



Somalia

Humanitarian Situation Report



SitRep 8 Reporting Period August 2015

SITUATION IN NUMBERS

Highlights

- UNICEF celebrates the one year anniversary of the last recorded case of **polio** in Somalia and in Africa, a key signal of progress towards eradication. Momentum to be sustained through continued and improved immunization campaigns.
- UNICEF and partners continue to provide assistance to the increasing numbers of people fleeing the **conflict in Yemen** and seeking safety in Somalia.
- Preparatory and early response actions continue in anticipation of floods set to hit Somalia as early as mid-September due to the expected **El Niño phenomenon**.
- **UNICEF appeals for US\$ 111,705,413** to meet the humanitarian needs of women and children in Somalia in 2015. As at 14 September, UNICEF's humanitarian appeal is 34 per cent funded.

August 2015

3.2 million

people in need of humanitarian and livelihood support

214,700

acutely malnourished children under the age of 5

855,000

of people in crisis and emergency

(OCHA & FSNAU)

UNICEF Appeal in 2015
US\$ 111.7 million

UNICEF 2015 Humanitarian Programme Results	Sector/Cluster		UNICEF	
	Cluster 2015 Target	Cumulative 2015 results (#)	UNICEF 2015 Target	Cumulative 2015 results (#)
Health: # of outpatient consultations for children under-5			450,000	213,592
Nutrition: # of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	71,726	150,000	66,984
Education: # of young children and adolescents (girls/boys) enrolled in education facilities	330,000	43,816	30,000	22,455
WASH: # of people with new, sustained access to safe water	1,230,000	329,745	226,750	177,821
Child Protection: # of survivors of GBV assisted	4,000 (legal)	2,100	3,122 (legal)	6,896
	5,000 (material)	267	1,126 (material)	1,333
Social Protection: # of households able to meet basic food and non-food needs with improved access to services in situations of crisis			30,000	10,200

Situation Overview and Humanitarian Needs

	Total
# of people in emergency and crisis	855,000
# of people in stress	2,300,000
# of severely malnourished children under-5	39,700
# of internally displaced people	1,100,000

According to the latest findings from a joint countrywide seasonal assessment by FSNAU, FEWS NET and other partners, the number of people in Crisis and Emergency (IPC Phases 3 and 4¹) has increased by 17 per cent, from 731,000 to 855,000. The number of people in stress remains at 2.3 million, bringing the number of people in need of humanitarian assistance to 3.2 million. Widespread acute malnutrition persists with 214,700 children under-5 acutely malnourished and 39,700 of them severely malnourished. In

settlements for internally displaced people, global acute malnutrition rates are consistently above the WHO emergency threshold of 15 per cent. The El Niño phenomenon continues to loom over the Horn of Africa, including Somalia, with heavy rainfall anticipated to start as early as mid-September, exacerbating the dire food and nutrition situation, increasing the risk of flooding, displacement, disease and ultimately further limiting humanitarian access. Humanitarian partners, including UNICEF, are preparing contingency plans and pre-positioning stocks and some donors have already pledged to make resources available for the response. The overall situation is further compounded by the ongoing military offensive, with ensuing population displacements and human/child rights violations, deteriorating security, escalation of forced evictions, and continued influx of returnees and refugees fleeing the conflict in Yemen, increasing the burden on already limited basic services. As at 31 August, according to UNHCR, an estimated 28,887 people (25,802 Somalis; 2,872 Yemenis; 213 Third Country nationals) have fled for safety to the shores of Somalia and more are expected to arrive in the coming months.

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 continuing 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.

¹ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale ranges from Minimal - IPC 1 to Famine - IPC 5.

