



Somalia

Humanitarian Situation Report

July 2016 – SOMALIA SITREP #07

SITUATION IN NUMBERS¹

Highlights

- UNICEF, together with the Federal Government of Somalia, donors and partners, launched the Situation Analysis of Children in Somalia 2016 in Mogadishu. The report consists of comprehensive data and analysis on the state of Somali children, as well as recommendations crucial to support UNICEF’s work of fulfilling the rights of all Somali children and positive trends in child survival and development.
- In July, Leila Zerrougui, the Special Representative of the United Nations Secretary-General for Children and Armed Conflict (SRSG CAAC) visited Somalia for the second time. During her visit, she met children in detention in Puntland who were captured during fighting with Al-Shabaab and called for their release and handover to UNICEF for reintegration with their families and communities. The SRSG also visited the UNICEF-supported Elman interim care centre, where released children, particularly those captured in Gaalkacyo during the same fighting with Al-Shabaab, are enrolled in reintegration programmes. The SRSG urged for stronger measures to protect children from recruitment and use by armed groups.

4.7 million

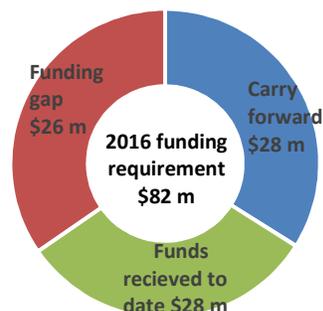
People in need of humanitarian and livelihood support

305,000

Acutely malnourished children under-5

UNICEF Appeal 2016 - US\$ 82 million*

*Funds available include funding received for the current appeal year as well as the carry-forward from the previous year



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	97,032	21.8%
Nutrition: # of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	46,241	30.8%	108,750	43,787	40.3%
WASH: # of people with sustained access to safe water	1,230,000	353,992	28.8%	250,000	170,516	68.2%
Education: # of children and adolescents (girls/boys) have access to education in emergencies	200,000	74,332	37.2%	50,400	26,414	52.4%
Child Protection: # children (girls/boys) formerly associated with armed forces and armed groups and other vulnerable children provided with inclusive reintegration services	3,000	1,752	58.4%	3,000	1,752	58.4%
Social Protection: # of households receiving regular, monthly, unconditional cash				16,000	0	0%

¹Humanitarian Bulletin, OCHA, April 2016.

Situation Overview and Humanitarian Needs

The number of Somali refugees returning from the Dadaab refugee camp in Kenya has increased in the first half of 2016; more than 19,000 refugees have returned to Somalia since December 2014, including 13,300 in 2016 alone. Data collected by UNHCR² shows that nearly half of those returning this year went to Kismayo and 30 per cent to Baidoa. Returns are for the most part taking place in regions affected by the current Acute Watery Diarrhoea (AWD)/cholera outbreak and where overall needs remain dire. The impact of La Niña in the second half of 2016 could also further exacerbate vulnerabilities. Shocks and additional stresses are likely to lead to further deterioration of the wellbeing of returnees and consequent desperate and/or negative coping strategies in order to survive. There is risk that the nutrition status of returnee children rapidly deteriorates as they are exposed to diseases and as their parents face difficulties in generating income. If children are not accessing learning opportunities, they are also at risk of harmful practices, especially child marriage, child labour and recruitment by armed groups. As families return to Somalia, children are also at risk of being separated.

As of end July, 13,055 suspected cases of AWD/cholera have been reported in Somalia. With 491 deaths recorded³, the case fatality rate stands at 3.7 per cent, well above the 1 per cent emergency threshold. Children under-5 bear the biggest brunt; according to WHO, children account for 58 per cent of the cases. Of all cases, 47.3 per cent were women and girls. Banadir, Bay, Lower and Middle Juba, Lower and Middle Shabelle and Hiraan are the most affected regions, with the cholera outbreak confirmed in 25 districts to date. While new cases continue to be reported in newly affected districts, the overall number of cholera cases and deaths reported has decreased in the second half of July.

