

# Somalia Consolidated Emergency Report 2022



*A young boy rolls his water jug home in Dollow. credit: ©UNICEF Somalia/Sewunet*

**Submitted by UNICEF Somalia**  
**March 2023**

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## Expression of thanks

UNICEF Somalia would like to thank all its donors for their continued generous support for the children and women of Somalia. The contributions made over the past year enabled UNICEF and partners to sustain humanitarian assistance at scale in Somalia and ultimately save lives. Continued, predictable, flexible, and timely donor support into 2022 was critical to sustaining the response and preventing further deterioration of the situation.

To all the donors who contributed to support the needs of the most vulnerable children and women in Somalia: the Bureau for Humanitarian Assistance (BHA), Foreign, Commonwealth and Development Office (FCDO), the Directorate-General for European Civil Protection and Humanitarian Operations (ECHO), the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Central Emergency Response Fund (CERF), the World Bank, the Gavi alliance, the Global Partnership for Education (GPE), the Governments of Sweden, Norway, Japan, Canada and Saudi Arabia as well as the UNICEF National Committees – we thank you.

## Contents

Expression of thanks .....	2
Map .....	4
Abbreviations and acronyms .....	5
Executive summary .....	7
Humanitarian context .....	9
Humanitarian Results.....	10
Water, Sanitation and Hygiene.....	14
Education.....	15
Health .....	16
Nutrition .....	18
Social Behavior Change, (SBC) .....	20
Cluster Sector Coordination .....	21
Results achieved from Humanitarian Thematic Funding.....	24
Humanitarian Thematic Funding: Case studies .....	25
Assessment, Monitoring and Evaluation and Partnerships .....	26
Financial Analysis <sup>4</sup> .....	27
Future Workplan.....	31
Annexes .....	32

## Map



## Abbreviations and acronyms

<b>AAP</b>	Accountability to Affected Populations
<b>ANC</b>	Antenatal Care
<b>AWD</b>	Acute Watery Diarrhoea
<b>BEmONC</b>	Basic Emergency Obstetric and Newborn Care
<b>BHA</b>	Bureau for Humanitarian Assistance
<b>BNSP</b>	Basic Nutrition Services Package
<b>C4D</b>	Communication for Development
<b>CAAC</b>	Children Affected by Armed Conflict
<b>CCCM</b>	Camp Coordination and Camp Management
<b>CAAFAG</b>	Children Associated with Armed Forces and Groups
<b>CEC</b>	Community Education Committee
<b>CERF</b>	Central Emergency Response Fund
<b>CP AoR</b>	Child Protection Area of Responsibility
<b>CPIMS</b>	Child Protection Information Management Systems
<b>CSR</b>	Central South Regions
<b>CTFMR</b>	Country Task Force on Monitoring and Reporting
<b>CVA/MBP</b>	Cash/Vouchers and Market Based Programming
<b>cVDPV2</b>	Vaccine Derived Polio Virus type 2
<b>ECHO</b>	Directorate-General for European Civil Protection and Humanitarian Operations
<b>EWARN</b>	Early Warning and Response Network
<b>FAO</b>	Food and Agriculture Organization
<b>FCC</b>	Family Care Centre
<b>FCDO</b>	Foreign, Commonwealth and Development Office
<b>FEWSNET</b>	Famine Early Warning Systems Network
<b>FMoH</b>	Federal Ministry of Health
<b>FGS</b>	Federal Government of Somalia
<b>FSNAU</b>	Food Security and Nutrition Analysis Unit
<b>GAM</b>	Global Acute Malnutrition
<b>GBV</b>	Gender-based Violence
<b>GPE</b>	Global Partnership for Education
<b>HAC</b>	Humanitarian Action for Children
<b>HRP</b>	Humanitarian Response Plan
<b>IDP</b>	Internally Displaced Person
<b>IOM</b>	International Organization for Migration
<b>IPC</b>	Infection Prevention and Control
<b>IYCF</b>	Infant and Young Child Feeding
<b>MAM</b>	Moderate Acute Malnutrition
<b>MHM</b>	Menstrual Hygiene Management
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MRM</b>	Monitoring and Reporting Mechanism

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<b>MRP</b>	Minimum Response Package
<b>NID</b>	National Immunization Days
<b>NGO</b>	Non-Governmental Organizations
<b>OCV</b>	Oral Cholera Vaccine
<b>ONA</b>	Online Nutrition Information System
<b>OPA</b>	Operational Priority Area
<b>OPD</b>	Outpatient Department
<b>OSC</b>	One Stop Centre
<b>OTP</b>	Outpatient Therapeutic Programme
<b>PAH</b>	Polish Humanitarian Action
<b>PRMN</b>	Protection and Return Monitoring Network
<b>PNC</b>	Prenatal Care
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>PSS</b>	Psychosocial Support
<b>RSH</b>	Regional Supply Hubs
<b>RUTF</b>	Ready-to-use Therapeutic Foods
<b>SAG</b>	Strategic Advisory Group
<b>SAM</b>	Severe Acute Malnutrition
<b>SHF</b>	Somalia Humanitarian Fund
<b>SNA</b>	Somali National Army
<b>SUN</b>	Scaling Up Nutrition
<b>TSFP</b>	Targeted Supplementary Feeding Programme
<b>TWG</b>	Technical Working Groups
<b>UASC</b>	Unaccompanied and Separated Children
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>UNSOM</b>	United Nations Assistance Mission in Somalia
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WGSS</b>	Women and Girls Safe Spaces
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization

## Executive summary

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 resulting in mass displacement, severe water shortages, and a devastating food crisis that worsens the plight of the 8.3 million drought-affected population.

