



Reporting Period: 1 - 30 November 2022

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Somalia

Humanitarian Situation Report No. 11

Highlights

- The severe drought in Somalia has put 8.3 million people at risk of food insecurity, while around 1.8 million children are likely to be acutely wasted by July 2023.
- An estimated 6.4 million people are facing acute water shortages across the country, while the number of out-of-school children in Somalia has increased from 4.14 million to 4.84 million.
- Since January 2022, 13,383 suspected cholera cases, including 73 associated deaths (CFR 0.5 per cent), have been reported from 25 districts.
- In 2022, 1,625,874 people received emergency water, while 961,333 people received hygiene kits.
- Between November 13 and 24, a national integrated measles campaign was conducted, reaching 2,311,466 children aged 6 to 59 months. Efforts are ongoing to vaccinate children in areas with extreme access constraints.
- A total of 397,342 children were admitted for treatment of severe acute wasting in 2022, while 1,384,943 children and women received essential healthcare services.
- UNICEF supported the education of 133,909 crisis-affected children in 2022, while 195,439 children and their primary caregivers received mental health and psychosocial support.

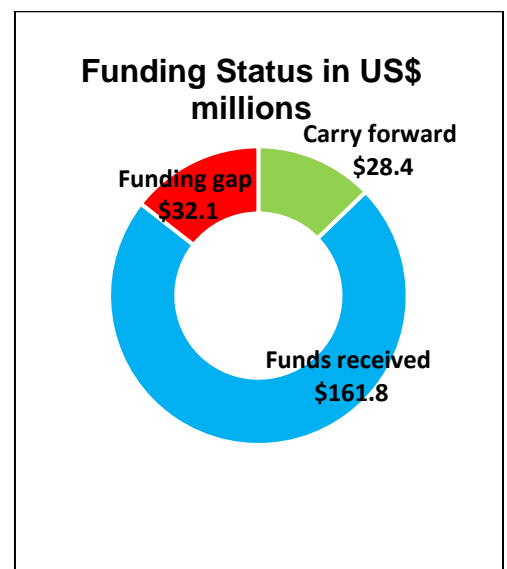
Situation in Numbers

- 4,900,000** children in need of humanitarian assistance (HNO 2022)
- 7,700,000** people in need (HNO 2022)
- 2,900,000** Internally Displaced People (OCHA Somalia, January 2022)

UNICEF Appeal 2022
US\$ 222.3 million

UNICEF's Response and Funding Status

	Nutrition	SAM admissions	110%
		Funding status	100%
	Health	Essential health service	106%
		Funding status	87%
	WASH	Emergency water	65%
		Funding status	99%
	Child Protection	MHPSS access	65%
		Funding status	36%
	Education	Education access	45%
		Funding status	78%
	SBC	People reached with messages	28%
		Funding status	40%



Funding Overview and Partnerships

As of November 2022, UNICEF's Humanitarian Action for Children (HAC) appeal shows a funding gap of 14 per cent (\$32.1 million) of the required \$222.3 million. With the generous funding received from donors, UNICEF and partners scaled up lifesaving and life-sustaining responses during the reporting period. To enable an effective and timely response to the humanitarian crisis, UNICEF Somalia requires quality and timely funding. In addition, UNICEF advocates for increased flexibility in funding for humanitarian action to contribute to the resilience building of communities and the sustainability of services in Somalia.

Situation Overview & Humanitarian Needs

Somalia is experiencing a historic drought due to five consecutive failed rainy seasons, with a high likelihood of a sixth failed rainy season from March to June 2023, resulting in mass displacement, severe water shortages, and a devastating food and nutrition crisis that worsens the plight of the drought-affected population.

According to the results of the IPC analysis and projections concluded in November 2022, Famine (IPC Phase 5) is projected between April and June 2023 among agropastoral populations in Baidoa and Burhakaba districts of Bay region and among internally displaced people (IDP) in Baidoa town of Bay region and in Mogadishu. Nearly 8.3 million Somalis are expected to face crisis (IPC Phase 3) or worse acute food insecurity outcomes by June 2023, with the number of people facing catastrophic levels of hunger (IPC Phase 5) expected to reach 727,000. The report also shows that the situation of children in the nine hotspot areas surveyed remains at emergency-level (IPC Phase 4), and the projected 513,550 children with severe malnutrition between June 2022 and July 2023 remains the same¹.