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 facilitates 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 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 vaccination campaigns to prevent outbreaks. UNICEF is also 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 central and southern regions of 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 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.

² Profile of Voluntary Repatriation Departures, UNHCR, August 2016.

³ Cholera situation in Somalia, WHO, 31 July 2016.

Summary Analysis of Programme Response

HEALTH: During the reporting period, UNICEF continued to support the Ministries of Health (MoH) to provide emergency health care and services to affected vulnerable children and women. In July, 102,181 persons were reached out of whom 38,816 (38 per cent) were children under-5 and 18,932 (19 per cent) pregnant women. UNICEF interventions focused on expanding life-saving health services in the newly accessible areas in southern regions and drought and flood affected areas. To support the scale-up of emergency health interventions, especially the response to the AWD/cholera outbreak, UNICEF provided financial support and health supplies to partners, including Diarrhoeal Disease Kits (DDK), oral rehydration salts (ORS) and zinc. A total of 1,913 persons were treated for AWD in cholera treatment centres (CTC) and emergency oral rehydration therapy (ORT) corners established in health facilities. UNICEF also provided measles vaccines to support the immunization of 5,875 children, as well as Vitamin A and antibiotics.

In drought-affected areas in northern regions, UNICEF and partners continued to support the MoH to expand integrated and joint mobile health and nutrition services to reach pastoralists, as well as integrated health care, including emergency immunization. As part of the efforts to eradicate polio, UNICEF and partners are sustaining efforts to ensure all children under-5 are vaccinated, including in harder to reach areas. In southern and central regions of Somalia, an integrated approach with nutrition continues to be implemented in outpatient therapeutic programmes (OTPs) to allow malnourished children to access emergency vaccination.

NUTRITION: In July, UNICEF-supported nutrition centres across Somalia admitted 3,487 severely malnourished children with 92.7 per cent recovery rates, 0.5 per cent death rates and 4.3 per cent defaulter rates achieved. In the southern and central regions of Somalia, UNICEF continued to enhance its nutrition emergency response efforts in Doolow, Gedo region, through the joint delivery with WFP of an integrated response package of nutrition, health and WASH services. As households from Qansax Dheere in Bay region gained access during the reporting period to UNICEF-supported facilities in five sites, the number of beneficiaries, mainly pregnant and lactating women (PLW) and children under-5 reached tripled. The prevalence of acute malnutrition in Qansax Dheere is considered critical, with a global acute malnutrition (GAM) rate above the 15 per cent emergency threshold.

In Puntland, the drought emergency response resulted in the admission of 1,586 children in July for treatment of severe acute malnutrition (SAM) through OTP services. Nutrition supplies, including 600 cartons of Plumpy'nut, were dispatched to the MoH and partners to support SAM treatment services. In Somaliland, UNICEF together with the MoH and partners, screened newly arrived refugees from Ethiopia in the settlements of Riyo Xidho and Yucub Yabooh, in Burco district, Togdheer region. UNICEF also distributed 85 cartons of BP-5 high energy and protein biscuits to 320 refugee children under-5 and PLW. In order to strengthen the nutrition response in Sool and Sanaag regions, stabilization centres have been established in Ceerigaabo and Laas Caanood where UNICEF and MoH trained 20 health staff during the reporting period. The establishment of these facilities will enhance the availability of treatment for SAM cases with complications in these regions.

WASH: In response to the AWD/cholera outbreak in central and southern regions, UNICEF continues to scale up its WASH humanitarian response in the affected districts of Lower Juba, Banadir, Hiraan and Lower Shabelle regions. During the reporting period, UNICEF distributed hygiene kits to 4,588 affected families. UNICEF and partners also trained 150 community hygiene promoters who are conducting hygiene promotion and education activities in the affected regions. To ensure populations have access to safe drinking water, 60 shallow wells serving 24,000 people are being chlorinated on a daily basis. Rehabilitation works to protect and upgrade 15 shallow wells are also ongoing with support from UNICEF. Upon completion of the rehabilitation, over 6,000 people will gain access to sustained safe water supply. UNICEF also supported the desludging of 436 overflowing pit latrines in Sigale, Taleh and Tarabunka internally displaced people (IDP) settlements in Mogadishu. This was in response to the recurrent cases of AWD/cholera being reported by WASH Cluster partners and the MoH. Through this support, an estimated 43,500 IDPs and host communities regained access to sanitation facilities since the beginning of May 2016.