Summary Analysis of Programme Response

HEALTH: 11 August 2015 marked the one year anniversary of the last reported case of polio in Somalia, and in Africa, since the outbreak that began in May 2013. Despite this landmark victory, polio continues to threaten the lives of Somali children and therefore immunization campaigns continue; in August a tOPV Subnational Immunization Day (SNID), targeting 1,746,988 children under-5 in Puntland and CSZ was conducted with 96 per cent coverage achieved and Short Interval Additional Doses (SIAD) campaigns are underway in newly accessible districts in CSZ namely Brava, Mahas, Jalalaqsi, Baardheere and Diinsoor. In Brava and Jalalaqsi districts, the first round has been completed for children under-5; in Baardheere and Diinsoor plans are well underway with flights to take the vaccines and cold chain supplies being sourced; while in Mahas, WHO is currently assessing the feasibility of SIADs. Similarly, UNICEF continued to respond to the measles outbreak; in 2015 a total of 5,467 suspected measles cases have been detected, predominantly in children under-5 and predominantly from CSZ, with Banadir, Lower Shabelle, Hiraan and Middle Shabelle regions reporting the highest numbers. A total of 258 reporting sites are providing routine immunization services; 75 per cent have functional cold chains and 92 per cent have routine vaccines available. During the reporting period, measles and polio vaccination efforts for people fleeing Yemen continued; in Puntland a total of 64 children under-10 were vaccinated against measles, bringing the cumulative total number of vaccinated children to 5,497 and 220 people (all ages) were vaccinated against polio, bringing the cumulative number to 18,920. A total of 284 refugees and returnees further benefited from medical screening and first aid services. In Somaliland, 325 new arrivals from Yemen were vaccinated against polio (75 children under-5; 23 children between the ages of 5 and 10; 227 above the age of 10).

NUTRITION: In August, UNICEF-supported nutrition centres across Somalia admitted 4,724 severely malnourished children with 91.8 per cent recovery rates, 0.5 per cent death rates and 3.9 per cent defaulter rates achieved. During the reporting period, UNICEF in collaboration with its partners, continued to step up its nutrition preparedness activities in view of predictions of high flooding risks during the forthcoming *Deyr* rainy season; efforts are underway to ensure partnership agreements and essential nutrition supplies are in place in the districts most at risk to ensure a timely response. Furthermore, partners are being mobilised to augment existing capacities for nutrition, health and hygiene promotional (NHHP) activities in high risk districts in anticipation of increased acute watery diarrhoea during the rainy season. UNICEF also supported the nutrition Cluster to conduct a Nutrition in Emergencies (NiE) training on 23-27 August for Government and NGO partners staff in Somaliland. The training helped strengthen the existing capacities to prepare and respond to emergencies. Preparatory work for conducting a national Infant and Young Child Nutrition (IYCN) assessment is ongoing and discussions to partner with FAO/FSNAU for implementation of the assessment have been initiated. The survey aims to provide updated quantitative information on key IYCN indicators and to further identify and explore enabling factors and barriers to optimal infant and young child nutrition in Somalia.

EDUCATION: Schools remained closed in August for the summer break. Plans are underway to continue education interventions in 62 of the 84 CHF-funded schools that ended in June 2015, through funding from CERF and CIDA. Information is being gathered to establish the status of the remaining 22 schools.

WASH: UNICEF continued to support WASH Cluster partners through the Regional Supply Hubs; in August hygiene kits were provided to 3,696 families – 2,000 kits were distributed to AWD/cholera affected populations in Jowhar and 1,696 as part of the cholera response in Doolow. An additional, 2,986 families benefited from shallow well chlorination in Jowhar and 78,000 people continue to benefit from the daily chlorination of 156 wells in different districts of Mogadishu planned until the end of the year. Within the context of El Niño preparedness, pre-positioning of WASH emergency supplies in the nine regional supply hubs is ongoing – to date supplies to meet the needs of 40,000 families have been pre-positioned and supplies for an additional 30,000 families are en route to the supply hubs from Nairobi. However, more supplies are needed to ensure a timely response to the floods triggered by El Niño, expected to affect up to 900,000 people. UNICEF is working closely with the Cluster to fill this gap. Efforts to roll out the joint WASH and Nutrition National Emergency Preparedness and Response/National Contingency Plan (NEPRP/NCP) developed in 2014 continued with training to develop district-specific contingency plans. Following the training for participants from Somaliland in July, participants from Puntland were trained in Bossaso during the month of August.