According to the WASH cluster, there are severe water supply shortages across the country, especially in the IDP camps of Baidoa, Kismayo, and Banadir. Currently, 12 strategic boreholes in Hirshabelle (8 in inaccessible areas in Hiran region) are dysfunctional due to technical problems caused by long hours of operation without backup.

The severe water shortages are causing AWD/Cholera outbreaks in drought-affected districts. Since January 2022, 13,383 suspected cholera cases, including 73 associated deaths (CFR 0.5 per cent), have been reported from 25 districts. The most affected regions are Banadir, Bay, Lower Jubba, and Lower Shabelle. In six districts, the case fatality rate exceeded the emergency threshold of ≥ 1 per cent for emergency settings. These districts include Wanla Weyn (8.3 per cent), Shibis (3.8 per cent), Hawlwadag (1.4 per cent) and Kurtunwarey, Kahda, Daynile (1.2 per cent). A new AWD/Cholera outbreak was also reported in Dhobely, Lower Juba region, in November².

According to the Federal Ministry of Health report, there was a twenty five percent increase in measles cases in November (1,171 cases) compared to October, when 931 cases were recorded. The low routine immunization coverage in the country is aggravating the measles transmission.

The severe drought in Somalia has taken an extensive toll on children's access to education. According to the education cluster, the number of out-of-school children in Somalia has increased from 4.1 to 4.84 million since the start of 2022. This equals 740,000 children, a 15 per cent increase compared to 2021. The figure is also 7 per cent higher than the total impact of the 2017 drought, which forced 8 per cent of children out of school. As the situation of children continues to deteriorate, education cluster partners require \$30 million to scale up education response and reach children affected by the drought, particularly out-of-school children in the IDPs sites. Furthermore, an integrated response that complements food security, nutrition, WASH, and health sectors is needed, as education could be a platform for nutrition, WASH, health, and child protection integrated responses.

In 2022, out of the total 1,7300 people forcefully displaced, 1,111,000 left their homes due to the worsening drought in the country, 592,000 due to conflicts, and the rest due to other causes³.

The security situation of the country remains precarious; Bakool, Hiran, and Middle Shabelle have recently experienced increased displacement due to government and Non-State Armed Groups conflict. In addition, there have been reports of child recruitment in IDP communities and forced taxation of families by Non-State armed groups. Furthermore, insecurity along key supply routes is disrupting the movement of goods and people. Continued conflict involving government forces, affiliated forces, and nonstate armed actors will likely drive more displacement and continue affecting access⁴.

¹ [Updated IPC Analysis for Somalia October 2022 to June 2023.](#)

² [FMoH weekly-cholera situation report epidemiological-week-47](#)

³ [Displacements Monitored by UNHCR Protection and Return Monitoring Network \(PRMN\)](#)

⁴ [OCHA Somalia drought response and famine prevention report.](#)

UNICEF and partners are scaling up their responses across all sectors to meet the rapidly growing needs of the drought-affected population in the country. The country's worsening humanitarian situation also calls for scaling up humanitarian assistance to prevent severe water shortages, extreme food insecurity, and deteriorating nutrition outcomes, including the risk of famine.

Summary Analysis of Programme Response

Nutrition

Providing preventive and curative nutrition services remains a key priority for UNICEF and the nutrition cluster partners in Somalia. Since January 2022, 397,342 children (217,282 girls, 180,060 boys) under five were treated for severe wasting, of which 29,105 had complicated wasting (7%), against a UNICEF target of 360,000. The quality of the wasting treatment program remained within the SHERE standards, with a 95 per cent cure rate and 0.4 per cent deaths, representing 1,049 children who died while on treatment from January to November 2022. This is a 40 per cent increase from the 620 deaths reported during the same period in 2021.

Furthermore, at the national level, the nutrition program has maintained an adequate supply chain. In contrast, the last-mile delivery of supplies remains a key challenge in Somalia, with isolated stock-outs reported in some health facilities. UNICEF has deployed nutrition field monitors in strategic locations across the country to provide technical support to partners on the nutrition program implementation and strengthening the supply chain management system. UNICEF is working with the nutrition cluster partners and WFP to strengthen the referral of families with severe wasted children to relief assistance programs. As of November 2022, 3,078 severely wasted children were referred to WFP's relief assistance.

