide medical assistance to Yemeni returnees at Bossaso port and hospital. Emergency vaccination (measles and polio), screening and first aid were provided to over 17 returnees from Yemen. Five returnee children under 10 years were vaccinated against measles, while 04 women and 08 men were screened and treated. In Berbera port, 270 returnees were vaccinated against polio and first aid provided to all age groups upon arrival.

NUTRITION: In April, UNICEF-supported nutrition centres across Somalia admitted 4,102 severely malnourished children with 96.6 per cent recovery rates, 0.3 per cent death rates and 2.1 per cent defaulter rates achieved. Since the start of the year, 27,833 severely malnourished children have been admitted in nutrition programmes.

During the reporting period, UNICEF continued to support the nutrition interventions in the drought affected areas. In Somaliland, 700 severe cases were admitted in Awdal region where UNICEF, in partnership with the MoH, SRCS, Save the Children and World Vision, continue to support nutrition services in 23 health centres, 2 stabilisation centres and 10 mobile teams. In April, UNICEF also supported a 5-day training on outpatient therapeutic care programme for 15 health staff from Zeila and Boroma districts, and released 1,300 cartons of ready to use therapeutic food (RUTF) and other essential nutrition supplies to support health facilities in Berbera, Hargeisa, Gabilay, El Afwein and Lasanod. In Puntland, a short-term integrated health, nutrition and WASH service package was delivered through mobile teams operating in Sool and Sanaag. A total of 5,075 children aged 6-59 months were screened for malnutrition in Las-qoray, Bardan and Dhahar districts in Sanaag, and of these, 788 were identified as severely malnourished and admitted for treatment. In the same districts, 829 pregnant and lactating women (PLW) were provided with antenatal and postnatal services (including multi-micronutrients). In Taleh, Hudud and Lasanod districts in Sool region, 904 children, out of a total of 7,346 children screened for malnutrition, were admitted for treatment, while 1,005 PLW were reached with antenatal and postnatal services. In April, the Somalia Nutrition Cluster conducted with the support of UNICEF a 5-day nutrition in emergencies training in Bossaso, in which 20 staff from MoH, UN agencies and various NGO partners participated.

As part of the joint augmented emergency response with WFP, UNICEF is targeting 8,411 children under-5 and 3,364 PLW in Dollow with a holistic approach which includes a WASH discharge package, routine immunisation, deworming, micronutrient supplementation and targeted free distribution of micronutrient powder, as well as screening and referral of severe cases to the appropriate treatment path. In addition to the existing 3 fixed nutrition sites, 12 mobile nutrition units have been rolled out to expand coverage. In partnership with CEDA, UNICEF partially completed the blanket distribution of 347 cartons of BP5 (fortified high-energy biscuit), targeting children under-5 in the camps of

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Kabasa and Qansahley. With regards to programming for resilience, 34 community-based workers have been recruited, trained and actively engaged in the integrated response in the camps and targeted villages across the district.

WASH: During the reporting month, UNICEF continued its response in drought affected areas. In Puntland, a total of 8,350 households received temporary access to safe water through water vouchers in Nugal, Bari, Sool and Sanaag regions. In Somaliland, UNICEF rehabilitated an additional 2 boreholes, bringing the total of boreholes rehabilitated to 12 (6 in Puntland and 6 in Somaliland). With the start of the Gu rains in different parts of the country, UNICEF and partners have suspended the distribution of water through vouchers to reassess the needs. Since the start of the drought response, a total of 88,500 people were provided with water through water vouchers.

In response to an increase in reported AWD/cholera cases in Lower and Middle Juba, Banadir, Bay, Hiraan, Lower and Middle Shabelle in South Central, UNICEF and partners provided 13,268 families with hygiene kits to boost safe hygiene practices and water treatment at household level. Since the beginning of the year to end of April, a total of 28,125 emergency affected families have been provided with hygiene kits.

EDUCATION: In Central South, UNICEF increased its interventions to meet the needs of displaced children and communities. During the reporting period, 26 Temporary Learning Spaces (TLS) with WASH facilities were constructed in Kismayo and Banadir, benefitting 1,800 children (including 800 girls). Education kits were also distributed to 53 schools and 3,640 school-age children in Banadir, and school sanitation and water supply was improved in 10 schools, benefitting 2,327 IDP children (including 1,137 girls). In response to the ongoing drought in Puntland, UNICEF provided education supplies to 4,320 school children (48% of whom are girls) in drought-affected regions, including 108 school in-a-box, 358 recreational kits, 360 replenishment kits and 1 classroom tent.