CHILD PROTECTION: In August, the Country Task Force documented 155 grave violations against children, a decrease from the 288 cases reported in July, attributable to the military offensive that was launched in July by the Somali National Army and AMISOM forces. Most of the violations which affected a total of 141 children (114 boys; 27 girls), were documented in Banadir, followed by Lower Shabelle and Galgaduud. There are currently 625 children (123 girls; 502 boys) enrolled in the UNICEF-supported community-based reintegration programmes for children associated with armed forces/groups. The Community-based Child Protection Mechanisms (CBCPM) composed of Community Child Protection Committees (CPC) and Child Protection Advocates (CPA) identified and assisted 245 children (156 girls; 89 boys) that had experienced violations of their rights. Furthermore, child protection response for returnees from Yemen continued; in Somaliland, UNICEF supported 23 new arrivals (7 children; 16 adults) with provision of psychosocial support while in Puntland, UNICEF supported 14 separated and unaccompanied children with either provision of emergency medical care, psychosocial support or family reunification/foster care.

CASH TRANSFERS AND SOCIAL PROTECTION: UNICEF's cash transfer activities in Gedo are currently being evaluated, following completion in mid-2015. However, insecurity continues to negatively impact planned monitoring and evaluation activities with partners in Gedo having had to replace planned in-person monitoring with telephone monitoring due to access issues. This could limit feedback from rural communities. Cash transfer activities in Lower Shabelle, Galgaduud and Hiraan have been extended to provide supplementary support during the extended lean season. Support in Lower Shabelle is currently expected to end in September of 2015, while the cash transfers to 3,500 households in Hiraan and Galgaduud will continue through December 2015.

Cluster Coordination

Nutrition: A total of 4,724 new cases of children under-5 with severe acute malnutrition were admitted into the OTP/SC programmes for the month of August. In Gedo region, there has been a 69 per cent rise in admissions from last month, attributable to improved reporting rates. Overall, admission is stable though increases are anticipated as a result of the expected El Niño phenomenon, for which a contingency plan was developed targeting 135,000 children under-5 and pregnant and lactating women. Increases in admission rates are also anticipated as a result of the ongoing military offensive; while Cluster partner reports indicate sufficient pre-positioned stocks in Diinsoor, Qansax Dheere and Baardheere, a rapid nutrition assessment to verify the current levels of malnutrition in Diinsoor is recommended. The Nutrition Cluster actively participated in, and contributed to, the IPC nutrition pilot workshop held in Hargeisa from 12-17 August. The workshop aimed at complementing the standard IPC analysis with a comprehensive nutrition component – IPC Acute Malnutrition - which considers malnutrition caused by factors other than food insecurity. Furthermore, during the reporting period the 2015 Somalia Nutrition Cluster Coordination Performance Monitoring (CCPM) was successfully conducted; results of the Somalia self-assessment against the seven core Cluster functions, are highly encouraging with no weak/red areas identified. The report will be jointly reviewed during the Cluster-wide meeting in October with a view to agreeing on collective action points for improvement.

WASH: Ongoing military offensives in Baardheere, Diinsoor, Baraawe, Marka, Qoryooley and Adan Yabaal have resulted in displacement of populations to areas with insufficient WASH services. Assessments conducted in most affected districts have identified approximately 11,000 households in need of assistance. Response activities have started; hygiene promotion and distribution of hygiene kits as the initial response, and subsequently infrastructure repair/construction for some of the facilities. The WASH Cluster Floods Task Force, established in view of the expected El Niño phenomenon, is working on contingency planning, including preparedness and early warning, and on development of hygiene promotion messages. However, preparedness activities are constrained by funding limitations. Unless funding levels increase substantially, WASH Cluster partners will be unable to cover essential needs, which are increasing due to military offensives and El Niño predictions.

Education: The ongoing military offensive in Gedo region resulted in occupation of Markabley School in Baardheere district in early August, affecting 373 primary and 142 secondary learners, as the re-opening of the school for the new academic year following the summer recess was delayed. Furthermore, during the occupation, the military used the school furniture for firewood, further affecting the pupils. Joint advocacy and negotiation efforts by the Cluster, with support from the CIVMIL unit at OCHA, the Community Education Committee and local authorities eventually resulted

in the armed forces vacating the school in early September. The support of the local authority was instrumental in ensuring that no explosive remnants were present in the school premises.

During the reporting period, the contract to undertake the baseline survey planned for Central South Somalia was issued. The survey, expected to run from September to December 2015, aims to map all education facilities and ongoing activities with a view to establishing a picture of access to education in Central South Somalia.