Health

During the reporting period, UNICEF and partners supported 228,810 people, including children under 5 and pregnant and lactating mothers, to receive primary health care services in Somalia, an increase of 6 per cent compared to the previous month as a result of the continued expansion of UNICEF's response in hard-to-reach areas.

Through the routine immunization program, 28,304 children (14,596 girls and 13,708 boys) were vaccinated against measles. To ensure more children are vaccinated, a national integrated measles campaign was conducted in the Federal Member States, including Puntland, from 13th – 24th November 2022, in collaboration with the ministry of Health and WHO. 2,311,466 children aged 6 to 59 months were vaccinated against measles, representing 94 per cent of the target. Polio vaccination was provided to 2,610,245 children aged 0 to 59 months (95 per cent of the target). A total of 1,821,848 children aged 12-59 months were dewormed, representing 81 per cent of the target, and 2,003,537 children aged 6-59 months received vitamin A supplementation, representing 92 per cent of the target.

UNICEF also maintained its maternal health services, providing antenatal care (ANC) to 21,816 pregnant women. 9 705 pregnant women were assisted by skilled birth attendants, while 3,621 mothers and infants received postnatal care services.

UNICEF responded to the ongoing cholera outbreak by distributing hygiene kits and essential medicines. UNICEF also supported the establishment of five cholera treatment centres in the hotspot areas that treated 10,724 of the reported 13,383 cases. In coordination with the health cluster, a cholera working group has been activated in Dhobley, where a cholera outbreak was reported in November. Furthermore, UNICEF supported the state-level ministries of health in responding to the AWD outbreak through training and deployment of social mobilizers who conducted house-to-house visits to disseminate key messages to those living in affected areas in Galmudug, Juba-land, and the Southwest States. Furthermore, since the beginning of the year, 1,130 frontline health workers have been trained in infection prevention and control mechanisms. UNICEF has also activated emergency healthcare interventions in 12 of the 16 hard-to-reach areas to expand services.

WASH

UNICEF and its partners have continued providing emergency lifesaving WASH services to drought-affected communities and internally displaced people (IDPs) across the country.

In November, as part of UNICEF's life-saving humanitarian response, a total of 122,839 people were reached with emergency water supply services through water trucking and water access by vouchers. Similarly, a total of 193,500 people were provided with access to sustainable, safe water supply through the rehabilitation of boreholes, and the construction of new water supply systems in Mogadishu, Cadaado, Dhusamareb Cabudwaaq, Afgooye, Marka, Wanla Weyn, Hobyo and Buloburto districts. UNICEF has also vigorously scaled up its sanitation intervention in drought-affected districts. To this end, during the reporting period, 21,000 people were provided access to basic sanitation services by constructing emergency communal latrines in IDP settlement sites of Mogadishu, Cabudwaaq, Cadaado, Dhusamareb and Galalkayo districts. In addition, 247,992 drought affected people were provided with hygiene kits. Despite all these efforts, in the Central South region of the country, the water stress situation continued to persist due

to increased internal displacements. Moreover, the ongoing military offensive to expand government control contributes to increased internal displacement without access to sufficient clean water, latrines, and good hygiene practices.

Education

In response to the deterioration of children's access to education in Somalia, UNICEF is expanding its response, providing safe drinking water to over 135,000 children in over 310 schools in the country's most drought-affected areas. School feeding activities continue to reach over 78,000 children in the south-central region. 25,000 children have received school meals in 35 schools in drought-affected regions of Somaliland (Awdal, Togdheer and Hargeysa).

The construction of 8 temporary learning spaces with gender-sensitive WASH facilities in new IDP sites in Balacad district has been completed, and commencement of non-formal education programs for over 600 children is soon expected. This is considered the beginning of a significant response scale-up in providing access to education for children in displacement sites. UNICEF aims to reach over 16,000 displaced children with remedial education and a full emergency package of support, including WASH, learning materials, and teacher support.