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.<sup>1</sup>

Aligned to the 2022 Somalia Humanitarian Response Plan (HRP) and the 2022 UNICEF Humanitarian Action for Children (HAC), UNICEF provided life-saving services to address critical malnutrition and excess mortality, effectively respond to recurring protection risks for women and children, as well as support resilience building and early recovery. UNICEF maintained critical service provision in the highest need areas, procuring life-saving core pipeline supplies and continually looking to expand partnerships and coverage in hard-to-access districts and communities. Lifesaving programme integration prioritized nutrition, health, and WASH services, complemented with child protection and education in emergencies interventions. UNICEF maintained key leadership roles in support of humanitarian coordination, as well as active participation in other strategic forums. Humanitarian efforts were closely coordinated with relevant government ministries, disaster management agencies and clusters.

Some of UNICEF's achievements in 2022 include:

- Scaled-up community-based mental health and psychosocial support interventions provided to 222,128 people (66 per cent children) via psychological first aid, structured & non-structured psychological support, and group counselling, to strengthen resilience and positive coping mechanisms.
- 1,160 children formerly associated with armed forces and armed groups and children at risk of recruitment provided with reintegration services, including well-being, education, and vocational training. In addition, 15,639 unaccompanied and separated children (46 per cent girls) benefitted from family tracing and were reunified with their families or placed in alternative care.
- 121,768 women, men, boys, and girls benefitted from Gender-Based Violence response, prevention and risk mitigation interventions. Survivors of rape and sexual violence received adequate clinical and psychosocial support and benefit from legal service, transport, and safe accommodation assistance.
- 1,985,241 people received emergency water through water trucking and water vouchers. In addition, 934,930 people were provided with sustainable access to water, through the drilling of 31 new strategic boreholes, the rehabilitation of 75 existing high-yield borehole systems. 202,000 people were also provided with improved sanitation facilities and nearly two million emergency-affected people were reached with key hygiene promotion activities, including AWD/cholera prevention activities, of which 1.2 million people were provided with hygiene kits with 109,000 women and girls receiving Menstrual Hygiene Management (MHM) kits.

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<sup>1</sup> [Ibid.](#)

- 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, received primary health care services in Somalia, reaching 122 per cent of UNICEF's target for 2022 and an increase of 345 per cent compared to the same reporting period in 2021 (360,923).
- Nearly four million people reached through house-to-house visits and other community-level channels with key lifesaving messages promoting service-seeking behavior aiming to reduce mortality and morbidity associated with drought and communicable diseases like cholera and COVID-19. Another eight million (approximately) people have been reached with radio, television, and social media.



## Humanitarian context

Somalia faces famine as the country grapples with a drought of historic severity. With 2.9 million people estimated to be internally displaced throughout the country, Somalia ranks among the highest in the world.<sup>[1]</sup> Of these, 2.2 million require urgent humanitarian assistance. Internally displaced persons are chronically more food insecure and vulnerable than host communities. Displacements are typically rural-urban in nature, where displaced people moving into urban centres often lack the skills required for urban livelihoods, and internally displaced people and rural migrants are frequently confined to poor-paying unskilled jobs, if any at all. Furthermore, most of them have no official documentation for the – mostly privately owned – land on which they reside, exposing them to repeated evictions. The situation has been compounded by the recent offensives against Al-Shabaab led by clan militia in central Somalia. In October 2022, the Protection and Return Monitoring Network (PRMN) noted a significant displacement increase due to rising insecurity. The PRMN reported that the mobilization of clan militias by the Somali government against Al Shabaab in Hiran, Bakool, and Lower Shabelle resulted in an estimated displacement of 2,836 households. The Country task force on monitoring and reporting (CTFMR) also noted a correlation between districts with the highest number of grave child rights violations and drought. The Child Protection Area of Responsibility (CPAoR) reported an 80 per cent increase in number of unaccompanied and separated children during the first quarter of 2022 compared with the same period the previous year. To survive, families must seek out food, shelter, water, and livelihoods often leading to family separation and forcing some to resort to harmful coping mechanisms, placing children at heightened risk of marriage, exploitive work, school abandonment and recruitment to armed groups.

The WASH Cluster reports that 6.4 million people are affected by significant water shortages, with 14 out of the 18 regions being hardest affected. The limited access to safe water has triggered a spike in Acute Watery Diarrhoea/cholera cases. Further, the country has registered 16,578 suspected measles cases, with 77 per cent of them being children under the age of five. 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).

