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March 2016 – SOMALIA SITREP #03

Somalia

Humanitarian Situation Report



SITUATION IN NUMBERS

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 85%****Highlights**

- With thanks to the funds received from the Central Emergency Response Fund (CERF), UNICEF was able to scale-up its WASH response in drought affected areas of Puntland and Somaliland. Provision of safe water through vouchers is ongoing and 10 boreholes have been rehabilitated to date. In addition, 5,500 hygiene kits benefitting 33,000 people have been distributed to support safe hygiene practices and water treatment at household level.
- UNICEF and WFP are jointly working on an augmented response in targeted Internal Displaced Populations (IDP) sites to address the deteriorating food security and malnutrition. As part of this response, UNICEF initiated a three month integrated emergency intervention in Dollow IDP settlements in Gedo region, providing nutrition, WASH and health services, and targeting 42,053 IDPs, including 8,411 children under 5 and 3,364 pregnant and lactating women.
- Following the attack by Al-Shabaab (AS) on Puntland security forces in coastal villages of Mudug and Nugal regions, some 90 children were captured by the Puntland security forces. UNICEF, together with other UN agencies, is currently negotiating the release of these children in order to facilitate their reintegration.

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	18,435	4.1%
Nutrition: # of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	22,659	15.4%	108,750	22,040	20.3%
WASH: # of people with sustained access to safe water	1,230,000	187,536	15.2%	250,000	81,352	32.5%
Education: # of children and adolescents (girls/boys) have access to education in emergencies	200,000	58,382	29.2%	50,400	23,255	46.1%
Child Protection: # children (girls/boys) formerly associated with armed forces and armed groups and other vulnerable children provided with inclusive reintegration services ¹	3,000	753	25.1%	3,000	753	25.1%
Social Protection: # of households receiving regular, monthly, unconditional cash				16,000	0	0%

¹ 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. As a consequence of the drought, malnutrition rates have increased, as well as enrollment in nutrition programmes in the most affected areas. Communities are also migrating with livestock, resources such as water sources are overstretched and there are concerns that children will be separated in the process. There have also been migrations from the Somali region in Ethiopia into Somaliland. Assessment reports on affected schools indicate that thousands of children could drop out of schools due to the drought.

Acute Watery Diarrhoea (AWD)/cholera cases continue to increase in Central South, in particular in Lower Juba, Middle Juba, Lower and Middle Shabelle, Bay and Bakool and Hiraan. New cases are reported as a consequence of the increasing water scarcity at the end of the *Jillal* season and the frequent use of contaminated water in the few remaining water points. Lack of access, funding and limited capacity of partners continue to hamper the response, leading to the multiplication of cases and expansion of regions affected. As an indirect consequence of the drought, an increase in the incidence of AWD cases has also been recorded in health centres in Puntland and Somaliland as communities share the only available and unprotected water sources with livestock.

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 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 important inroads 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.

Summary Analysis of Programme Response

HEALTH: In response to the drought, UNICEF and partners continue to support the Ministry of Health (MoH) and partners to expand integrated and joint mobile health and nutrition services to reach pastoralist populations and uncovered areas. An essential package of primary health care interventions is being provided, including emergency immunization, and emergency health supplies have been dispatched to support regional hospitals, health facilities and partners in affected areas.

Emergency health interventions continued to be scaled up in the newly accessible areas. 17,500 children under-5 and 4,300 pregnant women accessed lifesaving health curative services in fixed health centres as well as through mobile outreach in Bay, Bakool, Hiraan, Gedo, and the Shabelle Regions. Emergency health kits and essential drugs were also provided in the supported facilities. In response to the increase in ADW/cholera cases, UNICEF continued to support partners with the provision of diarrheal diseases kits and emergency health kits in the most affected areas of South Central. In collaboration with WHO and the MoH, UNICEF advanced in the preparation of the mop up measles campaign in Tayeeglow, Waajid and Rab Dhuure and measles vaccines supplies, Vitamin A, and antibiotics were provided to facilities to ensure quality treatment of measles cases.

There has been no new polio case detected in Somalia for the past 18 months. As part of the efforts to eradicate polio, 21,129 children under-5 were vaccinated against polio in the newly accessible Dinsor District. Since the beginning of the year, 2,257,014 children have been vaccinated against polio during the National Immunisation Days (NID). In addition, 520,882 children under-10 were vaccinated in more than 300 transit points. Preparations are ongoing for the planned polio vaccine switch on 20th April (tOPV to bOPV) in all programs. Health authorities, managers and partners are being sensitized and communication material has been distributed to vaccinators and cold chain managers.

UNICEF and partners continue to provide medical assistance to Yemeni returnees at Bossaso port and Bossaso General Hospital, with 73 Yemeni returnees receiving emergency first aid and medical treatment in March. In addition, 24 returnee children under-10 were vaccinated against measles and polio, while 21 women and 28 men were provided with medical treatment. In Berbera port, 124 Yemeni returnees received first aid and children were immunised against polio upon arrival.