Child Protection Working Group (CPWG): During the month of August, CPWG members assisted 7,031 beneficiaries (2,680 girls, 1,861 boys, 1,845 women and 645 men) through various child protection services, capacity building and awareness raising activities. Main activities include protection and other service delivery to vulnerable, conflict and other emergency affected children and families including Identification, Documentation, Tracing and Reunification (IDTR); psychosocial support; material assistance; interim care; capacity development; and monitoring and referral services. Out of the total number of beneficiaries reached, 68 per cent are children and 38 per cent are girls.

Security: In Somaliland, heightened tension was reported in the Sool-Sanaag region, due to conflict between pro-Somaliland Dulbahante militias and pro-Khatumo State militias. In Puntland, clan-related violence was witnessed in Mudug region and increased movements of anti-Government elements reported in the Galgala Mountains. In Central and Southern Somalia, the security situation remained highly volatile, with hit-and-run attacks being reported almost on a daily basis. Hiraan region was especially volatile because of several ambushes against AMISOM and Somalia National Armed Forces convoys. Furthermore, incidences of armed conflict and air strikes by different armed forces against anti-Government elements were reported in Gedo and Bay.

Political: A three year provisional constitution for the Jubbas by the Jubba Constituent Assembly was adopted on 1 August in Kismayo, concluding all the undertakings of the 27 August 2013 Addis Agreement. On 15 August Sheikh Ahmed Islam "Madobe", the leader of the Interim Jubba Administration (IJA), was elected President of Jubbaland by the Jubba Regional Assembly. In his acceptance speech, Madobe declared the formation of a Jubba Regional State with effect from 1 August 2015. On 8 August the Federal Government of Somalia launched the state formation process combining Hiraan and Middle Shabelle regions, with the intent of forming an interim administration by 1 December 2015. On 18 August, the Somaliland Supreme Court ruled in favour of the House of Elders (*Gurti*) decision to hold elections in March 2017. The first phase of the Puntland Grand Consultation Conference concluded on 29 August. The conference brought together representatives of civil society and government officials. The delegates issued a communiqué stating that the government and Puntlanders should jointly work to ensure the "return of the missing regions of Puntland" referring to Sool, Sanaag and Buuhoodle regions disputed with Somaliland. The communiqué also requested urgent appointment of the Puntland electoral commission, establishment of a constitutional court and the nomination of a committee to evaluate and provide recommendations regarding the status of Puntland regions and districts. The delegates also called on the international community to "lift restrictions" on development aid to Sool, Sanaag and Buuhoodle regions.

Communication for Development (C4D): In preparation for the introduction of the inactivated polio vaccine (IPV) in Somalia, planned for October 2015, a number of activities are envisaged to increase awareness levels and acceptability of the new injectable vaccine. During the reporting period, 28 Regional, District and Zonal Social Mobilization Coordinators, 4 Ministry of Health staff and 6 implementing partner staff were trained on how to conduct focus group discussions in IPV introduction. Data collection in all three zones is underway and findings expected by September. In order to support community dialogues on IPV introduction, a training of trainers on Interpersonal Communication for IPV was conducted for all the 27 Regional Social Mobilization Coordinators from the three zones. Furthermore, IPV posters and mass media messages for radio and television were developed and pre-tested. Production will be completed in September.

Supply and Logistics: Accessibility continues to be closely monitored as it represents a major constraining factor to smooth implementation. Accessibility is expected to deteriorate with the anticipated El Niño event, further increasing the costs of delivering humanitarian assistance in the country.

Media and External Communication: The one year anniversary since the last recorded case of polio in Somalia and in Africa was widely publicized by the media. The UNICEF Representative was interviewed by Agence France Presse (AFP) and other UNICEF officials were interviewed by Channel Africa and BBC Somalia.

<https://news.yahoo.com/africa-celebrates-one-without-polio-un-114340332.html>

There was renewed media interest in efforts to end Female Genital Mutilation/Cutting (FGM/C) following the pledge by the Minister for Women’s Affairs to introduce a bill banning FGM/C in Somalia. This also resulted in media coverage of wider child protection issues.