Approximately 4.84 million internally displaced people and non-displaced children aged five to 17 years across 74 districts in Somalia lack access to education, representing 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.

In 2022, out of the total 1,816,000 people forcefully displaced, 1,179,000 left their homes due to the worsening drought, 607,000 due to conflicts, and the rest due to other causes<sup>2</sup>. 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 displaced 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 access<sup>3</sup>.

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<sup>2</sup> [Displacements Monitored by UNHCR Protection and Return Monitoring Network \(PRMN\)](#)

<sup>3</sup> [OCHA Somalia drought response and famine prevention report](#)

## Humanitarian Results

		UNICEF and Implementing partners			Cluster/AoR Response		
Sector	Overall needs	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	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	115,308 ▲

		46,101 M)				116,666M)	
# of people reached with hygiene promotion activities and hygiene kits distribution in vulnerable settlements and communities	<b>3,174,497</b>	<b>2,448,014</b> (774,377 G  772,398 B  490,710 W  410,529 M)	<b>1,242,374</b> (367,286G  374,836B  267,235W  233,017M)	281,040 ▲	<b>3,174,496</b> (952,349 G  1,111,074 B  571,409 W  539,664 M)	<b>2,790,108</b> (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	<b>1,777,718</b>	<b>875,000</b> (272,000G  241,680B  196,240W  165,080M)	<b>934,930</b> (250,284 G  249,071B  235,280 W  200,295 M)	155,839 ▲	<b>1,505,280</b> (451,584 G  526,848 B  270,950 W  255,898 M)	<b>1,956,614</b> (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	<b>220,000</b>	<b>176,000</b> (62,051 G  57,885 B  30,422 W  25,642 M)	<b>10,130</b> (3,017 G  3,510 B  1,855 W  1,748 M)	-			
<b>Child Protection</b>							
# of children and caregivers accessing community-based mental health and psychosocial support services	<b>793,864</b>	<b>300,000</b> (134,176 G  134,176 B  16,659 W  14,989 M)	<b>222,128</b> (70,737 G  74,775B  46,755W  29,861M)	26,689 ▲	<b>521,343</b> (224,778 G  233,953 B  30,680 W  31,932 M)	<b>296,305</b> (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	<b>35,851</b>	<b>19,000</b> (9,160 G  9,840 B)	<b>15,639</b> (7,196 G  8,443 B )	1,946 ▲	<b>35,851</b> (17,208 G  18,643 B)	<b>34,917</b> (16,022G  16,354B  1,728W  813M)	2,090 ▲
# of women, girls, and boys accessing GBV risk mitigation prevention and response interventions	<b>2,289,689</b>	<b>165,385</b> (36,412 G  23,143 B  63,233 W  42,597 M)	<b>121,768</b> (30,367G  18,408 B  53,522 W  19,471M)	16,251 ▲			
# of girls and boys released from armed	<b>12,804</b>	<b>4,950</b>	<b>1,160*****</b>	4 ▲	<b>5,000</b>	<b>1,160*</b>	4 ▲

groups and forces, reintegrated with their families/communities, and provided with adequate care and services		(554 G  4,396 B)	(987 G  173 B)		(1,000 G  4,000 B)	(987 G  173B)	
# 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		11,752,897 (5,923,460 W	3,377,237 (2,225,553 W  1,151,684 M)	135,293 ▲			

prevention practices and access to services		5,829,437 M)					
# of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms		<b>783,527</b> (394,898 W  388,629 M	<b>25,606</b> (995G   16,134 W  8,477 M)	-			
<b>Social Protection</b>							
# 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		<b>24,216</b>	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



## Water, Sanitation and Hygiene

The WASH cluster reports showed severe water supply shortages across the country in 2022, especially in the internally displaced people camps of Baidoa, Kismayo, and Banadir. With a lack of safe and adequate water, the internally displaced people living in crowded and unsanitary conditions in temporary shelters were at higher risk of WASH-related diseases. The Federal Ministry of Health (FMoH) reported that the number of suspected cholera cases had been increasing since the end of March 2022, and 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).

In 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 percent 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.

The year also saw a construction of 4,600 new latrines, rehabilitation of 110, and dislodging of 500 latrines, 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 two 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 internally displaced 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. The cost of trucking water has increased sixfold in certain regions since the beginning of 2022.



## 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. While the COVID crisis had required a response targeting out of school children residing in home communities, the drought crisis has required a focus both on children who reside in the worst drought affected districts as well as a large population of children on the move. Within this evolving humanitarian context, UNICEF and its partners reached 133,909 children with education emergency interventions over 2022.