NUTRITION: In March, UNICEF-supported nutrition centres across Somalia admitted 6,987 severely malnourished children with 94.2% recovery rates, 0.4% death rates and 3.7% defaulter rates achieved.

UNICEF continues to support the drought response efforts in Somaliland and Puntland in close coordination with WFP. In Puntland, UNICEF pre-positioned nutrition supplies (1,250 cartons of BP-5) from Bossaso to reach strategic sites in Sool and Sanaag regions to augment the ongoing response efforts. To ensure good geographic and case coverage of SAM treatment services, UNICEF and the Puntland MoH deployed six mobile teams which are providing integrated health, nutrition and WASH services in six districts of Sool and Sanaag regions. UNICEF is also closely coordinating with its partners in the regions of Bari, Kar-Kaar, Sanaag as well as in Bossaso and Galkaiyo IDP sites to ensure that nutrition service gaps are covered and that there is continuity in nutrition service provision. UNICEF in partnership with Somali Red Cross Society (SRCS) also deployed five mobile health and nutrition teams which are providing integrated nutrition, health and WASH services in Bari (Calula, Qandala and Iskushuban districts) and Nugal (Dangoroyo district) regions.

UNICEF and WFP are jointly working on an augmented response in targeted Internal Displaced Populations (IDP) sites to address the deteriorating food security and malnutrition. As part of this response, UNICEF initiated a three month integrated emergency intervention in Dollow IDP settlements in Gedo region, providing nutrition, WASH and health services targeting 42,053 IDPs, including 8,411 children under 5 and 3,364 pregnant and lactating women. UNICEF is also undertaking preparedness efforts in AWD/cholera in Middle Shabelle through scale up of integrated nutrition, health, and hygiene promotion (NHHP) activities to prevent exacerbation of nutritional risks associated with AWD outbreaks. UNICEF is also closely monitoring the nutrition situation in Bay and Bakool regions where drought conditions have been reported, and working with its implementing partners in these regions to ensure a sustained coverage of nutrition services.

WASH: In response to the drought in Puntland and Somaliland, UNICEF intensified its WASH response in affected areas with the provision of safe water through vouchers, repair and rehabilitation of strategic boreholes and distribution of hygiene kits. A total of 4 boreholes have been rehabilitated in Somaliland during this reporting period, bringing the total number of boreholes in affected areas to 10. In addition, an estimated 11,385 households affected by drought received temporary access to safe water via vouchers in both Puntland (5,000 HHs) and Somaliland (6,385 HHs) during the reporting period. To support safe hygiene practices and water treatment at household level, a total of 5,500 hygiene kits (containing soap, water purification tablets and containers for water storage) were distributed benefitting 33,000 people.

In response to the increased incidence of AWD/cholera cases in South Central, UNICEF and partners provided 5,980 families with hygiene kits to boost safe hygiene practices and water treatment at household level. Since the beginning of the year, a total of 14,857 emergency affected families have been provided with hygiene kits.

EDUCATION: In Central South, UNICEF continues its education response in newly accessible areas and IDPs in Banadir region. Together with local partners, 24 Temporary Learning Spaces (TLS) with WASH facilities were constructed in Banadir, benefitting 1,736 out of school children including 868 girls. UNICEF also supported 3,591 children (including 1,744 girls) with educational materials, including 97 recreation kits, 27 school in a box, and 109 replenishment kits. UNICEF also provided monthly incentives for 134 teachers (including 41 women) to provide education to the affected children in these IDP settlements. In addition, 48 teachers (including 16 women) participated in a refresher training workshop on pedagogic skills in Banadir and 84 Community Education Committees members (including 40 women) were trained on school management, advocacy and ownership.

With thousands of children estimated to be at risk of dropping out of schools as a consequence of the drought, UNICEF continues to scale-up its response in coordination with line ministries and partners in Puntland and Somaliland. UNICEF is working with partners on capacity building on education and emergency response, on strengthening coordination mechanism and repositioning learning and recreational supplies.

CHILD PROTECTION: Following the attack by Al-Shabaab (AS) on Puntland security forces in coastal villages of Mudug and Nugal regions, some 90 children were captured by the Puntland security forces. UNICEF, together with other UN agencies, is currently negotiating the release of these children in order to facilitate their reintegration. In March, 247 grave violations against children were reported in South Central, affecting 259 boys and 44 girls. The majority of these violations were on recruitment and use of children in armed forces (168 violations), followed by abduction and detention (82 violations). There are currently 527 children (77 girls; 450 boys) benefiting from UNICEF supported community-based reintegration programmes in Afgooye, Baidoa, Beletweyne and Mogadishu. These children were enrolled in April 2015 and will exit the programme in April 2016. In May, a new group of children will be enrolled in these programmes.

