



Reporting Period: 1 January - 31 December 2022

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Somalia


Humanitarian Situation Report No. 12



Highlights

- Somalia is in a dire humanitarian situation; while the famine thresholds projected for some parts in Bay region were not crossed due to the scale-up, more than 8.3 million people are in urgent need of humanitarian assistance.
- In 2022, children in Somalia were exposed to multiple risks with wasting increasing from 11 per cent in 2021 to 16 per cent in 2022 (FSNAU; 2022), exceeding WHO thresholds for emergencies. Acute water shortages and outbreaks of diseases such as cholera and measles increased risks of excessive mortality among children.
- Drought, displacement, and conflict increased protection risks for children, including early marriage, gender-based violence, child labour and child recruitment. Approximately 4.8 million Somali children remain out of school, representing a 15 per cent increase over the previous year.
- In 2022, UNICEF scaled-up provision of integrated services for children; nearly 459,616 children were admitted for treatment of severe wasting, 2.3 million children aged 6 to 59 months were vaccinated against measles, 1.9 million people received emergency water, while 1.6 million children and women received essential healthcare services.
- While most children in need are in inaccessible areas, UNICEF worked with sister UN agencies and partners, reaching more than 20,000 children in 11 hard-to-reach districts. Providing predictable, timely, and sustained services to children in areas with constrained access remains challenging and UNICEF is engaging local partners to improve access.

Situation in Numbers

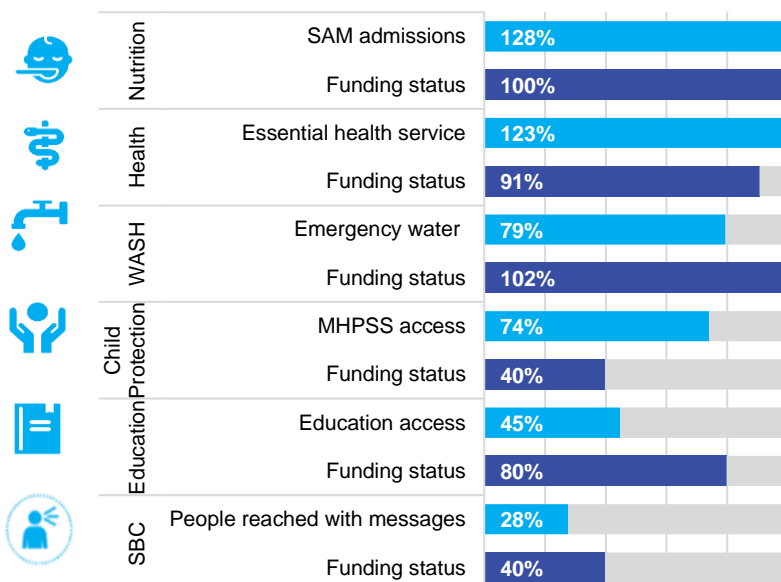
 **4,900,000**
children in need of humanitarian assistance (HNO 2022)

 **7,700,000**
people in need (HNO 2022)

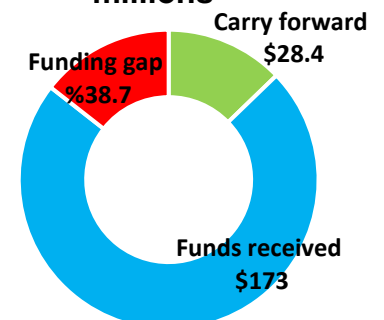
 **2,900,000**
Internally Displaced People (OCHA Somalia, January 2022)

UNICEF Appeal 2022 US\$ 222.3 million

UNICEF's Response and Funding Status



Funding Status in US\$ millions



Funding Overview and Partnerships¹

UNICEF Somalia has received \$173 million against the required \$222.3 million to support humanitarian action in 2022, in addition to the \$28.4 million carried over from last year. During the reporting period, lifesaving and life-sustaining interventions were made possible by the funding received from donors, including the Bureau for Humanitarian Action (BHA), the Foreign, Commonwealth, and Development Office (FCDO), the European Commission's Humanitarian Aid and Civil Protection Department (ECHO), the Swedish International Development Agency (SIDA), Norway, Canada, UNOCHA/ Central Emergency Response Fund (CERF) and the National Committees of USA, New Zealand, Ireland, France, Austria, German, Denmark and Belgium.

