



Somalia

Humanitarian Situation Report



SitRep 2. Reporting Period February 2015

SITUATION IN NUMBERS

Highlights

- UNICEF continued to respond to the **measles** outbreak; 5,647 children (6 months to 15 years) have been vaccinated in Erigavo District in the northern Sanaag region.
- The outbreak of **Acute Watery Diarrhoea** in Jowhar District, in Middle Shabelle region has been successfully responded to highlighting the positive joint collaboration between WASH and health partners.
- Armed clashes in Guri Ceel and Galgala caused temporary population displacement; inter-agency assessments are planned for March.
- **UNICEF appeals for US\$ 111,705,413** to meet the humanitarian needs of women and children in Somalia in 2015.

February 2015

3 million

people in need of humanitarian and livelihood support

202,600

acutely malnourished children under the age of 5

731,000

of people in crisis and emergency

(OCHA & FSNAU)

UNICEF Appeal in 2015
US\$ 111.7 million

UNICEF 2015 Humanitarian Programme Results	UNICEF		Sector/Cluster	
	UNICEF 2015 Target	Cumulative 2015 results (#)	Cluster 2015 Target	Cumulative 2015 results (#)
Health: # of outpatient consultations for children under-5	450,000	78,500		
Nutrition: # of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	16,678	150,000	16,678
Education: # of young children and adolescents (girls/boys) enrolled in education facilities	30,000	N/A	330,000	40,706
WASH: # of people with new, sustained access to safe water	226,750	11,663	1,230,000	39,456
Child Protection: # of unaccompanied and separated children (UASC) identified and registered	1,872	124	1,000	1,570
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	731,000
# of people in stress	2,300,000
# of severely malnourished children under-5	38,200
# of internally displaced people	1,100,000

The humanitarian situation in Somalia remains worrisome despite modest improvements. Approximately 731,000 people face acute food insecurity, while an additional 2.3 million people are at risk of sliding into the same situation, bringing the number of Somalis in need to 3 million. Internally Displaced Persons (IDPs) living in urban areas are amongst the most vulnerable and make up 76 per cent of those facing acute food insecurity. Acute and severe malnutrition has declined by 7 and 13 per cent respectively, since July 2014, however, the situation remains dire with 203,000 acutely malnourished children under-5 and 38,000 severely malnourished children requiring medical treatment and therapeutic food to survive. An increase in severe acute malnutrition was reported in Qansax Dheere, Bay region as a result of poor hygiene, to which UNICEF responded with 257 hygiene kits, while outbreaks of Acute Watery Diarrhoea (AWD) were responded to in Jowhar with 300 hygiene kits and emergency nutrition supplies. The overall operating environment remains difficult, as unimpeded humanitarian access across the country is hampered by insecurity. Concerns have been raised about a deteriorating humanitarian situation in Bulo Burto, Hiraan region, where access to food and basic commodities is limited and road access remains constrained. UNICEF and other agencies are preparing to airlift emergency supplies. Inter-clan fighting in Belet Weyne has restricted access to the town, while fighting between local militia and Somali forces in mid-February in Guri Ceel in Galgaduud region triggered up to 90 per cent of the estimated population of 65,000 – 70,000 to flee to neighbouring villages. A rapid needs assessment is planned for early March. Armed fighting has also led to displacement in the sparsely populated Galgala in Bari region in northern Somalia. An inter-agency humanitarian assessment mission is planned for early March.

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. Note that 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 of Cluster focal points 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; 5,647 children (6 months to 15 years) have been vaccinated in Erigavo District in the northern Sanaag region and support to delivery of routine immunization services has been provided to 280 reporting sites. UNICEF and WHO are planning a nationwide measles campaign in mid-2015. No further cases of wild polio virus have been confirmed since August 2014. Although no new transmission has occurred for six months, polio continues to threaten the lives of Somali children. Campaigns will thus continue in 2015; National Immunization Days (NID) are planned to be held in March. With CERF funding, UNICEF is providing primary healthcare services to reach 925,137 beneficiaries in Bay, Bakool, Hiraan and Lower Shabelle by June 2015.

NUTRITION: UNICEF-supported nutrition centres admitted 8,281 severely malnourished children across Somalia in February with 84.9 per cent recovery rates achieved. The nutrition situation in IDP settlements in Puntland remains of high concern with levels of global acute malnutrition exceeding emergency thresholds (15 per cent). Efforts are underway to ensure a multi-sectoral response to the underlying causes of these high levels of acute malnutrition. UNICEF is augmenting capacity of existing programmes, and that of both humanitarian and development partners, through provision of operational support costs, essential nutrition supplies and technical assistance. In February, UNICEF nutrition support reached 237 severely malnourished children in Garowe and Bossaso IDP camps with 88.1 per cent recovery rates achieved. The nutrition programme is also closely monitoring reports of a humanitarian situation in Guri Ceel district, Galgaduud region caused by renewed fighting.