During the reporting period, UNICEF and partners identified 157 (82 girls and 75 boys) separated and unaccompanied children (UASC) in Baidoa, Dinsoor, Beletweyne, Gedo, Mogadishu and Galkayo. UNICEF also continued to support Yemeni returnees, who continue to face arbitrary arrest and detention, and in Bossaso, 11 UASC were identified (8 boys and 3 girls). Cases of child labour and voluntary family separation were reported in drought affected regions as well. UNICEF through Partners continued to monitor the situation of family separation in drought affected areas. In Awdal in Somaliland, the identified separated children were mainly cases of voluntary family separation with children left with their relatives while parents went looking for food and water. UASC in the various locations were supported with reunification services, interim care services, medical assistance and material support.

UNICEF and partners also assisted 240 women and girls survivors of GBV during the reporting period (176 women, 63 girls, and 1 boy), with psychosocial support, legal, medical, protection and material assistance. An additional 4,491 community members (2,661 women, 43 girls, 15 boys and 1772 men) participated in community outreach and awareness raising events to prevent GBV and enhance knowledge of referral services. The Community Based Child Protection Committees identified and assisted 1,306 children (735 girls; 571 boys). The violations included rape, domestic violence, corporal punishment, and child labour injuries, children being subjected to harmful practices such as female genital mutilation/cutting (FGM/C), child marriages and child abuse.

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 climactic shocks. This approach increases impact while also enhancing value for money for donor partners. With this in mind, 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 and structured in line with the guiding principles for effective social protection programming.

Communication for Development (C4D): In March, GAVI and EPHS partners were trained in Puntland on Community Case Management and Social Mapping in Puntland. In preparation for the switch from tOPV to bOPV, a training for Training of Trainers for all Somaliland regional teams was conducted on 26-27 March and similar trainings are planned in April in South Central.

Supply and Logistics: UNICEF needs to urgently dispatch emergency nutrition supplies to Dollow and in light of the insecurity is exploring different transport options. During the reporting period, authorization for the movements of additional cross border trucks from Kenya was granted which will greatly support programmes. Access continues to be a constraint in Hiraan and Galmudug regions and is being reviewed for multimodal transportation.

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 12 April, UNICEF has a funding gap of 85 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 Government of Canada; the Government of Denmark; and the Government of Sweden. Furthermore, during the reporting period, critical funding from the CERF was received enabling UNICEF’s initial response to the drought. 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	1,617,017	23,165,051	93%
Nutrition	13,158,990	1,019,986	12,139,004	92%
Education	6,006,565	3,220,471	2,786,094	46%
WASH	12,118,224	3,042,006	9,076,218	75%
Child Protection	13,715,372	3,851,386	9,863,986	72%
Cash-based response	12,487,068	0	12,487,068	100%
Re-evaluations***		(83,965)		
Total²	82,268,287	12,666,901	69,601,386	85%

* 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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²The 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	
	2016 Target	Cumulative Results	2016 Target	Cumulative Results
HEALTH				
# children under-1 vaccinated against measles			445,000	18,435
# 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	36,437
NUTRITION				
# of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	22,659	108,750	22,040
% of children with SAM under treatment recovered	91%	93.3%	75%	93.4%
% nutrition centers stocked out of essential nutrition supplies	<10%	1.2%	<10%	1.0%
EDUCATION				
# 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)	23,255 (43.5% F)
# of children (girls/boys) benefiting from teaching and learning supplies, including recreational materials	200,000 (94,495 F)	64,900 (29,141 F)	50,400 (50 % F)	24,514 (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 (576 F)	500 (20 % F)	667 (23.8% 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 (788 F)	500 (20 % F)	394 (40.1% F)
# of CEC members trained to participate in school management	3,000 (900 F)	2,224 (876 F)	1,750 (30% F)	1,106 (37.3% F)
WATER, SANITATION and HYGIENE				
# of people with sustained access to safe water	1,230,000 ³	187,536	250,000	81,352
# of affected people accessing safe water through temporary means	1,265,000	542,212	642,000	319,739
# of affected people with new access to sanitation facilities	600,000	70,016	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	85,232	510,000	85,232
CHILD PROTECTION				
# of children affected by grave child rights violations ⁴	3,000	753 (129 F)	3,000	753 (129 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	218 (108 F)	3,000	218 (108 F)
#of GBV Survivors (boys/men, girls/women) accessing a package of GBV services (medical, legal, Psychosocial and materials)	8,000	2,878 (2,638 F)	7,248	2,878 (2,638 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 ⁵

³ This target represents a 10 per cent increase as it is based on the new population figures of 12.3 million.

⁴ This is from the flagship programme - CAAC

⁵ The programmes have closed end February 2016.