In April, UNICEF provided monthly incentives for 293 Education in Emergency teachers (including 75 female) to provide education to children in Kismayo, Banadir, Baidoa and Qansahdere. UNICEF also facilitated an 8 day face-to-face training for 159 teachers (including 41 female) on pedagogic skills in Banadir, Kismayo, Bay, Bakol and Gedo. UNICEF and partners strengthened advocacy and awareness raising skills for 63 Community Education Committee (CEC) members (including 34 female) in Banadir and Kismayo through trainings on responsibilities of the CECs, community participation and ownership of schools, conflict resolution, emergency response and management of schools.

CHILD PROTECTION: Following the capture of at least 102 children from Al-Shabaab forces in Galmudug and Puntland, UNICEF continues to lead advocacy efforts for their release. During the month of April, 43 of the children detained in Galmudug were released, handed over to UNICEF and transferred to Mogadishu where they are currently enrolled in UNICEF supported reintegration programmes. Advocacy efforts for the release of the remaining 59 children held in prison in Puntland is ongoing. In April, the Country Task Force on Monitoring and Reporting documented 460 grave violations against children in South Central Somalia, affecting 277 boys and 54 girls. The majority of these violations were on recruitment and use (184) followed by abduction and detention of children (165). The 527 children (77 girls and 450 boys) benefiting from UNICEF supported community based reintegration programs in Afgoye and Mogadishu graduated from the programme in April.

During the reporting period, UNICEF and partners identified 138 (54 Girls and 84 boys) separated and unaccompanied children (UASC) in Baidoa, Dinsoor, Beletweyne, Gedo, Mogadishu and Galkayo. UNICEF also continued to support Yemeni returnees, and in Bossaso, 8 UASC were identified (5 boys and 3 girls). UNICEF and partners continue to monitor the situation of family separation in drought affected areas. To date in Somaliland, 62 separated children (40 boys and 22 girls) have been identified in Awdal and Togdheer regions and protection services have been provided. UASC in the various locations were supported with reunification services, interim care services, medical assistance and material support.

UNICEF and partners also assisted 456 women and girls survivors of GBV during the reporting period (346 women, 100 girls, and 10 boys), with psychosocial support, legal, medical, protection and material assistance. An additional 914 community members (433 boys and 481 girls) participated in community outreach and awareness raising events to prevent GBV and enhance knowledge of referral services.

CASH TRANSFERS AND SOCIAL PROTECTION: UNICEF supports predictable, long-term, resilience-oriented approaches to social protection, which incorporate prevention and promotional activities in addition to basic health and livelihood protection. This type of programming requires consistent financing, to ensure that households are provided with a basic level of support throughout the year – not solely during the lean seasons or in response to climactic shocks. Timely funding over the coming months is critical to ensure UNICEF’s social protection work in 2016 can roll-out a year-long, monthly unconditional cash transfer to labour-constrained households. In the absence of a level of financing which would allow for UNICEF to implement consistent and predictable transfers and achieve the desired impacts, the cash transfer programme has been suspended as of March 2016. Should the requisite funding be received, the cash programme will be re-initiated in line with the guiding principles for effective social protection programming.

Communication for Development (C4D): In April, UNICEF developed information, education and communication (IEC) materials for health workers and managers on the Polio vaccine switch from tOPV to bOPV. In Somaliland, UNICEF supported immunization awareness efforts in Hargeisa and Burao schools with the Child Ambassador’s orientation meeting targeting 40 Child-Ambassadors students who will work as agents of change and advocate on immunization and overall child rights. In South Central, UNICEF and partners are working on strengthening social mobilisation and awareness on the AWD/cholera outbreak in affected areas and hotspots.

Supply and Logistics: Authorized cross border movement during the reporting period enabled the transport of WASH, health and nutrition supplies by road to Gedo region. Accessibility in Hiran and Galmudug regions continues to be assessed on a case by case basis for multimodal transportation. Overall, access constraints stretch lead times for most deliveries in South Central.

Funding: In 2016, UNICEF is appealing for US\$ 82,268,287 to meet the humanitarian needs of women and children in Somalia in line with the country’s inter-agency 2016 Humanitarian Response Plan. As of 10 May, UNICEF has a funding gap of 77 per cent. UNICEF wishes to express its sincere gratitude to all public and private sector donors for the contributions and pledges received, most recently by the USAID Office of U.S. Foreign Disaster Assistance (OFDA) in support of health, nutrition and WASH interventions. Continued donor support is critical to maintaining and scaling up the response; UNICEF encourages un-earmarked, longer term and predictable funding, as it gives essential flexibility to direct resources to ensure delivery of life-saving supplies and interventions where they are needed most.