Building on the humanitarian sector's success in preventing famine in 2016 and 2017, the current scaled-up intervention should be continued through 2023 to respond to the exponentially increased humanitarian needs, which would require major investment, strengthened humanitarian, development and peace actor linkages. So, since the number of people who need humanitarian aid is still growing quickly, UNICEF Somalia needs more flexible and frontloaded funding to be able to respond to the ongoing crisis and provide life-saving humanitarian assistance.

Without timely funding, 357,000 children will not be able to receive measles vaccinations in 2023, and 464,000 severely wasted children will not be treated. About 3 million and 1.6 million people, respectively, will not have access to essential WASH and health services. 300,000 children will not have their education and protection needs addressed².

Situation Overview & Humanitarian Needs

Somalia is in a dire humanitarian situation, with over eight million people requiring immediate humanitarian assistance. The country experienced 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 crisis that worsens the plight of the 8.3 million 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 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 727,000³.

The nutrition situation in the country remained critical in 2022, with levels of wasting increasing from 11 per cent in 2021 to 16 per cent in 2022 (FSNAU; 2022); exceeding WHO thresholds for emergencies. Both results of the August integrated analysis and the October follow-up assessments projected that over 1.8 million children below the age of five years would suffer from wasting; of which 513,550 were likely to deteriorate to severe forms of wasting between July 2022 and June 2023.⁴

According to the WASH cluster, there are severe water supply shortages across the country, especially in the IDP camps of Baidoa, Kismayo, and Banadir. With a lack of safe and adequate water, the IDPs living in crowded and unsanitary conditions in temporary shelters are at higher risk of WASH-related diseases. The Federal Ministry of Health reported that since the end of March 2022, the number of suspected cholera has been increasing. As of December 11, 14,276 suspected cholera cases were reported, with children under five constituting 64 per cent of those affected. The cases were reported in 26 districts across Banadir, South-West, Jubaland, and Hirshabelle. About 6,109 cases (43 per cent) were classified as severe, and 79 patients died (CFR 0.55 per cent).

Since the beginning of 2022, the country has registered 16,578 suspected measles cases, with 77 per cent of them being children under the age of five. Bay (3,738 instances), Banadir (3,381 cases), and Bari (2,095 cases) account for 79 per cent of the total reported cases. Notably, the number of cases reported this year is six times that of 2020 (2,596 cases) and double that of 2021 (7,494 cases).

In 2022, the combined effects of drought, conflict, and insecurity exacerbated Somalia's protective environment for children. Weakening family resilience and coping strategies have resulted in rural-to-urban migration, putting children and women at risk of family separation and rights violations, including gender-based violence and child marriage, as well as recruitment and use by armed forces and groups. For example, in the first half of the year, the number of unaccompanied and separated children, as well as incidents of gender-based violence, increased dramatically when compared to the same time the previous year. According to data from the monitoring and reporting mechanism (MRM) on grave violations against children, more than 90 per cent of verified grave violations committed by armed forces and armed groups occurred in the Operational Priority Area (OPA) 1 and 2 districts.

¹ Targets in the nutrition, child protection and health sectors were achieved through a combination of donors' funding and internal resources. In addition, needs have continuously increased due to the drought and initial coverage was then expanded but remained below actual needs. Education, WASH and Child Protection activities mostly focused on hard-to-reach areas, with related increased costs for implementation.

² UNICEF Somalia HAC 2023

³ Updated IPC Analysis for Somalia October 2022 to June 2023.

⁴ Ibid.