EDUCATION: Government institutional and financial capacity to respond to emergencies remains weak and is compounded by lack of funding for education in emergencies. With CERF funding, UNICEF is supporting training of 1,016 teachers (170 female) to benefit 30,006 children (12,801 girls) in Bakool, Bay, Middle Shabelle and Gedo.

WASH: UNICEF responded to emergency situations in February mainly through pre-positioned WASH emergency supplies including household water containers, water purification chemicals, emergency latrines; 500 families affected by drought in Luuq district in Gedo region and an additional 6,850 families in Johwar district in Middle Shabelle region, received emergency supplies enabling them to practice safe hygiene and household water treatment. Distribution of supplies was preceded by hygiene education sessions aimed at increasing knowledge, and changing behaviour and social norms around sanitation, thus contributing to waterborne disease control. Approximately 9,563 families in Baidoa and Johwar accessed safe water through chlorination of water sources. In response to the growing population of IDPs in Baidoa and Mogadishu, UNICEF is supporting an estimated 15,000 families including host communities, through construction/rehabilitation of water sources and latrines; emergency chlorination of shallow wells; hygiene education campaigns; and distribution of hygiene kits.

CHILD PROTECTION: February saw heavy fighting in Guri Ceel, in Galgaduud region causing several deaths, injuries and displacement of civilians, including children. As a result, the number of grave violations against children documented by the Country Task Force increased considerably from 197 cases reported in January 2015 to 220 in February. The Community-based Child Protection Mechanisms (CBCPM) composed of community Child Protection Committees (CPC) and Child Protection Advocates (CPA) identified and assisted 279 children (180 girls; 99 boys) that had experienced violations of their rights. In addition, 512 children (357 girls; 155 boys) were referred for specialised services which included medical care; family reunification for children rescued from the clan militia, child trafficking and abandonment; and medical and psychosocial support. There are currently 61 children (9 girls; 52 boys) enrolled in the UNICEF-supported reintegration programme in Baidoa, in Bay region.

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. Insecurity and political infighting remain substantial concerns, and have delayed activities in Gedo (Ceel Waaq and Luuq), Hiraan and Galgaduud.

Cluster Coordination

Nutrition: A total of 6,275 new cases of severe acute malnutrition were admitted into Outpatient Therapeutic Programmes/Stabilization Centres, with Severe Acute Malnutrition (SAM) outcome indicators well within SPHERE standards¹. Cumulatively, 16,678 SAM cases have been admitted in 2015.

WASH: The first 2015 CHF allocation launched in December 2014 was completed this month; a total of 14 WASH projects have been pre-selected and are currently in the final stages of review. Furthermore, a CHF Emergency intervention in Cadaado and Cabudwaaq in Galgaduud region, has been approved for funding and another in Buur Hakaba in Bay region is under discussion. Unless the low funding status of the Cluster increases substantially, there will be a degradation of the global situation of the at-risk populations, an increase in water borne disease outbreaks, an increase in morbidity and a worsening of the malnutrition situation, notably in IDP camps. On a positive note, response to the Acute Watery Diarrhoea outbreak in Jowhar district in Middle Shabelle region has been successfully completed thanks to excellent collaboration between WASH and health partners.

Education: Education in Emergencies remains unfunded in 2015; the six projects recommended for funding under the first 2015 CHF allocation are yet to receive funding. Large numbers of children continue to be out of school, especially in newly accessible areas in CSZ, increasing the risk of recruitment of children and youth into extremist groups.

Child Protection Working Group (CPWG): CPWG members assisted 9,031 beneficiaries (2,480 girls; 2,386 boys; 3,045 women; and 1,120 men) through various child protection services, capacity building and awareness raising activities. 54 per cent of the total number assisted were children. In an effort to strengthen regional child protection coordination, a three-day workshop was organised in Baidoa for 16 participants comprising CPWG members, NGO partners and protection Cluster field focal points. The workshop focused on enhancing understanding of the humanitarian programme cycle; child protection coordination and Cluster approach; child protection minimum standards; information management for coordination; reporting tools; and use of the 4Ws tool.

Security: The overall security situation across the country has deteriorated. On 20 February an extremist group claimed responsibility for a coordinated attack involving vehicle-borne and person-borne improvised explosive devices (VBIED and PBIED) at the Central Hotel in Mogadishu that claimed 30 lives, including the Deputy Prime Minister and other senior government officials. In CSZ, tensions over power-sharing among parties involved in the creation of the Central State escalated. In Galgaduud, heavy fighting occurred between Ahlu-Sunna-Wal-Jamaa militias and pro-Federal Government of Somalia forces in Guri Ceel, resulting in several deaths and injuries. Extremists carried out guerrilla attacks against AMISOM and Somali National Security Forces positions, engaging in hit-and-run attacks and ambushes in Afgooye, Marka, Baraawe, and Qoryooley districts. In Puntland, increased incidence of armed conflicts attributed to renewed anti-extremists operations by the Puntland military forces and corresponding counter-offensive by extremists was recorded. In Somaliland, tensions remain high as troops continue to mobilise around Buuhoodle in Togdheer region, pointing to a likelihood of further hostilities.