In partnership with Ministries 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, implementation of a school meals programme in partnership with the World Food Programme (WFP) in Central and South regions, 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 zone, 60 schools were supported to repair and improve 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 supply of safe drinking water. In Puntland, UNICEF supported school capacity for safe water management through increasing water storage capacity in 25 schools, introducing locally made foot-pedal operated handwashing facilities in 55 schools; and distributed basic hygiene and sanitation supplies (bar soaps, hand sanitizers, face masks and gloves). 2,221 Teachers and Headmasters at UNICEF supported schools were provided with incentives to ensure teacher engagement and retention. In addition, a total of 1,367 teachers (473 women) participated in training on the crisis education in emergencies package, including modules on pedagogy, psychosocial support, gender-based violence and hygiene promotion. Engagement with the community was strengthened through training of Community Education Committees (CECs), which support children's access and retention in schools, promote awareness and identification, and referral of cases of gender-based violence, and promote psychosocial care. Further, UNICEF education partners encouraged children's re-enrolment in the 2022/23 school year through social mobilization campaigns held over July and August, that had a particular focus on facilitated community discussions regarding the benefits and impact of girls' school participation.

In 2022, UNICEF and its implementing partners initiated implementation of an accelerated education package which includes remedial instruction targeting 16,500 children aged seven to 13 residing in internally displaced sites. This package seeks to ensure that children impacted by sudden humanitarian crises are provided with an educational response which explicitly focuses on ensuring the development of foundational learning skills. As a significant portion of the displacement sites are in urban and peri-urban areas, there is an opportunity over 2023 to swiftly expand coverage of learning programmes at scale for displaced primary school aged children. In line with its commitment to support humanitarian coordination structures and processes for more timely and efficient delivery of emergency assistance to children and their families, UNICEF ensured the availability of a fully staffed education cluster structure over 2022 with a renewed focus on improved data systems and the establishment of a robust Strategic Advisory Group (SAG) to guide sector responses.



## Health

The Somalia 2022 humanitarian landscape deteriorated driven by drought, conflict, and increased vulnerability, resulting in 7.7 million people requiring humanitarian assistance including 6.6 who needed emergency healthcare access. Between March and December 2022, the country 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). Similarly, an outbreak of AWD/Cholera cases resulted in three-fold increase of cases compared to 2021. The impact of the drought and increasing economic pressures deepened the severity of needs and driving the country to the brink of famine. With acute malnutrition in children significantly rising. UNICEF prioritized the provision of integrated life-saving health and nutrition interventions in drought- and emergency-affected areas in Somalia which helped in mitigating the health and nutrition humanitarian impact of the drought in target areas.

UNICEF activities focused on the highest impact services, supplies, and delivery to maintain quality essential health services to women and children in priority districts. In the context of the drought in Somalia, every effort was made to ensure funding was aligned with the Inter-UN and UNICEF drought response plans and is synergized with other programmes such as Global Fund for Malaria and HIV, GAVI immunization, and enhanced protection for communities affected by the drought. Prioritized primary healthcare activities included immunization, Outpatient Department (OPD) consultations, Antenatal Care (ANC), Postnatal Care (PNC), delivery, referral of maternal complicated cases, health promotion, nutrition screening and community health to treat childhood illnesses.

In addition, 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 was attributed 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 ANC and 60,621 pregnant women whom skilled birth attendants assisted. Furthermore, 36,812 mothers and infants received their first PNC services within 48 hours after birth. Over 93,272 infants under the age of one received pentavalent (Penta 1) immunizations, with approximately 76,021 infants completing their third vaccination session (Penta 3).

In response to the measles outbreak, UNICEF, in collaboration with the Ministry of Health (MOH) and other partners, supported the targeted measles immunization vaccination of 1,230,916 children aged six–59 in 29 districts across Somalia. To ensure more children were vaccinated, a national integrated measles campaign was conducted in the Federal Member States, including Puntland, in collaboration with the MOH and the World Health Organization (WHO) from November 13–24, 2022. As a result, a total of 2,311,466 children aged six to 59 months were vaccinated against measles, representing 94 per cent of the target.

Vaccination against Polio was also provided to 2,610,245 children aged zero to 59 months reaching 95 percent 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 six to 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 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 efforts to prevent future cholera outbreaks, in collaboration with the WHO, UNICEF supported the MOH in conducting oral cholera (OCV) vaccination campaigns. The first round targeted 934,511 people aged one year and above, including pregnant women in nine high risk districts. Approximately 897,086 people were vaccinated during the house-to-house vaccination campaign, reaching 96 percent of the target population. The second round of the campaign targeted people who received the first dose of the OCV vaccination and saw about 888,092 people vaccinated reaching 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 received training in infection prevention and control mechanisms.



## Nutrition

The nutrition situation for children in Somalia remained critical in 2022, following the fifth failed rainfall season. According to the Food and Nutrition Security Analysis Unit (FSNAU); close to 8.3 million people were facing food security crises (IPC phase 3 or worse) with famine likely conditions experienced in Bay and Mogadishu Internally Displaced Populations (FSNAU, December 2022).<sup>4</sup> Global wasting rates deteriorated from 11 per cent in 2021 to 15.9 per cent in 2022 with a projected 1.7 million children under the age of five years in need of wasting treatment services. Among this, close to half a million were projected to deteriorate to severe wasting from July 2022 through to June 2023.