Child Protection

UNICEF continued to provide critical child protection and gender-based violence interventions to respond to the rapidly increasing humanitarian needs caused by the drought, conflict, and insecurity. In November, UNICEF, through its partners, reached and provided family tracing and reunification or community-based alternative care support to 1,579 unaccompanied and separated children, a 20 per cent increase compared to October (1,363). Similarly, more than 30,000 individuals benefited from mental health and psychosocial support services, marking an increase in service coverage for the fourth consecutive month due to the expansion in service provision in hard-to-reach and other priority districts.

UNICEF through 15 one-stop centres continued to provide life-saving medical care, psychological first aid, counselling, and safe shelter to survivors of sexual violence across the country. Further, more than 11,000 women, girls, and boys accessed GBV risk mitigation prevention and response interventions. UNICEF has also continued to provide reintegration assistance to children who had previously been associated with armed forces, as well as to groups and children at risk of recruitment. For instance, in Banaadir and Galgaduud regions, 350 children (305 boys, 45 girls) started an 8-month vocational training and education program in November to enhance their socio-economic status and reintegration; more than 500 children had graduated from similar programs earlier in the year.

Social and Behaviour Change & Accountability to Affected Populations

In November, UNICEF social and behaviour change (SBC) interventions focused on emergency lifesaving responses, targeting drought-affected populations in priority areas. UNICEF supported government and non-governmental implementing partners to expand social and behavioural change activities, providing coordinated and evidence-based community engagement activities to meet increased demands and improve the uptake of essential services.

Additionally, UNICEF supported house-to-house mobilization and community dialogues through the social mobilizers network. As a result, a total of 31,454 (15,808 Females, 15,646 Males) in drought-affected areas have been reached through various social and behavioural change activities, including house-to-house visits, community meetings and health education. Further, 224 radio and 80 TV spots were released during the reporting period.

As part of UNICEF's Accountability to Affected Population (AAP) interventions, in November, 1740 people shared their concerns, asked questions or more information on the available services through established feedback mechanisms. The main trends, namely on preferred channels of communication and feedback, as well as on satisfaction on services were shared internally and with the Community Engagement and Accountability Task Force and recommendations to focus on joint and interactive phone and radio mechanisms are being considered.

In November, under the Community Engagement and Accountability Task Force, UNICEF started co-chairing the strategic working group and is leading a multi-agency desk review on available drought-related social and behavioural data to define immediate AAP priorities, as well as the establishment of a Joint Feedback Trends Analysis mechanism. As part of the UNICEF Humanitarian Cash Transfer pilot in Somaliland, the communication and feedback plan has been finalized, establishing the mechanisms, based on people's choices and preferences, that will be used to ensure effective participation and communities' voices are heard.

Social Protection

In November 2022, UNICEF launched a nutrition-sensitive humanitarian cash transfer project in the Ceel Afweyn district, Somaliland. The objective of the project is to provide lifesaving support in the form of humanitarian cash transfers linked with nutrition-related services to the most vulnerable households and their children affected by the drought. The intervention aims to mitigate the risks of families resorting to negative coping mechanisms and further worsening

children's nutrition status, especially those living in the most affected districts and villages, which are not covered by humanitarian cash assistance. Thus, all preparatory activities have been completed, and household registration is expected to start in five targeted villages in the Ceel Afweyn district. The project will target 2,000 households with children under the age of five for a three-month intervention period (\$ 70 per household per month).

Humanitarian Leadership, Coordination, and Strategy

UNICEF is expanding its multi-sectoral humanitarian response in coordination with other UN agencies, the Somali government, and partners. UNICEF continues to participate in the Humanitarian Country Team to actively contribute to the multi-sectoral drought response and famine prevention actions in Somalia. To strengthen the connections between humanitarian aid and development programming in Somalia, UNICEF continues to prioritize its coordination role and support for capacity building for all partners, including the government. UNICEF's overall humanitarian strategy remains aligned with the Humanitarian Needs Overview, the Humanitarian Response Plan, the Integrated Response Framework, clusters' priorities and UNICEF's Humanitarian Action for Children within the Framework of the Core Commitment for Children in Humanitarian Action. UNICEF leads the nutrition and WASH clusters and co-leads the education cluster and child protection sub-cluster, providing dedicated full-time support to coordination and information management. UNICEF has prepositioned emergency supplies in nine supply hubs for rapid humanitarian response. In addition, UNICEF implements its programmes in some of the hardest-to-reach areas through its robust and scaled up field presence in eight locations (Hargeisa, Garowe, Galkayco, Baidoa, Mogadishu, Dollow, Kismayo & Beletweyne) and expanding its partnerships. UNICEF pursues a balanced approach between providing an immediate life-saving response, investing in systems strengthening, and building the resilience of services and communities.