Approximately 4.84 million IDPs and non-displaced children aged 5 to 17 years across 74 districts in Somalia lack access to education. This represents a 15 per cent increase over the previous year. The main barriers restricting access to education are a lack of available formal and non-formal school services, coupled with the direct and indirect costs of education. This has been further exacerbated by the impacts of the drought, which have negatively impacted on livelihoods. The inability to cover daily expenses leads families to adopt negative coping mechanisms, such as cutting essential expenditures. These include direct education-related costs and withdrawing children from school to generate revenue for the household, exposing children to a wide range of protection concerns.

The children of displaced households are most affected. The education cluster estimates that 1.7 million school-aged children are displaced, of whom 300,000 have been displaced in the past 12 months. School-aged newly displaced IDPs are particularly affected, as only 21 percent have access to primary education services. Education service provision in the sites had been insufficient prior to the new displacement in 2022, with only a third of the Camp Coordination and Camp Management Cluster-managed IDP sites reporting having at least one primary education facility.

In 2022, out of the total 1,816,000 people forcefully displaced, 1,179,000 left their homes due to the worsening drought in the country, 607,000 due to conflicts, and the rest due to other causes⁵. 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 access⁶.

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

In 2022, as part of its response scale-up action, UNICEF established 44 multi-year programme agreements with its partners that covered 69 accessible districts out of the 74 districts in Somalia while preventing potential service breaks that come with short-term program implementation arrangements.

In partnership with the Federal Ministry of Health (FMOH), the states, and its implementing partners, integrated polio and vitamin A supplementation (VAS) campaign was conducted in 72 of the 74 districts between April and May 2022, reaching 2,330,477 children (1,141,900 boys and 1,188,547 girls), or 96 per cent of the targeted 2,429,562 children (VAS Campaign Report, 2022). In November 2022, a similar Vitamin A supplementation campaign integrated with measles vaccination was held, and preliminary findings indicate that almost 2 million children received Vitamin A supplements.

Through the network of implementing partners, care for wasting services was provided for 459,616 (251,765 girls; 207,851 boys) children across the country; with the highest admissions reported in Mogadishu, Baidoa, Kismayo and Beletweyne. This is a 75-percentage increase in 2022 from the 260,483 children admitted for care through 2021.

Standard treatment outcomes have been maintained, with 95% of children being released as cured and less than 0.3% dying. The deaths represent 1,186 children under the age of five, a rise of 46 per cent over the 807 children who died during the same time in 2021⁷.

UNICEF continued to lead the forecasting and procurement of essential nutrition commodities. Despite global supply chain shortages, UNICEF managed to maintain an uninterrupted supply chain that was adequate to cover the projected number of children in need over the seasons.⁸

Despite the expansion of nutrition programs in 2022, identification, registration, and referral of malnourished children to care services remained delayed among some newly arrived IDPs. In addition, while the nutrition program operates in 69 of Somalia's 74 districts, access is restricted to urban areas in certain districts due to insecurity in rural settlements.

Health

From January to December 2022, UNICEF and its partners supported 1,607,729 people (401,136 girls, 362,833 boys, 501,938 women, 341,822 men), including children under five and pregnant and lactating mothers, to receive primary health care services in Somalia, exceeding UNICEF's target for 2022 and an increase of 345 per cent compared to the same reporting period in 2021 (360,923). This is mainly due to the continued expansion and scale-up of UNICEF's response to crisis-affected communities in drought-affected districts, including hard-to-reach areas. In 2022, UNICEF continued to provide safe motherhood services, reaching 142,877 pregnant women who received their first antenatal care (ANC) and 60,621 pregnant women whom skilled birth attendants assisted. Furthermore, 36,812 mothers

⁵ Displacements Monitored by UNHCR Protection and Return Monitoring Network (PRMN)

⁶ OCHA Somalia drought response and famine prevention report

⁷ <https://www.humanitarianresponse.info/en/operations/somalia/nutrition>

⁸ Ibid

and infants received their first postnatal care services within 48 hours after birth. Over 93,272 infants under the age of one received pentavalent (Penta 1) immunizations. In addition, 76,021 infants completed their third vaccination session (Penta 3).