UNICEF scaled-up nutrition response across the country through multi-year agreements with 44 implementing partners to cover 69 out of the 74 districts of Somalia. The multiyear partnerships enabled UNICEF to deliver a timely integrated package of malnutrition prevention and treatment services including in 16 hard to reach districts. Through timely financial support from the donor network, and agile scenario-based planning against a moving target for children in need, UNICEF procured adequate nutrition supplies to cover the increased and urgent humanitarian needs in all 69 districts with no pipeline breaks despite increasing global supply shortages. This saw the programme providing care for 459,616 children (251,765 girls; 207,851 boys) under the age of five years with severe wasting across the country. (Nutrition Cluster; December 2022). Treatment outcomes remained within the SPHERE standards of quality with over 96 per cent of children discharged as cured. However, it is noteworthy that the number of children who died while in care increased by 46 per cent from 807 in 2021 to 1,186 in 2022.

In partnership with the Health outcome, an integrated measles, polio, and vitamin A campaign was held in the first quarter of 2022, reaching over 2.3 million children under the age of five years with the first dose of Vitamin A. (96 per cent of annual targets). Infant and Young Child Feeding (IYCF) messaging was provided both at static facilities and during outreach, to reach 1,473,137 caregivers of children under two years, against an annual target of two million (Nutrition Cluster, 2022).

While considerable resources have been injected to scale up both treatment and prevention services, the prevalence of wasting has gone up from 11 per cent in 2021 to 15.9 per cent in 2022 surpassing global thresholds for emergency. The situation was worse off in Bay region, with parts of Baidoa, Burhakhaba and Mogadishu internally displaced people projected to deteriorate to famine between October and December 2022. Mortality and morbidity were high in children, with clear gaps witnessed in routine immunization of children in rural areas. Early identification, registration, and referral of wasted children to malnutrition care programme remains untimely among newly arriving displaced people due to inconsistencies in coordination around the registration process. While the nutrition programme has operational presence in 69 of the 74 districts in Somalia, in some, access is only limited to urban areas due to insecurity in rural villages due to increasing insecurity in parts of the country.

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<sup>4</sup> [https://fsnau.org/downloads/Multi-Partner-Technical-Release-on-Updated-IPC-Analysis-for-Somalia-fo-October-2022-to-June-2023-Final-\(English\)-13-Dec-2022.pdf](https://fsnau.org/downloads/Multi-Partner-Technical-Release-on-Updated-IPC-Analysis-for-Somalia-fo-October-2022-to-June-2023-Final-(English)-13-Dec-2022.pdf)



## Child Protection

In 2022, the protective environment for children was further compounded by the combined effects of the drought, conflict, and insecurity. 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 eight hard-to-reach districts. Child protection and GBV were included in the Minimum Response Package (MRP) interventions in Beletweyne, including providing psychosocial support and identifying and responding to the needs of unaccompanied and separated children and women. At the same time, collaboration with the nutrition sector (through the training of nutrition/health officers) contributed to sustainable integration across sectors.

Weakened family resilience and coping mechanisms resulted in increased needs for psychosocial support for both children and their caregivers. UNICEF scaled-up its community-based mental health and psychosocial support interventions, including psychological first aid, structured and non-structured play therapy, and group counselling, reaching a total 222,128 people (32 per cent girls, 34 per cent boys, 21 per cent women, 13 per cent men). UNICEF's partners identified and registered a total of 15,639 unaccompanied and separated children (UASC) (46 per cent girls) and provided them with family tracing and reunification services or placement in appropriate alternative community-based care.

Similarly, UNICEF continued to provide clinical, psychosocial, and legal support and safe accommodation to GBV survivors and individuals at-risk through one-stop centers (OSC), safe houses, family care centers (FCC), and women and girls safe spaces (WGSS) in both internally displaced people 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 Somali Security Forces and other key 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.

Awareness-raising messages on child rights through community mobilization, radio programs, TV and social media reached over 168,000 individuals. Awareness is essential to identify protection concerns and increase people's access to services. As part of its community outreach to reduce risks associated with explosive remnants of war, UNICEF implemented child-focused explosive ordinance risk education interventions, reaching 18,000 people (75 per cent children) in Juba land.

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 Behavior Change, (SBC)

In 2022, life in Somalia remained challenging. While people were suffering from the COVID-19 pandemic, measles and other calamities, the devastating effects of hunger, water shortage, loss of livestock, and widespread cholera outbreaks were ravaging. Additionally, cases of acute shortages of food, shelter and sanitation facilities were recorded. UNICEF through its Social and Behavior Change programmes supported demand generation for lifesaving services promoting healthy behaviors.

A total of four million people (1.6 million households) were reached with key lifesaving messages aiming at the reduction of disease outbreak related mortality and morbidity, with an additional 617,247 and 358,079 people reached through health education sessions and community meetings respectively. Approximately 26,417 people were engaged, including community leaders, religious leaders, teachers, and traditional healers. A combined total of 52,549 hours of public addressing using vehicles mounted with microphones were implemented. Similarly, about 7,532 and 1,292 radio and TV spots were broadcast through all popular channels, with the National Islamic Advisory Group (NIAG) ensuring a total of 4046 mosque announcements throughout the country.

