Children in Somalia continue to face acute humanitarian needs due to conflict, constraints on humanitarian access to insecure areas and erratic rains. An estimated 5.2 million people, including 1.4 million newly displaced persons and 3.4 million children, will require humanitarian assistance in 2020.1 Conflict continues in Somalia, with some populations experiencing forced displacement and rising humanitarian needs due to ongoing operations between government forces and non-state actors. Women, children and people with disabilities remain highly vulnerable, with gender-based violence and child recruitment continuing to undermine well-being in 2019.2 Due to the delayed rains in May 2019, the major crop harvest was 68 per cent lower than average, and the worst harvest on record.3 As a result, over 178,000 children are at risk of severe acute malnutrition (SAM) in 2020, and some 6.3 million people are facing higher risks of food insecurity.4 In addition, 2.7 million people are in need of water, sanitation and hygiene (WASH) support, and 3.3 million people require health assistance.5 The shifting dynamics in Somalia will continue to impact humanitarian access, particularly as the country heads into national elections in 2020. This situation will require flexible programming and linkages with sustainable solutions, where possible.

Humanitarian strategy

In 2020, UNICEF, will continue to advocate for life-saving health, nutrition, education, WASH and child protection interventions for Somali children, leveraging its leadership position in the country and linking its humanitarian action with development programming. Working closely with stakeholders, UNICEF will build sustainable programmes, wherever possible, and foster resilience at all levels – from the household level to the community, state and national levels. Cash programming will be a critical component of the emergency response, and humanitarian cash will be integrated into existing social protection mechanisms.

Humanitarian programmes will emphasize the importance of community engagement and participation. UNICEF will build on its work to improve accountability to affected populations by focusing on inclusion of children with disabilities and gender equity. Women and children will be actively included in programme design and implementation to strengthen community involvement and identify cross-cutting needs and appropriate solutions. UNICEF will also support communities with appropriate technologies to increase awareness and accountability and thereby empower women, children and other vulnerable groups to voice their needs.

Results from 2019

As of 31 August 2019, UNICEF had US$68.8 million available against the US$145.3 million appeal (47 per cent funded).6 This funding allowed UNICEF to maintain 105 partnership agreements for extensive operational reach and deliver significant results for children. UNICEF was also able to pre-position supplies and work closely with partners to meet critical needs and targets. More than 500,000 people accessed safe drinking water less than 500 metres from their homes and over 105,000 children (52 per cent girls) were treated for SAM. Over 455,000 people with access to primary health care received emergency life-saving health services. Despite underfunding, UNICEF reached over 34,000 children and youth (45 per cent girls) with formal or non-formal education and nearly 36,000 children (14,261 girls) participated in psychosocial support activities. A key challenge was the launch of the humanitarian cash programme, which was beset by operational issues. However, as part of its focus on strengthening the linkages between humanitarian action and development programming, UNICEF partnered with the World Bank and the World Food Programme (WFP) to build a social safety net programme.

Humanitarian Action for Children

Somalia

2020 programme targets

Nutrition

- 133,500 children aged 0 to 59 months with SAM admitted to therapeutic care
- 43,000 children aged 6 to 59 months with moderate acute malnutrition (MAM) admitted to therapeutic care through simplified protocols
- 400,000 primary caregivers of children aged 0 to 23 months who received counselling on infant and young child feeding

Health

- 99,744 children vaccinated against measles
- 88,176 women and children under 5 years accessing essential maternal and child health services
- 968,388 people provided with access to essential and life-saving health care services

WASH

- 800,000 people accessing temporary safe water for drinking, cooking and personal hygiene
- 220,000 people accessing improved sanitation facilities
- 1,200,000 people reached with hygiene kits

Child protection

- 120,000 children participating in community-based mental health and psychosocial support activities, including child-friendly spaces
- 10,000 survivors of gender-based violence accessing a package of gender-based violence services (medical, legal, mental health, psychosocial support and materials)
- 3,000 girls and boys formerly associated with armed forces and armed groups provided with reintegration support