In Somaliland and Puntland, 16 boreholes in drought affected communities are being rehabilitated; over 50,000 people will regain access to safe drinking water upon completion of the rehabilitation works. To support safe hygiene practices, household water treatment and safe storage, 6,000 hygiene kits are being distributed in Somaliland to benefit 30,000 people in affected communities.

UNICEF SOMALIA SITUATION REPORT – JULY 2016

In Bossaso, as part of the joint partnership with WFP and using SCOPE, the digital cash and voucher card programme platform where households are biometrically registered, UNICEF is distributing hygiene kits, ORS and zinc to IDP households to support preparedness efforts for AWD/cholera.

EDUCATION: In July, in Buur Hakaba, Bay region, UNICEF completed the rehabilitation of 14 permanent classrooms with four WASH facilities. These classrooms will accommodate 931 children, including 386 girls. Essential education supplies, including school kits, were delivered to six schools in Diinsoor district, Bay region, benefiting 1,504 children, including 513 girls. During the reporting period, schools in Somalia were on recess for the summer break. UNICEF is working with partners to prepare for the resumption of learning activities in September.

CHILD PROTECTION: In July, Leila Zerrougui, the Special Representative of the United Nations Secretary-General for Children and Armed Conflict (SRSG CAAC) visited Somalia for the second time. During her visit, she met children in detention in Puntland who were captured during fighting with Al-Shabaab and called for their release and handover to UNICEF for reintegration with their families and communities. The SRSG also visited the UNICEF-supported Elman interim care centre, where released children, particularly those captured in Gaalkacyo during the same fighting with Al-Shabaab, are enrolled in reintegration programmes. The SRSG urged for stronger measures to protect children from recruitment and use by armed groups.

The Country Task Force on Monitoring and Reporting documented 203 grave violations against children in central and southern regions of Somalia in July, affecting 141 boys and 46 girls. The majority of these violations were recruitment and use of children (66) followed by abduction (47). During the reporting period, 60 boys and 25 girls were enrolled into the UNICEF-supported reintegration programme in Baidoa, Bay region. An additional 43 boys are enrolled in a similar reintegration programme in Mogadishu since May this year.

During the reporting period, UNICEF and partners identified 163 unaccompanied and separated children (UASC) in various locations (93 boys; 70 girls). These children were supported with reunification, interim care services, medical assistance and material support. UNICEF implementing partners also assisted 735 GBV survivors, including 252 girls, 142 boys, 332 women and 9 men. An additional 3,424 community members (2,144 women and girls; 1,280 men and boys) 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 lean seasons or in response to climatic 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 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 July, radio and television spots, radio talk shows, television animation and dramas were broadcast in southern and central regions to raise community awareness on polio, routine immunization and AWD/cholera. In Awdal region, Somaliland, 36 midwives were trained on Basic Emergency Obstetric and Newborn Care (BEmONC).

Supply and Logistics: Accessibility in Gedo, Bay, Hiraan and Galmudug regions continues to be reviewed on a case by case basis for multimodal transportation. Accessibility constraints impact lead times for most deliveries in central and southern regions of the country, including proof of deliveries. In order to increase storage capacity of health supplies, UNICEF is donating two rub halls to the MoH in Bossaso.

UNICEF SOMALIA SITUATION REPORT – JULY 2016

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 15 August, UNICEF has a funding gap of 32 per cent. The funding overview detailed in the table below includes US\$ 27,937,942 carry-forward from 2015, due to multi-year funding planned for 2016/2017 implementation.