A total of 32.3 percent of people were observed using various indicators and reported positive behavior change. According to evidence generated, using mobile-device-based applications (ODK), social mobilizers, health workers and other inter-personal communication models are 6.3 times more likely to retain key messages. A total of four mobile device-based applications were used for community-level monitoring, intervention reporting and supportive supervision.

UNICEF, through its SBC section, has exercised a selection of methodologies for data collection including the use of five ODKs, third-party monitoring agency, Focus Group Discussions, rapid assessment, social listening, and rumor-tracking. A total of 32,687 feedback messages were collected through ODK and 4,400 through a third party. Among ODK respondents, 59.14 per cent were female, and 57 per cent were from internally displaced people camps, refugee camps, villages, and nomadic communities. A further 38 per cent of the respondents confirmed that they were of the services that were available, with vaccination, information, distribution of free books, and supply of drinking water having the highest mentions. Social workers, radio and newspapers were referred to as the most common sources of information while community leaders, religious leaders, mosque announcements, public announcements and family members were mentioned as the most trusted sources of information. A total of 53.52 per cent respondents provided feedback indicating that their preferred channel for receiving and providing feedback was faced interaction. In the end, a total of 37.62 per cent mentioned that they were happy with the service they received.



## Cluster Sector Coordination

In 2022, UNICEF expanded its multi-sectoral humanitarian response in coordination with other UN agencies, the Somali government, and other partners. UNICEF successfully participated 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 continued to prioritize its coordination role and support for capacity building for all partners, including the government.

UNICEF led the nutrition cluster with WFP as deputy lead, the WASH cluster in co-leadership with Polish Humanitarian Action (PAH) and co-led the education cluster and child protection sub-clusters with Save the Children International. As cluster lead agency, UNICEF provided dedicated full-time support to coordination and information management.

### Nutrition Cluster

In 2022, the Nutrition Cluster provided life-saving treatment and preventive services in priority locations impacted by the drought and concurrently implementing the mitigative and preventive measures to curtail the spread of COVID-19. As its primary strategy, the Cluster continued to ensure timely access to an integrated package of life-saving emergency nutrition services to acutely malnourished children under five and pregnant and lactating women and girls and those at risk of becoming acutely malnourished. The overall nutrition response included integration and collaboration with the Health, WASH, food security, child protection and camp coordination and camp management clusters.

A significant portion of those in need were reached, including 465,465 children (255,032 girls, 210,433 boys) aged six -59 months with severe acute malnutrition who were admitted for therapeutic care (120 per cent of the annual target). A total of 1,473,137 primary caregivers of children aged zero-23 months received counselling on IYCF (104 per cent of the annual target). The cluster also reached 1,013,573 children under five with moderate acute malnutrition and 336,680 pregnant and lactating women with acute malnutrition.

In total the Cluster maintained 75 active partners implementing nutrition programmes, including five UN agencies, 30 International Non-Government Organizations, and 40 National Non-Government Organizations all present in 69 out of the 74 districts in Somalia including areas with extreme access constraints, e.g., Tiyealow and Jamaame. The partners, especially UNICEF and WFP, maintained adequate capacities for the delivery of supplies and monitoring across the country.

To effectively coordinate partners interventions in 2022, the cluster strengthened the sub-national coordination by recruiting four dedicated coordinators in four key coordination hubs, conducted regular monthly national and sub-national cluster coordination meetings, activated the Nutrition cluster technical working groups (TWG) including Integrated Management of Acute malnutrition (IMAM), Information and Assessment, and IYCF programming with the TWGs leading in development and updating of nutrition technical and operations guidelines, improved data collection and information management methods e.g., use of Kobo tools in conducting mass mid upper arm circumference (MUAC) screening and mapping of nutrition sites and strengthened the localization agenda by aligning Somalia Humanitarian Funds (SHF) funds allocation to national NGOs in partnership with UNICEF and WFP to respond in an integrated manner in Hard-to-Reach areas, coordinating capacity-building activities e.g., partnering national NGOs with International NGOs and linking national NGOs with training opportunities.

## WASH Cluster

In 2022, climate change and variability fueled Somalia's crisis. While there were rains in some areas, bringing improvements in water prices, the overall rainfall levels were poor and insufficient for replenishing water sources and sustaining grazing fields for livestock. Ground water aquifers were depleted due to poor recharge, unregulated drilling of deep wells followed by extraction as the public and livestock depended on these water sources has also depleted many wells. Health, water, sanitation, hygiene, and nutrition services needed and still require urgent scale up as about 6.4 million people lacked access to safe water, appropriate sanitation, and hygiene services, and reported cholera and measles cases continue to surge compared to recent years.

Despite the increased impacts of drought and internal conflicts on the 2022 WASH response, the cluster was able to scale up WASH activities in camps, accessible rural communities and hard-to-reach areas while strengthening collaboration with the Health, Nutrition and camp coordination and camp management clusters.