<http://www.theguardian.com/world/2015/aug/13/somali-minister-hint-fgm-ban-female-genital-mutilation>

<http://www.star2.com/living/2015/08/14/somalian-militia-treated-them-cruelly-she-shows-them-malaysian-kindness>

<http://www.bfm.my/sheema-sen-gupta-protecting-children-in-the-worlds-most-dangerous-places.html>

UNICEF Somalia displayed a fascinating exhibition of photographs taken by Somali children at the 8th Hargeisa International Book Fair, held from 1 to 6 August 2015 in Somaliland.

http://www.unicef.org/somalia/reallives_16845.html

A press release recognizing a €2.5 million grant by ECHO in support of a package of nutrition, cash transfer and WASH preparedness and response interventions in Somalia was issued by UNICEF on its website.

http://www.unicef.org/somalia/media_16844.html

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 14 September, UNICEF has a funding gap of 66 per cent. UNICEF wishes to express its sincere gratitude to all public and private sector donors for the contributions so far 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.

2015 Funding Requirements				
Appeal Sector	Requirements	Funds received*	Funding gap	
			US\$	%
Health	37,438,024	7,481,358	29,956,666	80%
Nutrition	30,076,458	14,342,385	15,734,073	52%
Education	4,418,875	850,514	3,568,361	81%
WASH	15,124,813	5,941,408	9,183,405	61%
Child Protection	6,967,373	5,936,068	1,031,305	15%
Cash-based response	17,679,870	3,044,841	14,635,029	83%
Total²	111,705,413	37,596,575	74,108,838	66%

**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>

Who to contact for further information:

Steven Lauwerier

Foroogh Foyouzat

Sarah Ng’inja

Representative
UNICEF Somalia

Deputy Representative
UNICEF Somalia

Donor Relations Specialist
UNICEF Somalia

slauwerier@unicef.org

ffoyouzat@unicef.org

sginja@unicef.org

² 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.

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	213,592
# of children under-5 treated			70,000 diarrhoea	33,458
			62,000 pneumonia	29,537
# of children receiving DPT3 vaccination through routine services			85,000	33,402
# of women attending their first Antenatal Care visit			130,000	78,833
NUTRITION				
# of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding programmes	150,000	71,726	150,000	66,984
% of children with SAM under treatment recovered	91%	91.5%	75%	91.7%
% nutrition centers stocked out of essential nutrition supplies	<10%	0.5%	<10%	0.5%
EDUCATION				
# of young children and adolescents (girls/boys) enrolled in education facilities.	330,000 (154,000 F)	43,816 ³	30,000 (15,000 F)	22,455 (10,125 F)
# 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)	22,455 (10,125 F)
# 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)	667 (159 F)
	2,870 (850 F) incentives	961	700 (140 F)	394 (158 F)
# of CEC members trained to participate in school management			1,400 (420 F)	1,106 (413 F)
WATER, SANITATION & HYGIENE				
# of people with new, sustained access to safe water	1,230,000 ⁴	329,745	226,750	177,821
# of affected people accessing safe water through temporary means including chlorination; operation and maintenance; water trucking; vouchers; and household water treatment	1,265,000	325,589	570,000	196,592
# of affected people with new access to sanitation facilities	600,000	124,212	105,000	27,196
# of villages self-declared Open Defecation Free (ODF)	250	99	145	99
# of people with means to practice good hygiene and household water treatment through water filters, purifiers, jerry cans, aqua tabs, etc.	600,000	324,858	475,000	306,682
# of children benefitting from WASH facilities			34,300 in schools	9,600
			39,300 in health or nutrition centres	13,303

3 There are no changes in the education figures, as schools are in recess.

4 This target represents a 10 per cent increase as it is based on the new population figures of 12.3 million.

CHILD PROTECTION				
# of unaccompanied and separated children (UASC) identified and registered	1,000	5,260 ⁵	1,872	633
# of survivors of GBV assisted	4,000 legal counselling	2,100	3,122 legal counselling	6,896
	5,000 material assistance	267	1,126 material assistance	1,333
# of violations identified and resolved by Community-Based Child Protection Committees			3,500	2,656
# of referrals made by Community-Based Child Protection Committees	3,000	1,595	2,500	3,480
# of children received psychosocial support and care	6,000	6,550	3,530	2,589
# of caregivers received psychosocial support and care	4,000	1,087	408	64
# 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	625
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

⁵ 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.