Education

- 130,000 children accessing quality non-formal or formal primary education
- 130,000 children and youth provided with teaching and learning materials
- 2,025 teachers and school management committee members trained

Cash-based transfers

- 8,000 vulnerable households received cash transfers
NUTRITION

- Children with acute malnutrition treated: 648,000 (Cluster 2019) vs. 385,760 (Cluster total results) vs. 164,676 (UNICEF 2019) vs. 122,906 (UNICEF total results)
- Pregnant and lactating women receiving infant and young child feeding counselling: >75 (Cluster 2019) vs. 84.40% (Cluster total results) vs. >75 (UNICEF 2019) vs. 93.9% (UNICEF total results)

HEALTH

- Crisis-affected people with adequate access to primary health care services provided with emergency life-saving health services: 513,000 (Cluster 2019) vs. 364,869 (Cluster total results) vs. 974,400 (UNICEF 2019) vs. 456,636 (UNICEF total results)

WATER, SANITATION AND HYGIENE

- Emergency-affected people accessing temporary safe water services for drinking, cooking and personal hygiene: 2,092,167 (Cluster 2019) vs. 984,747 (Cluster total results) vs. 950,000 (UNICEF 2019) vs. 725,117 (UNICEF total results)
- People accessing appropriate sanitation facilities: 1,092,456 (Cluster 2019) vs. 298,775 (Cluster total results) vs. 420,000 (UNICEF 2019) vs. 89,696 (UNICEF total results)

CHILD PROTECTION

- Children participating in community-based psychosocial support activities, including child-friendly spaces: 250,000 (Cluster 2019) vs. 152,762 (Cluster total results) vs. 120,000 (UNICEF 2019) vs. 35,885 (UNICEF total results)
- Survivors of gender-based violence receiving clinical care, case management, psychosocial support, legal assistance and safe house support: 10,000 (Cluster 2019) vs. 3,080 (Cluster total results) vs. 3,080 (UNICEF 2019) vs. 3,080 (UNICEF total results)

EDUCATION

- Children and youth accessing formal or non-formal primary education: 330,068 (Cluster 2019) vs. 85,214 (Cluster total results) vs. 165,000 (UNICEF 2019) vs. 34,622 (UNICEF total results)
- Schoolchildren benefiting from emergency teaching materials: 330,068 (Cluster 2019) vs. 58,332 (Cluster total results) vs. 165,000 (UNICEF 2019) vs. 9,551 (UNICEF total results)

CASH TRANSFERS

- Households with children under 5 years diagnosed with SAM and admitted for treatment receiving monthly cash transfers to support access to basic services: 30,062 (Cluster 2019) vs. 0 (Cluster total results) vs. 0 (UNICEF 2019) vs. 0 (UNICEF total results)

1 Results are as of 31 August 2019.
2 This includes the treatment of 130,196 children under 5 years with SAM and 34,480 children under 5 years with MAM through Extended Admission Criteria with exceptional circumstances when access is an issue and integration is lacking.
3 In 2017 and 2018, all essential package of health services consultations conducted in emergency-supported health facilities were reported as emergency life-saving consultations. In the beginning of 2019, UNICEF asked its implementing partners to distinguish between first curative consultations and consultations for crisis-affected/marginalized/displaced people. The reported figures solely reflect the second group, while the overall number of first consultations in emergency-supported facilities for the reporting period is 779,697.
4 WASH results for people accessing appropriate sanitation facilities were lower than planned for two reasons: 1) donor funding for sanitation interventions was substantially lower than planned as donors prioritized water supply over sanitation interventions due to the impact of the delayed rains; and 2) the WASH cluster strategically moved from communal emergency sanitation facility construction to shared family latrine construction in camps for internally displaced persons and chronically emergency-affected areas. This increased the cost of the facilities and decreased the number of beneficiaries per facility from 50 per latrine stance for communal facilities to 20-25 per latrine stance for shared family latrines. This approach supported better facilities but reduced the number of people reached during the year.
5 Lower than expected reach is due to limited funding for the humanitarian response (49 per cent by August 2019) and delays in finalising agreements with implementing partners.
6 The low numbers reached for education are attributed to the limited funding available through June/July 2019, after which more substantive resources for education in emergencies was received.
7 The numbers are expected to increase later in 2019 after the financing is received.
8 The programme start was delayed extensively due to operational issues. Progress will be reflected in end-of-year situation reports.