A total of 2,321,798 people (1,276,989 female) were reached with emergency water services in targeted settlements and communities (93 per cent of the annual target), 686,205 people (377,413 female) were reached with sanitation services in vulnerable settlements and communities (30 per cent of the annual target), 3,276,800 people (1,802,240 females) were reached with hygiene promotion activities and hygiene kits distribution in vulnerable settlements and communities and 1,847,834 people (1,016,309 females) were reached with sustainable access to safe water in targeted settlements and communities (over 100 per cent of the annual target).

Other key cluster achievement in 2022 include: -

- WASH supply hub system supported by UNICEF played a crucial role in mitigating the impact of AWD/cholera incidence in Somalia and thus AWD/cholera outbreak was contained with case fatality of 0.6 per cent which is below the emergency threshold.
- Improvement of subnational WASH cluster coordination system through deployment of dedicated state level cluster coordinators in all states across Somalia.
- Increased frequency of National and subnational cluster coordination meetings from monthly to biweekly.
- Conducted six workshops in all five states for rolling out of WASH cluster technical guidelines developed and endorsed by respective Federal line ministries in 2022.
- Four-WASH Operational Coordination and Leadership Trainings were held in Dhusamareeb (Galmudug), Beletweyne (Hirshabelle, Baidoa (SWS), and Kismayo (Jubbaland). Each session had 28 to 40 participants from INGOs, NNGOs, UN, subnational cluster focal points, and respective State/Federal Line ministers attended.
- Conducted a five-day technical training on professional WASH facilities construction and rehabilitation techniques for technical staff from Government and NGO's.
- Conducted a five-day training for WASH Partners on use Cash/Vouchers and Market Based Programing (CVA/MBP) in Mogadishu.

In 2022, 69 partners (UN agencies, INGOs and NNGOs) were actively engaged in supporting WASH response to the affected population in and out of camps.

An anonymous survey conducted to monitor the Somalia WASH cluster coordination performance was circulated to all active Somalia WASH partners with a response rate of 60 per cent. The feedback was primarily positive with the WASH Cluster obtaining good ratings in five out of seven core functions and the satisfactory ratings for the remaining two core functions with no red flags.

## Education Cluster

The prolonged drought has had a profound impact on education, increasing displacement and numbers of children dropping out of school. Approximately 4.84 million internally displaced people and non-displaced children aged five to 17 years across 74 districts in Somalia lack access to protective quality education, representing an increase of 15 per cent. The main barriers restricting access to education are the cost of education and the lack of available services, which mostly affects the internally displaced population.

The direct and indirect costs of education are the main drivers of high school dropout rates in Somalia, and this has been further exacerbated by the impacts of drought, that has wiped out livelihoods. The inability to cover daily expenses lead 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. Education cluster estimates 1.7 million school aged children are in displacement, of which 300 000 have displaced in the past 12 months. School-aged newly displaced internally displaced people are the most affected group as only 21 per cent have access to primary education services. Education service provision on the sites was already insufficient prior to the new displacement, with only a third of the CCCM-managed displaced sites reporting having at least one primary education facility.

The Education Cluster maintained a register of 231 partners in Somalia: 43 international NGOs, 184 national NGOs and four UN agencies. Of these organizations, 54 reported activities through the 5Ws reporting tool of the Education Cluster. Education in Emergencies partners received a total of US\$70.7 million in 2022, reaching 520 000 children (48 per cent of the cluster target). A limiting factor for shifting the focus of the response has been the lack of incoming resources mid-year. Pooled fund mechanisms in Somalia did not consider education despite active efforts to advocate for resources.

The main activity of cluster partners was School Feeding Programs, with a total of 455 000 individual children reached. An additional 157,000 children were reached with WASH in schools and 158 000 with teaching and learning materials. A further 11,000 teachers received incentives, and 3,300 teachers' professional development. Only 26,000 children benefitted from cash-based approaches and 91 classrooms were established, which implied limited funding for emergency activities.

Implementing partner capacity was spread across the country with a strong presence in South Central, with Bay, Gedo, Lower Juba, Lower Shabelle, Banadiir, Hiraan and Mudug all having over 15 partners respectively. The only district without an education partner is Middle Juba. Hard-to-reach areas, where security is an issue, maintained low partner presence due to specific risks associated with provision of education services.

In 2022, the Education cluster supported service delivery by convening monthly for a regular meeting, and three to four times a year for SAG meetings. Education Cluster SAG was re-activated early in 2022 and consists of the cluster lead agencies (CLAs), Ministry of Education, two international and national NGOs and donor members.

A Cluster Performance Monitoring exercise for 2022 confirmed good performance of the education cluster in all core functions as reported by 43 partners (82.7 per cent response rate).



### Child protection Area of responsibility (CP AoR)

In 2022, the CP AoR reached 294,144 children and caregivers (87,778 girls, 83,584 boys, 67,722 women, 55,060 men) accessed community-based mental health and psychosocial support services (51 per cent of the annual target). A total of 31,832 children registered unaccompanied and separated children were supported with reunification services, family-based care, or appropriate alternatives (159 per cent of annual target). With support from implementing CP AoR partners, 2,664 children (1,338 girls and 1,326 boys) were released from armed groups and forces, reintegrated with their families/communities, and provided with adequate care and services (53 per cent of the annual target). A total of 340,343 people (103,955 girls, 86,027 boys, 100,101 women and 50,260 males) who were targeted with rights-based public outreach and awareness-raising activities were reached (36 per cent of the annual target).