In response to the measles outbreak, UNICEF, in collaboration with the Ministry of Health and partners, supported the targeted measles immunization vaccination of 1,230,916 children aged 6–59 in 29 districts across Somalia. To ensure more children are vaccinated, a national integrated measles campaign was conducted in the Federal Member States, including Puntland, from November 13–24, 2022, in collaboration with the Ministry of Health and WHO, and 2,311,466 children aged 6 to 59 months were vaccinated against measles, representing 94 per cent of the target. Efforts are initiated to reach children in areas with severe access constraints. 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.

Throughout 2022, UNICEF responded to the ongoing cholera outbreak by providing essential medicines and distributing Acute Watery Diarrhea (AWD) kits to state-level ministries and implementing partners, enough to cover 20,000 affected people. UNICEF also supported the establishment of five cholera treatment centres in the hotspot areas (Baidoa, Banadir, Marka and Kismayo) that treated 10,920 of the reported 14,276 cases. In addition, in efforts to prevent future cholera outbreaks, in collaboration with WHO, UNICEF supported the Ministry of Health in conducting oral cholera (OCV) vaccination campaign. The first round targeted 934,511 people aged 1 year and above, including pregnant women in nine districts with a high risk. 897,086 people were vaccinated during the house-to-house vaccination campaign, reaching 96 per cent of the target population. The second round of the campaign targeted people who received the first dose of the OCV vaccination and vaccinated 888,092 people (99 per cent of the target).

To mitigate the impact of COVID-19, UNICEF played a vital role in the national rollout of COVID-19 vaccinations. As of December 2022, 6,324,409 adults (40.4 per cent) of the Somali population were fully vaccinated against COVID-19. Furthermore, since the beginning of the year, 1,167 frontline health workers have been trained in infection prevention and control mechanisms.

WASH

From January to December 2022, UNICEF and its partners delivered emergency water through water trucking and water vouchers to 1,985,241 people, achieving 79 per cent of UNICEF's annual target and 50 per cent of the WASH cluster's reach. In addition, as part of its continued effort to build linkages between emergency response and long-term interventions, UNICEF provided 934,930 people with sustainable access to water, exceeding its annual target and reaching 50 per cent of the WASH cluster's coverage. This was done through the drilling of 31 new strategic boreholes, the rehabilitation of 75 existing high-yield borehole systems through pipeline extensions, and increased storage capacity, including the installation of 53 solar pumping systems. Solar pumping systems that continue to use renewable energy sources not only ensure the sustainability of WASH services and the resilience of communities but also climate-resilient water supply systems with a low carbon footprint and lower costs to operate and maintain.

During the reporting period, UNICEF constructed 4,600 new latrines, rehabilitated 110, and dislodged 500, providing 202,000 people with improved sanitation facilities, meeting 88 per cent of UNICEF's annual target and contributing 29 per cent to the WASH cluster's achievement.

Furthermore, UNICEF and its partners intensified the delivery of key hygiene promotion messages, including AWD/cholera prevention activities, reaching nearly 2 million emergency-affected people with key hygiene promotion activities, of which 1.2 million people (50 per cent of UNICEF's annual target) were provided with hygiene kits. To ensure that the menstrual health and hygiene needs of women and adolescent girls are addressed, UNICEF also provided Menstrual Hygiene Management (MHM) kits to 109,000 women and girls.

Despite the enhanced WASH response, the worsening humanitarian situation caused by the drought has significantly increased the need for WASH services. The migration of more people from rural regions to IDP settlement sites in urban and peri-urban areas strains water supply and sanitation systems. Access to water remained largely reliant on water trucking, at an ever-increasing expense to the response, depleting the sector's resources. Since the beginning of 2022, the cost of trucking water has increased sixfold in certain regions.

Education

UNICEF and its implementing partners have focused their efforts on addressing the impact of the ongoing drought on children's access to primary education pathways. In 2022, UNICEF supported 133,909 children (61,422 girls) to access emergency education interventions.