2016 Funding Requirements				
Appeal Sector	Requirements*	Funds received**	Funding gap	
			US\$	%
Health	24,782,068	4,594,117	20,187,951	81%
Nutrition	13,158,990	3,500,902	9,658,088	73%
Education	6,006,565	3,220,471	2,786,094	46%
WASH	12,118,224	4,083,991	8,034,233	66%
Child Protection	13,715,372	3,851,385	9,863,987	72%
Cash-based response	12,487,068	0	12,487,068	100%
Re-evaluations***		(178,591)		
Total⁴	82,268,287	19,072,275	63,196,012	77%

* The requirement for cluster coordination costs has been included in sub-costs for the nutrition, WASH, child protection and education sectors.

** ‘Funds received’ does not include pledges.

*** Re-evaluations, both positive and negative, are due to exchange rate fluctuations.

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⁴The 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 2006/2007 dated 9 June 2006.

Annex A SUMMARY OF PROGRAMME RESULTS

	Cluster Response		UNICEF and IPs	
	2016 Target	Cumulative Results	2016 Target	Cumulative Results
HEALTH				
# children under-1 vaccinated against measles			445,000	80,537
# of children under-5 vaccinated against polio			2,374,950	2,257,014
# of children under-5 and women provided with emergency life-saving health services in high risk areas			450,000	118,809
NUTRITION				
# of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	27,833	108,750	27,833
% of children with SAM under treatment recovered	91%	93.5%	75%	93.5%
% nutrition centers stocked out of essential nutrition supplies	<10%	1.0%	<10%	1.0%
EDUCATION⁵				
# of children and adolescents (girls/boys) have access to education in emergencies	200,000 (94,495 F)	58,382 (26,024 F)	50,400 (50 % F)	18,174 (48% F)
# of children (girls/boys) benefiting from teaching and learning supplies, including recreational materials	200,000 (94,495 F)	69,220 (31,214 F)	50,400 (50 % F)	16,537 (45.2% F)
# of teachers (women/men) receiving training (including life-saving messages, psycho-social support and pedagogical support skills) and monthly incentives – <i>training</i>	7,000 (2,100 F)	1,148 (576F)	500 (20 % F)	343 (28% F)
# of teachers (women/men) receiving training (including lifesaving messages, psycho-social support and pedagogical support skills) and monthly incentives – <i>incentives</i>	3,000 (900 F)	1,877 (788F)	500 (20 % F)	726 (26% F)
# of CEC members trained to participate in school management	3,000 (900 F)	2,224 (876F)	1,750 (30% F)	329 (39% F)
WATER, SANITATION and HYGIENE				
# of people with sustained access to safe water	1,230,000	221,636	250,000	91,352
# of affected people accessing safe water through temporary means	1,265,000	632,712	642,000	339,839
# of affected people with new access to sanitation facilities	600,000	81,626	200,000	150
# of villages self-declared Open Defecation Free (ODF)	250	0	150	0
# of people with means to practice good hygiene and household water treatment through water filters, purifiers, jerry cans, aqua tabs, etc.	600,000	164,840	510,000	164,840
CHILD PROTECTION				
# of children affected by grave child rights violations ⁶	3,000	1,084 (183F)	3,000	1,084 (183 F)
# of children (girls/boys) formerly associated with armed forces and armed groups and other vulnerable children provided with inclusive reintegration services	2,000	527 (77 F)	2,000	527 (77 F)
# of separated and unaccompanied children identified and registered	6,500	669 (252 F)	3,000	346 (153 F)
# of GBV Survivors (boys/men, girls/women) accessing a package of GBV services (medical, legal, Psychosocial and materials)	8,000	1,744 (1,672 F)	7,248	1,544 ⁷ (1,515 F)
# of child rights violations that are resolved or referred by CBCP			6,750	3,212 (1,904 F)
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			16,000	0 ⁸

⁵ Some of the education results were erroneously reported on in March, where some results from non-emergency interventions had been added. Results have been corrected to reflect actual humanitarian interventions.

⁶ This is from the flagship programme - Children Affected by Armed Conflict (CAAC).

⁷ GBV results have been adjusted in April as referrals had been erroneously added to new cases in March.

⁸ The programmes have closed end February 2016.