UNICEF continued to work with IOM and WFP to provide a minimum response package to newly displaced people. At the same time, coordination with WFP and WHO to scale up responses in hard-to-reach areas has been strengthened, and services have been expanded into 12 out of the 16 targeted districts with limited humanitarian access. To further strengthened the nutrition interventions in hard-to-reach areas, UNICEF and WFP have developed a joint nutrition action plan to expand services in hard-to-reach areas. UNICEF is also strengthening its information management capacity and the capacity of the clusters led by UNICEF to enhance situation analysis, response monitoring at sub-national level

UNICEF-supported programmes are informed by solid risk analysis and humanitarian access monitoring. In its programmes, UNICEF prioritizes gender, disability, equity, and mainstreams Prevention of Sexual Exploitation and Abuse (PSEA) and Accountability to the Affected People (AAP). UNICEF will also continue to provide life-saving health and nutrition interventions through community-based activities for affected populations. UNICEF is expanding its Risk Communication and Community Engagement strategies to reach families affected by the humanitarian crisis. UNICEF also supports nutrition services targeting children and pregnant/lactating mothers with nutrition screening, vitamin supplementation, promoting safe Infant and Young Child Feeding practices, and treatment for severe acute malnutrition. UNICEF's water and sanitation programme focuses on establishing safe, sustainable water supply systems, including strategic borehole drilling, maintaining, upgrading, expanding water structures and sanitation facilities, and distributing hygiene kits and information. Regarding the protection of children, UNICEF continues with prevention campaigns and specialized services targeting survivors of gender-based violence. UNICEF has scaled up its mental health and psychosocial support program. Children associated with armed groups have access to psychosocial support and life skills to facilitate their reintegration. Vulnerable children and youth participate in safe and protective educational programmes to continue learning, developing literacy and numeracy skills, and opportunities for structured recreation and play. Although UNICEF hasn't received a significant amount of funding in 2022 to provide vulnerable children and families with social protection services, including humanitarian cash transfers, efforts to mobilize more resources to leverage UNICEF's current support for the government's social transfer delivery mechanisms will be continued.

Human Interest Stories and External Media

November started with a high-level joint visit involving the [Deputy Executive Directors](#) of UNICEF, Omar Abdi, and WFP, Valerie Guarnieri. They assessed programmes in the [drought crisis](#) that provide lifesaving services and met with [authorities](#) for further discussions. Their mission led up to the [COP27 climate](#) justice event.

The Ministry of Health, WHO and UNICEF [launched](#) an [integrated measles campaign](#) to vaccinate 3 million children. In Togdheer, [mobile clinics](#) provided emergency health and nutrition services.

The month ended with [World Children's Day](#) celebrations and the release of '[Rights Denied: The Impact of Discrimination on Children.](#)' Donors such as [Finland](#) and partners such as [ACSOS](#) joined the campaign. Also, the [Baxnaano](#) programme, that addresses [food](#) security, [social](#) safety net systems, and enhanced [institutional](#) resilience, celebrated a third-year anniversary.

UNICEF Somalia hosted a donor roundtable on UNICEF's response to the drought emergency, attended by 21 donors from 12 different agencies. To follow up, we held a virtual field visit for UNICEF National Committees and global fundraisers on the same, attended by 149 participants from several different markets.