In partnership with the Ministry of Education, support was provided to retain over 107,811 children (including 50,095 girls) enrolled in 355 primary schools at risk of closure in drought-affected districts. Interventions in these primary schools sought to mitigate the direct and indirect costs of schooling and included the provision of water, a school meal programme in partnership with the World Food Programme (in the Central and South regions), the payment of teachers, and cash transfers for students. Partners improved educational facilities, including improved water, sanitation, and hygiene facilities for children. In the Central and South regions, 60 schools were supported to repair and enhance their WASH facilities to ensure they are safe for children and gender and disability inclusive.

Over 290 schools in drought and flood-affected areas were supported through water trucking to ensure a safe water supply. In Puntland, UNICEF supported schools by increasing water storage capacity in 25 schools, introducing locally made foot-pedal-operated handwashing facilities in 55 schools and distributing basic hygiene and sanitation supplies (bar soaps, hand sanitizers, face masks, and gloves). In addition, 2,221 teachers and headmasters at UNICEF-supported schools were provided incentives to ensure teacher engagement and retention. 1,367 teachers (473 women) were trained in emergency education packages, which included modules on pedagogy, psychosocial support, gender-based violence, and hygiene promotion. Engagement with the community was strengthened through the training of Community Education Committees (CECs), which support children's access and retention in schools, promote awareness and the identification and referral of cases of gender-based violence and promote psychosocial care.

In 2022, UNICEF and its implementing partners initiated the implementation of an accelerated education package targeting 16,500 children aged 7-13 residing in internally displaced sites. This package seeks to ensure that children impacted by sudden humanitarian crises are provided with an educational response that explicitly focuses on ensuring the development of foundational learning skills.

Child Protection

In 2022, the combined effects of the drought, conflict, and insecurity further compounded the protective environment for children in Somalia. Weakened family resilience and coping mechanisms prompting rural-to-urban migration have left children and women at risk of family separation and violations of their rights, including gender-based violence (GBV) and child marriage, as well as recruitment and use by armed forces and groups. For instance, in the first half of the year, drastic increases in the number of unaccompanied and separated children and cases of gender-based violence were noted compared to the same period the previous year. Data from the monitoring and reporting mechanism (MRM) on grave violations against children shows that more than 90 per cent of verified grave violations committed by armed forces and armed groups occurred in Operational Priority Area (OPA) 1 and 2 districts of the drought response.

In response to rapidly increasing protection needs, UNICEF scaled up its response to 48 districts, including 8 hard-to-reach districts. Child protection and GBV were included in the Minimum Response Package (MRP) interventions in Beletweyne. At the same time, collaboration with the nutrition sector (through the training of nutrition/health officers) contributed to sustainable integration across sectors.

UNICEF provided community-based mental health and psychosocial support interventions, including psychological first aid, structured and non-structured play therapy, and group counselling, for 222,128 people (32 per cent girls, 34 per cent boys, 21 per cent women, 13 per cent men).

About 15,639 unaccompanied and separated children (8,443 boys, 7,196 girls) were registered and provided with reunification services and family-based care. Similarly, UNICEF continued to provide clinical, psychosocial, and legal support and safe accommodation to survivors of gender-based violence (GBV) and individuals at-risk through one-stop centers (OSC), safe houses, family care centers (FCC), and women and girls safe spaces (WGSS) in both IDP camps and host communities. Overall, GBV interventions, including case management, prevention, and risk-mitigation measures, reached 121,768 individuals (69 per cent women and girls).

With Somalia being consistently one of the countries with the highest rate of child recruitment globally, the drought and increased military operations observed in 2022 (particularly in Hiraan, Middle Shabelle, Galguduud, and Lower Shabelle regions) increased recruitment risks for children. In 2022, 341 children (304 boys, 37 girls) were separated from armed forces and groups and provided reintegration services through effective collaboration with different actors. In total, 1,160 children (987 boys, 173 girls) formerly associated with armed forces and groups or at risk of recruitment benefited from comprehensive reintegration services, including access to education, vocational training, and family reunification. Furthermore, a total of 529,228 people (140,008 girls, 129,835 boys, 166,886 women, 92,490 men) benefited from awareness raising on protection from sexual exploitation and abuse (PSEA) and access to safe complaint channels, while six centers benefited from a financial and technical (capacity building) contribution to support survivors of PSEA in Kismayo, Baidoa, Banadir and Beletweyne.