UNICEF wishes to express its sincere gratitude to all public and private donors for the contributions received, including the most recent support from OFDA-FFP in support of nutrition interventions. Continued donor support is critical to maintaining and scaling up the response. Adequate, predictable and flexible resources will allow UNICEF and its partners to respond effectively where needs are greatest and reach the most disadvantaged children.

2016 Funding Requirements (as defined in Humanitarian Appeal of 2016 for a period of 12 months)				
Appeal Sector	Requirements*	Funds available**	Funding gap	
			US\$	%
Health	24,782,068	6,695,795	18,086,273	73%
Nutrition	13,158,990	18,817,620	-5,658,630	-43%
Education	6,006,565	8,730,636	-2,724,071	-45%
WASH	12,118,224	9,519,466	2,598,758	21%
Child Protection	13,715,372	9,381,373	4,333,999	32%
Cash-based response	12,487,068	2,860,871	9,626,197	77%
Total	82,268,287	56,005,761	26,262,526	32%

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

** 'Funds available' includes funding received against current appeal as well as carry-forward from the previous year.

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

Jeremy Hopkins
Deputy Representative
UNICEF Somalia
jhopkins@unicef.org

Lieven Desomer
Chief of Emergency
UNICEF Somalia
ldesomer@unicef.org

Annex A SUMMARY OF PROGRAMME RESULTS

	Cluster Response		UNICEF and IPs	
	2016 Target	Cumulative Results	2016 Target ⁴	Cumulative Results
HEALTH				
# children under-1 vaccinated against measles			445,000	97,032
# of children under-5 vaccinated against polio			2,374,950	2,425,662
# of children under-5 and women provided with emergency life-saving health services in high risk areas			450,000	333,980
NUTRITION				
# of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	46,241	108,750	43,787
% of children with SAM under treatment recovered	91%	93.4%	75%	93.6%
% nutrition centers stocked out of essential nutrition supplies	<10%	0.5%	<10%	0.6%
EDUCATION				
# of children and adolescents (girls/boys) have access to education in emergencies	200,000 (94,495 F)	74,332 ⁵ (31,743 F)	50,400 (50% F)	26,414 (43% F)
# of children (girls/boys) benefiting from teaching and learning supplies, including recreational materials	200,000 (94,495 F)	88,715 (36,924F)	50,400 (50% F)	22,155 (45% 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)	1,433 (642F)	500 (20% F)	450 (27% 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)	469 (37% F)
WATER, SANITATION and HYGIENE				
# of people with sustained access to safe water	1,230,000	353,992	250,000	170,516
# of affected people accessing safe water through temporary means	1,265,000	888,568	642,000	512,339
# of affected people with new access to sanitation facilities	600,000	126,917	200,000	43,500
# of villages self-declared Open Defecation Free (ODF)	250	33	150	33
# of people with means to practice good hygiene and household water treatment through water filters, purifiers, jerry cans, aqua tabs, etc.	600,000	403,320	510,000	392,160
CHILD PROTECTION				
# of children affected by grave child rights violations ⁶	3,000	1,752 (365 F)	3,000	1,752 (365 F)
# of children (girls/boys) formerly associated with armed forces and armed groups and other vulnerable children provided with inclusive reintegration services	2,000	655 (102 F)	2,000	655 (102 F)
# of separated and unaccompanied children identified and registered	6,500	1,487 (613 F)	3,000	866 (376 F)
#of GBV Survivors (boys/men, girls/women) accessing a package of GBV services (medical, legal, Psychosocial and materials)	8,000	3,397 (3,101 F)	7,248	3,197 (2,944 F)
# of child rights violations that are resolved or referred by CBCP	6,750	5,734 (3,409 F)	6,750	5,734 (3,409 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 ⁷

⁴2016 Nutrition SAM target and Child Protection UASC targets have been slightly revised as per situation on the ground in early 2016.

⁵ Education results remain unchanged as schools are closed from June to August.

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

⁷The programmes closed at the end of February 2016.