Next SitRep: 20 January 2022

UNICEF Somalia Crisis: <https://www.unicef.org/somalia/>

UNICEF Somalia Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/somalia>

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Annex A

Summary of Programme Results*

Sector	Overall needs	UNICEF and Implementing partners			Cluster/AoR Response		
		2022 target**	Total results	Change since the last report ▲▼	2022 target***	Total results	Change since the last report ▲▼
Nutrition							
# of boys and girls aged 6-59 months with severe acute malnutrition admitted for therapeutic care	386,410	360,000 (183,600 G 180,060 B)	397,342 (217,282 G 180,060 B)	38,826 ▲	386,410 (197,069 G 189,341 B)	397,342 (217,282 G 180,060 B)	38,826 ▲
# of primary caregivers of children aged 0-23 months who received counselling on infant and young child feeding	1,413,000	1,142,002	1,284,202 (1,284,202 W 0 M)	134,449 ▲	1,416,526	1,284,202 (1,145,225 W 0 M)	133,052 ▲
Health							
# of people provided with access to essential life-saving health services	4,700,000	1,310,858 (341,204 G 318,608 B 371,480 W 279,566 M)	1,384,943 (343,123 G 311,902 B 434,454 W 295,464M)	228,810 ▲			
# of children under 5 years old vaccinated against measles		1,279,326 (699,803 G 579,523 B)	787,239 (398,685 G 388,554B)	28,304 ▲			
# of pregnant women receiving delivery services by skilled birth attendants		36,804	50,199	9,705 ▲			
# of healthcare facility staff and community health workers trained in infection prevention and control (IPC)****		1,000 (598 W 402 M)	1,153 (654 W 499 M)	22 ▲			
WASH							
# of people reached with emergency water services in targeted settlements and communities	1,841,208	2,500,001 (801,364G 797,398B 490,710W 410,529M)	1,625,874 (495,940 G 502,664 B 331,037 W 296,233 M)	122,839 ▲	2,804,551 (841,365 G 981,593 B 504,819 W 476,774 M)	2,621,775 (786,537 G 917,620 B 471,917 W 445,701 M)	575,028 ▲
# of people reached with sanitation services in vulnerable settlements and communities	1,206,309	230,000 (70,963 G 61,962 B 50,974 W 46,101 M)	103,520 (28,776 G 29,775 B 24,021 W 20,948 M)	21,000 ▲	1,920,000 (576,000 G 672,000 B 345,600 W 326,400 M)	570,924 (171,272 G 199,826 B 102,762 W 97,064 M)	75,292 ▲
# of people reached with hygiene promotion activities and hygiene kits distribution in vulnerable settlements and communities	3,174,497	2,448,014 (774,377 G 772,398 B 490,710 W 410,529 M)	961,333 (283,817 G 288,023 B 208,399 W 181,095 M)	247,992 ▲	3,174,496 (952,349 G 1,111,074 B 571,409 W 539,664 M)	2,490,568 (747,172 G 871,697 B 448,296 W 423,403 M)	403,308 ▲
# of people reached with sustainable access to safe water in targeted settlements and communities	1,777,718	875,000 (272,000G 241,680B 196,240W 165,080M)	779,091 (204,000 G 200,931 B 202,655 W 171,505 M)	193,500 ▲	1,505,280 (451,584 G 526,848 B 270,950 W 255,898 M)	1,725,769 (517,726 G 604,023 B 310,635 W 293,385 M)	321,234 ▲