Social and Behaviour Change & Accountability to Affected Populations

In 2022, UNICEF and its partners reached more than 3,377,237 people with key messages through community-level interventions such as community engagement, media programs including 12 radio and TV spots, announcements in mosques during prayer time, and health education sessions at health facilities. UNICEF also supported state ministries of health and partners to disseminate critical information and key messages to combat the AWD outbreak, reaching 38,565 people with AWD prevention and hygiene promotion, as well as optimal breastfeeding practices, identifying danger signs, and referring to health facilities.

As part of UNICEF's Accountability to Affected Population (AAP) interventions, 25,606 people shared their concerns and asked questions for more information about the available services. Community consultations with 16,500 people (12,128 women) were done through house-to-house visits and community meetings to assess the population's preferred and most trusted channels to provide feedback. Based on the findings, a toll-free number was established, as was the

training of social mobilizers to collect feedback through regular household visits. To strengthen the capacity of UNICEF and its partners on AAP, UNICEF trained 247 people (185 males and 62 females) as well as 105 frontline workers. To support evidence generation, UNICEF conducted an AAP baseline survey in twenty-two districts within nine regions of south-central Somalia. The quantitative survey of 4,400 respondents indicated that 75 per cent of communities are aware of the different services; however, most of those who are unaware are women (65.8 per cent), and only 52 per cent of respondents know how to access those services.

As part of its effort to support partners' coordination, UNICEF is co-chairing the strategy working group of the Community Engagement and Accountability Task Force and leading a desk review of available drought-related social and behavioural data to define immediate AAP priorities.

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, in addition to other preparatory activities, 2,700 households have been registered, in five targeted villages in the Ceel Afweyn district. Out of the registered households, the project will target 2,000 families with children under the age of five for a three-month intervention period (\$ 70 per household per month). The first payment cycle is to be released by mid-February, 2023.

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 (HCT) to actively contribute to the multi-sectoral drought response and famine prevention actions in Somalia. UNICEF actively advocated for adequate child protection spaces on various platforms, including the HCT retreat held in December 2022.

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. In 2022, UNICEF established a partnership with 167 partners, of which 44 percent were international partners, 44 per cent local NGOs, and 43 per cent was with the government, promoting localization and sustainability.

UNICEF's overall humanitarian strategy remains aligned with the Humanitarian Needs Overview, the Humanitarian Response Plan, the Integrated Response Framework, and UNICEF's Humanitarian Action for Children within the Framework of the Core Commitment for Children in Humanitarian Action, and Cluster priorities.

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 continues to be an active member of the Health Cluster and the Gender-Based Violence (GBV) Sub-Cluster. In 2022, UNICEF-led and co-led clusters/subclusters were actively engaged in strengthening sub-national cluster coordination and improving information management systems at all levels.

This year, UNICEF-led clusters successfully produced evidence about the effects of the current drought on children and their families. Through financial and technical support from UNICEF, the WASH technical guidelines for Somalia were developed and rolled out to all WASH cluster partners; a capacity-building workshop on professional WASH facility construction for 65 technical staff from government and NGOs was completed in Galckayo and Banadir; and training on cross-cutting issues in WASH response was conducted for 35 WASH partners. These capacity-building efforts ensured the existence of functioning sector coordination mechanisms for water, sanitation, and hygiene at both the federal and state levels throughout the year. Sector coordination, including planning and monitoring of the WASH humanitarian response in 2022, was a critical pillar that enhanced accountability for public resources and ensured investments were allocated to areas with critical WASH needs.