Communication for Development (C4D): Interpersonal communication (IPC) training on health issues continued; 25 health workers were trained in Somaliland, key messages for the planned orientation of 285 nomadic elders/chiefs were developed and a Training of Trainers for 78 Regional and District Social Mobilization Coordinators on IPC, community mobilization and dialogues sessions was organized in Gaalkacyo. During the reporting period, UNICEF also supported the development of district social mobilization micro-plans and communication plans for polio SIAs.

Media and External Communication: A press release marking six months since the last polio case was reported in Somalia was issued by UNICEF on its website. While this is an important milestone and breakthrough, vaccination campaigns will have to be continued in 2015 to ensure polio is defeated.

http://www.unicef.org/somalia/media_16189.html

¹ Sphere standards are universal minimum standards for humanitarian response developed in 1997 by a group of NGOs and the Red Cross and Red Crescent Movement. More information on these standards can be found at www.sphereproject.org

UNICEF Somalia also used social media sites and its website to mark International Day against the Use of Child Soldiers as well as International Day of Zero Tolerance to Female Genital Mutilation.

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 mid-April, UNICEF has a funding gap of 83 per cent.

UNICEF wishes to express its sincere gratitude to all public and private sector donor for the contributions and pledges received; these have made UNICEF's current level of response possible. In 2015, UNICEF has received generous contributions from the Governments of Japan, Canada, and Switzerland and from the Common Humanitarian Fund. In-kind donations were received from USAID/Food for Peace and from the US Fund for UNICEF. 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	4,501,497	32,936,527	88%
Nutrition	30,076,458	4,204,863	25,871,595	86%
Education	4,418,875	0	4,418,875	100%
WASH	15,124,813	2,166,784	12,958,029	86%
Child Protection	6,967,373	2,377,142	4,590,231	66%
Cash-based response	17,679,870	1,575,500	16,104,370	91%
Unallocated		3,579,756		
Total²	111,705,413	18,405,542	93,229,871	83%

'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

Representative
UNICEF Somalia

slauwerier@unicef.org

Foroogh Foyouzat

Deputy Representative
UNICEF Somalia

ffoyouzat@unicef.org

Sarah Ng'inja

Donor Relations Specialist
UNICEF Somalia

snginja@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	78,500
# of children under-5 treated			70,000 diarrhoea	13,400
			62,000 pneumonia	12,350
# of children receiving DPT3 vaccination through routine services			85,000	12,800
# of women attending their first Antenatal Care visit			130,000	39,000
NUTRITION				
# of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding programmes	150,000	16,678	150,000	16,678
% of children with SAM under treatment recovered	75%	88.8%	75%	88.8%
% nutrition centers stocked out of essential nutrition supplies	<10%	3.9%	<10%	3.9%
EDUCATION				
# of young children and adolescents (girls/boys) enrolled in education facilities.	330,000 (154,000 F)	40,706	30,000 (15,000 F)	N/A
# 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)	N/A
# of teachers (women/men) receiving training (including lifesaving messages, psycho-social support and pedagogical support skills) and monthly incentives	3,096 (900 F) training	189	700 (140 F)	142
	2,870 (850 F) incentives	961		
# of CEC members trained to participate in school management			1,400 (420 F)	N/A
WATER, SANITATION & HYGIENE				
# of people with new, sustained access to safe water	1,230,000 ³	39,456	226,750	11,663
# of affected people accessing safe water through temporary means including chlorination; operation and maintenance; water trucking; vouchers; and household water treatment	1,265,000	91,946	570,000	71,002
# of affected people with new access to sanitation facilities	600,000	26,645	105,000	11,046
# of villages self-declared Open Defecation Free (ODF)	250	0	145	0
# of people with means to practice good hygiene and household water treatment through water filters or purifiers, jerry cans, aqua tabs, etc.	600,000	53,952	475,000	53,952
# of children benefitting from WASH facilities			34,300 in schools	0
			39,300 in health or nutrition centres	0

³ 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	1,570 ⁴	1,872	124
# of survivors of GBV assisted	4,000 legal counselling	792	3,122 legal counselling	417
	5,000 material assistance	267	1,126 material assistance	32
# of violations identified and resolved by Community-Based Child Protection Committees			3,500	934
# of referrals made by Community-Based Child Protection Committees	3,000	238	2,500	1,001
# of children received psychosocial support and care	6,000	2,618	3,530	837
# of caregivers received psychosocial support and care	4,000	442	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

⁴ 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.