Sector	Overall needs	UNICEF and Implementing partners			Cluster/AoR Response		
		2022 target**	Total results	Change since the last report ▲▼	2022 target***	Total results	Change since the last report ▲▼
# of people reached through institutional WASH Infection Prevention and Control (IPC) activities	220,000	176,000 (62,051 G 57,885 B 30,422 W 25,642 M)	10,130 (3,017 G 3,510 B 1,855 W 1,748 M)	-			
Child Protection							
# of children and caregivers accessing community-based mental health and psychosocial support services	793,864	300,000 (134,176 G 134,176 B 16,659 W 14,989 M)	195,439 (61,997 G 67,104 B 39,850 W 26,488 M)	30,831 ▲	521,343 (224,778 G 233,953 B 30,680 W 31,932 M)	264,684 (68,883 G 69,762 B 71,763 W 54,276 M)	52,097 ▲
# of registered unaccompanied and separated children supported with reunification services, family-based care, or appropriate alternatives	35,851	19,000 (9,160 G 9,840 B)	13,693 (6,333 G 7,360 B)	1,712 ▲	35,851 (17,208 G 18,643 B)	32,827 (15,082 G 15,204 B 1,728 W 813 M)	4194 ▲
# of women, girls, and boys accessing GBV risk mitigation prevention and response interventions	2,289,689	165,385 (36,412 G 23,143 B 63,233 W 42,597 M)	105,517 26,410 G 15,816 B 46,426 W 16,865 M)	11,474 ▲			
# of girls and boys released from armed groups and forces, reintegrated with their families/communities, and provided with adequate care and services	12,804	4,950 (554 G 4,396 B)	2,108 (707 G 1,401 B)	21 ▲	5,000 (1,000 G 4,000 B)	2,664 (1,338 G 1,326 B)	21 ▲
# of individuals targeted with rights-based public outreach and awareness-raising activities	1,394,992	340,000 (99,892 G 125,930 B 41,132 W 73,046 M)	141,422 (25,760 G 23,024 B 56,440 W 36,198 M)	24,976 ▲	950,684 (294,712 G 313,726 B 171,123 W 171,123 M)	332,624 (102,269 G 83,099 B 98,492 W 48,764 M)	26,447 ▲
# People with access to safe channels to report sexual exploitation and abuse		674,554 (237,414 G 248,485 B 91,024 W 97,632 M)	457,179 (121,207 G 114,705 B 141,716W 79,551 M)	69,110▲			
Education							
# of children accessing formal and non-formal primary education	3,000,000	300,000 (150,000 G 150,000 B)	133,909 (61,422 G 72,487 B)	10,565 ▲	833,477 (375,064 G 458,413 B)	587,492 (280,806 G 306,686 B)	115,828 ▲
# of children accessing appropriate water, sanitation and hygiene facilities, hygiene services, key preventive messages on COVID-19*** in learning facilities and safe spaces	3,000,000	300,000 (150,000 G 150,000 B)	135,915 (62,498 G 73,417 B)	-	833,477 (375,064 G 458,413 B)	239,034 (113,576 G 125,458 B)	39,551 ▲
# of teachers trained in basic pedagogy and psychosocial support		1,200 (480 W 720 M)	1,367 (473 W 894 M)		9,490 (2,373 W 7,117 M)	6,525 (1,685 W 4,840 M)	538▲
Social Behaviour and Change							
# People reached through messaging on the individual, family, and community-level prevention practices and access to services		11,752,897 (5,923,460 W 5,829,437 M)	3,241,944 (2,140,144 W 1,101,800 M)	23,428 ▲			
# of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms		783,527 (394,898 W 388,629 M)	25,606 (995G 16,134 W 8,477 M)	1,740 ▲			
Social Protection							
# of households with children under 5 years in the host communities as well as IDP camps who are registered using the Government Common Registration Form		24,216	0	0			

* As a significant portion of the HAC funding was received after June 2022, achievements in WASH, education, and child protection are less than 50 per cent and UNICEF is stepping up its response to meet the targets.

** Targets reflect HAC revision <https://www.unicef.org/appeals/somalia>

*** Cluster targets may be lower than UNICEF targets due to increased targets in UNICEF's revised HAC.

**** COVID-19 data can be accessed via the following link: <https://rebrand.ly/who-covid-somalia-dashboard>

Annex B

Funding Status

Appeal Sector	Funding Requirements				
	Requirements*	Funds available**		Funding gap	
		Funds Received Current Year	Carry-Over	US\$	%
Health	\$32,292,079	\$19,314,557	\$8,649,390	\$4,328,132	13%
Nutrition	\$57,108,056	\$55,207,087	\$13,240,513	0***	0%
Education	\$24,690,960	\$18,749,065	\$546,499	\$5,395,396	22%
WASH	\$57,764,420	\$52,398,208	\$5,069,505	\$296,707	1%
Child Protection	\$36,418,242	\$12,752,714	\$476,417	\$23,189,111	64%
SBC, Community Engagement, and AAP	\$3,479,677	\$964,338	\$419,440	\$2,095,899	60%
Social Protection	\$7,248,382	\$550,000	0	\$6,698,382	92%
Cluster Coordination	\$3,301,820	\$1,884,106	0	\$1,417,714	43%
Total	\$222,303,636	\$161,820,075	\$28,401,764	\$32,081,797	14%

* As defined in the revised Humanitarian Appeal of 2022 for a period of 12 months

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

*** Though the nutrition and WASH funding needs are met, the actual funding need has exceeded the 2022 planned funding figures.