Moreover, UNICEF has repositioned 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 and 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. Furthermore, with recurrent and more severe climate events coupled with existing vulnerabilities, continued investment in an integrated rapid response mechanism is essential to help communities survive the crisis. Therefore, an integrated programming approach in humanitarian action

has been a response strategy for UNICEF in 2022. Aligned with the interagency Integrated Response Framework guidance, UNICEF, IOM, and WFP implemented a Minimum Response Package (MRP) in Banadir and Baidoa districts. The intervention is now being implemented in Beletweyne. The Minimum Response Package (MRP) has allowed UNICEF to leverage resources with its sister agencies, IOM and WFP, to rapidly provide lifesaving assistance for 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 11 out of the 16 targeted districts with limited humanitarian access. To further strengthen 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 and response monitoring at the 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, nutrition, and WASH interventions. 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

In December, the 2023 [UNICEF Somalia Humanitarian Action for Children](#) was [launched](#) with an appeal for US\$272.3 million to provide humanitarian services to 3 million people, including 1.9 million children. A [joint Resilience UN programme was launched](#) in Gedo with UNICEF, WFP and FAO, focusing on multisector resilience building while addressing immediate emergency needs. The Minister of Humanitarian Affairs visited [Burhakaba](#) [Burhakaba](#). A successful integrated campaign vaccinated over 2.3 million children under 5 against [measles](#) and 2.6 million against polio. Some 1.8 million children were dewormed and 2 million provided vitamin A supplementation.

High-level advocacy missions included the joint visits of the [Deputy Executive Directors](#) of UNICEF and WFP and the [Emergency](#) directors of both agencies to [Wajid](#). The missions also included meetings with the Special Presidential [Envoy](#) for the Drought Response. The drought crisis in Somalia along with [UNICEF's response](#) was highlighted by the visits of the UNICEF and WFP [Deputy Regional Directors](#), who raised the early alarm on the impact of the [drought](#) on affected communities. The UNICEF Somalia [Representative](#) visited Dollow with the [DSRSG of Somalia](#) and other UN partners. UNICEF Regional Communications Chief also visited to amplify [awareness](#) about the dire [situation](#). In all these missions, UNICEF worked closely with the [UN family](#) to amplify joint [advocacy](#) and organize media missions. Strategic moments were captured to raise awareness about [child marriage](#), [breastfeeding](#), [nutrition](#), predicted [famine](#), social safety net [systems](#), [vaccination](#), mobile [clinics](#), [education](#), and [WASH](#). 16 [press releases](#) and 31 [articles](#) were published on the [UNICEF Somalia website](#), including a [story](#) early on about families forced to flee their homes in Somaliland due to the drought. This year, our social media platforms reached 336,729 followers and included 23 [YouTube](#) videos. Posts that gained the most engagement were on [education](#), education for [children](#) with disabilities and [child protection](#).

UNICEF received over 140 mentions in national and international media. The drought was covered by major media houses that included the [New York Times](#), [BBC](#), [CNN](#), [Deutsche Welle](#), [Sky News](#), [NPR](#), [VOA Africa](#) and the [Washington Post](#), to mention but a few.