Funding requirements

UNICEF is requesting US$127 million to meet the needs of crisis-affected adults and children in Somalia in 2020. Without this funding, UNICEF and its partners will be unable to provide critical life-saving interventions to conflict and climate-affected vulnerable populations. Adequate funding will allow UNICEF to bridge its humanitarian assistance with more sustainable programming. In addition, these funds will help UNICEF reach severely malnourished children with vital treatment; provide vulnerable children with safe drinking water and treatment for preventable diseases; and support communities to be more resilient against shocks.

Who to contact for further information:
- Werner Schultink, PhD
  Representative, Somalia
  Tel:+252 613 375 873
  Email: wschultink@unicef.org
- Manuel Fontaine
  Director, Office of Emergency Programmes (EMOPS)
  Tel: +1 212 326 7163
  Email: mfontaine@unicef.org
- Carla Haddad Mardini
  Director, Public Partnership Division (PPD)
  Tel: +1 212 326 7160
  Email: chaddadmardini@unicef.org

Figures are provisional and subject to change upon finalization of the inter-agency planning documents. Office for the Coordination of Humanitarian Affairs, ‘Somalia: 2020 Humanitarian Needs Overview’ (draft), OCHA, October 2019.
3 The 2019 Gu harvest is the worse since record-keeping began in 1995. Food Security and Nutrition Analysis Unit - Somalia, ‘Technical Release: In the aftermath of drought, up to 2.1 million people in Somalia face acute food security crisis or worse outcomes’, FEWS NET, 1 October 2019.
4 Ibid.
6 Available funds include US$56.8 million received against the 2019 appeal and US$12 million carried forward from the previous year.
7 The figure is provisional and subject to change upon finalization of the inter-agency needs and planning documents. ‘Somalia: 2020 Humanitarian Needs Overview’ (draft).
8 Ibid.
9 This is based on the highest target of people to be reached through hygiene messaging and hygiene kits. This includes 52 per cent women/girls and 48 per cent men/boys. The Office for the Coordination of Humanitarian Affairs (OCHA) estimates that people with disabilities make up 15 per cent of the population, which means an estimated 180,000 people with disabilities will be supported by UNICEF programmes.
10 This was calculated based on children making up 65 per cent of the total population to be reached (390,000 girls and 390,000 boys). An estimated 117,000 children with disabilities will be supported by UNICEF programmes.
11 Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.
12 In collaboration with WFP, the simplified protocol will be applied to integrate care for children with MAM in UNICEF-supported centres in eight districts in Central South Somalia where there is no targeted supplementary feeding programme for MAM.
13 Given limited access in priority regions and the length of time needed to provide the required support to vulnerable children, the targets provided are in line with cluster priorities.
14 UNICEF is accounting for the largest portion of targeted children. UNICEF aims to contribute 42 per cent towards the broader education cluster target for 2020 (300,000 of 307,000 children). The remaining 58 per cent is covered by 8 local non-governmental organizations and 13 international non-governmental organizations and the United Nations High Commissioner for Refugees (UNHCR).
15 The programme will continue to target the most vulnerable children, in conjunction with the World Bank-led social safety net programme.
16 Figures are provisional estimates. Financial requirements are subject to change upon finalization of the inter-agency appeals/planning documents.