Next SitRep: 20 February 2022

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

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

**Who to
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further
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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)	459,616 (251,765G 207,851B)	49,762 ▲	386,410 (197,069 G 189,341 B)	459,616 (251,765G 207,851B)	49,762 ▲
# of primary caregivers of children aged 0-23 months who received counselling on infant and young child feeding	1,413,000	1,142,002	1,473,137 (1,473,137 W 0 M)	161,842 ▲	1,416,526	1,473,137 (1,473,137 W 0 M)	161,842 ▲
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)	1,607,729 (401,136 G 362,833 B 501,938 W 341,822M)	222,786▲			
# of children under 5 years old vaccinated against measles		1,279,326 (699,803 G 579,523 B)	812,942 (412,436 G 400,506B)	25,703 ▲			
# of pregnant women receiving delivery services by skilled birth attendants		36,804	60,621	10,422▲			
# of healthcare facility staff and community health workers trained in infection prevention and control (IPC)****		1,000 (598 W 402 M)	1,167 (505 W 662 M)	14 ▲			
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)	1,985,242 (601,302G 614,611B 406,203W 363,126 M)	248,687▲	2,804,551 (841,365 G 981,593 B 504,819 W 476,774 M)	2,798,616 (839,589G 979,515 B 503,748 W 475,764M)	248,687▲
# 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)	201,777 (57,957 G 60,125B 44,595W 39,100M)	98,253 ▲	1,920,000 (576,000 G 672,000 B 345,600 W 326,400 M)	686,232 (205,864 G 240,184 B 123,518 W 116,666M)	115,308 ▲
# 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)	1,242,374 (367,286G 374,836B 267,235W 233,017M)	281,040 ▲	3,174,496 (952,349 G 1,111,074 B 571,409 W 539,664 M)	2,790,108 (837,034 G 976,536 B 502,213W 474,325M)	792,674 ▲
# 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)	934,930 (250,284 G 249,071B 235,280 W 200,295 M)	155,839 ▲	1,505,280 (451,584 G 526,848 B 270,950 W 255,898 M)	1,956,614 (586,980 G 684,819 B 352,186 W 332,629 M)	299,540 ▲
# 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)	222,128 (70,737 G 74,775B 46,755W 29,861M)	26,689 ▲	521,343 (224,778 G 233,953 B 30,680 W 31,932 M)	296,305 (79,762G 78,384 B 79,139W 59,164 M)	31,621 ▲
# 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)	15,639 (7,196 G 8,443 B)	1,946▲	35,851 (17,208 G 18,643 B)	34,917 (16,022G 16,354B 1,728W 813M)	2,090 ▲
# 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)	121,768 (30,367G 18,408 B 53,522 W)	16,251 ▲			

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 ▲ ▼
		42,597 M)	19,471M)				
# 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)	1,160***** (987 G 173 B)	4 ▲	5,000 (1,000 G 4,000 B)	1,160* (987 G 173B)	4▲
# 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)	168,533 (31,535 G 27,222 B 66,609 W 43,167M)	27,111 ▲	950,684 (294,712 G 313,726 B 171,123 W 171,123 M)	356,041 (108,027 G 89,020B 106,354W 52,640M)	23,417 ▲
# 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)	529,228 (140,008G 129,835B 166,886W 92,499M)	71,997▲			
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)	597,482 (286,364G 311,118 B)	9,990 ▲
# 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)	245,436 (116,709G 128,727B)	6,402 ▲
# 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)	6,716 (1,731W 4,985 M)	191▲
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)	3,377,237 (2,225,553 W 1,151,684 M)	135,293▲			
# 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)	-			
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	2,775	▲			

* Results are measures against the revised 2022 HAC 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>

***** Results for the indicator # of girls and boys released from armed groups and forces, reintegrated with their families/communities, and provided with adequate care and services have been revised and adjusted from previous situation reports due to double-counting of individual children benefiting from services delivered over several months.

***** schools have been closed since mid-December 2022.

Annex B

Funding Status

Funding Requirements					
Appeal Sector	Requirements*	Funds available**		Funding gap	
		Funds Received Current Year	Carry-Over	US\$	%
Health	\$32,292,079	\$ 20,663,186	\$8,649,390	\$2,979,503	9%
Nutrition	\$57,108,056	\$59,834,434	\$13,240,513	0	0%
Education	\$24,690,960	\$19,152,901	\$546,499	\$4,991,560	20%
WASH	\$57,764,420	\$54,734,315	\$5,069,505	0	0%
Child Protection	\$36,418,242	\$14,698,227	\$476,417	\$21,243,598	58%
SBC, Community Engagement, and AAP	\$3,479,677	\$1,249,679	\$419,440	\$1,810,558	52%
Social Protection	\$7,248,382	\$550,000	0	\$6,698,382	92%
Cluster Coordination	\$3,301,820	\$2,253,124	0	\$1,048,696	32%
Total	\$222,303,636	\$173,135,865	\$28,401,764	\$38,772,297	17%

* 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.