During the year, the number of active partners in the CP AoR increased from 61 to 75 (51 NNGOs, 19 INGOs, 3 UN partners, 2 government agencies) operational in 68 of 74 districts in Somalia, mainly in urban areas. The CP response is delivered via approximately 600 static and 20 mobile service delivery points/teams as well as over 10,000 community-based child protection volunteers. Another 711 (55 per cent) specialized social workers provide direct services. The figure is well below the minimum standard of one social worker for every 45 children. The current capacity is one social worker serving 1,400 children. The CP AoR partners will focus on increasing the number of trained social workers to reduce the ratio by 70 per cent.

In 2022, 54 CP AoR partners contributed to a formal Cluster Performance Monitoring survey (64.3 per cent response rate) and provided gradings of good or satisfactory performance for six core CP AoR functions, plus accountability to affected populations (six plus one).

### Results achieved from Humanitarian Thematic Funding

The flexible thematic funding contributed significantly to UNICEF Somalia's humanitarian response and enabled UNICEF to provide critical WASH, Child protection, and Health services.

In 2022, the total humanitarian response funds received accounted for 83 per cent of the overall funding needs in the 2022 HAC. Humanitarian thematic funds accounted for more than 50 per cent of humanitarian funding available (including carry over funds) for emergency interventions. Global thematic contributions were critical in supporting maternal, newborn, and public health emergencies response activities in Somalia. Due to the high newborn morbidity and mortality in Somalia, these funds supported the procurement of essential medical supplies and equipment for prioritized hospitals.

Flexible thematic contributions were contributed to the 2022 health emergency response results that reached 1,607,729 people (401,136 girls, 362,833 boys, 501,938 women, 341,822 men) with primary health care services in Somalia. Furthermore, 142,877 pregnant women received their first ANC, and 60,621 pregnant women were assisted by skilled birth attendants.

In the area of Child protection in emergencies, thematic funding allowed for the prevention and response to child recruitment notably through community care programmes. Community reintegration, vocational training and follow-up were successfully implemented. Thus, the thematic funding contributed towards the provision of 1,160 children formerly associated with armed forces and armed groups and children at risk of recruitment with reintegration services, including well-being, education, and vocational training. In addition, 15,639 unaccompanied and separated children (46 per cent girls) benefitted from family tracing and were reunified with their families or placed in alternative care.



## Humanitarian Thematic Funding: Case studies

### Scaling up Child Protection Services

Thematic contributions were instrumental in strengthening child protection systems, legislations, and structures to ensure that Somalia fulfils its obligations as enshrined in the UNCRC and to continue to support the professionalization of the social service workforce in service provision. Significant progress was made toward policy and child rights legislation through a strong partnership with the government and civil society organizations directly implementing social services benefitting children and vulnerable families at risk in the community. The fund supported enacting the Child Rights Act in Somaliland and implementing the action plan signed between the UN and the federal government to end child recruitment, use, killing, and maiming in Somalia. Thematic contributions were critical in addressing the humanitarian needs of women and children in Somalia. An overall total of 395,677 people (51 per cent children) were reached with community-based mental health and psychosocial support services, while a total of 105,517 people (41 per cent children) benefitted from GBV response, prevention, and risk mitigation services. UNICEF and its partners provided a safe and protective environment to 13,761 unaccompanied and separated children through family tracing, reunification, and placement in alternative family settings such as foster care. UNICEF's capacity to influence and advocate against child abuse and exploitation was strengthened through the thematic fund, which resulted in supporting the reintegration of 2,137 former children associated with armed forces and groups back into their communities and benefitting from a safe shelter, mental health and psychosocial support, access to formal and informal education. Young people were supported to develop marketable skills, while at the same time, those in contact with the law received legal support and referral to specialized services. Through this fund, the Civil Registry and Vital Statistics (CRVS) legislation was drafted, and by December 2022, a total of 47,339 children (24,326 boys, 23,013 girls) had birth certificates and therefore counted as citizens.

## Assessment, Monitoring and Evaluation and Partnerships

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UNICEF Somalia maintained its comprehensive cross-sector monitoring plan to track programme scale-up and implementation. The Harmonized Approach to Cash Transfers Framework, the backbone of UNICEF's global risk management strategy, involving large-scale implementation of financial and programme assurance activities and risk analysis continued to be implemented. Implementing partners were required to submit periodic reports to UNICEF as a key source of programme information and generalized the use of the online reporting system (using the ONA platform) for third party monitoring partners to expedite more real time reporting and to support analysis especially in areas where field monitoring was not feasible due to inaccessibility. In those areas that had no restrictions on travel, UNICEF staff conducted field visits to track implementation and inform the emergent programming needs. A robust system for follow up on these was strengthened, with management providing oversight and quality assurance as needed.

UNICEF was able to leverage and benefit from a vast network of partners and supporters, for the implementation, coordination, and mobilization of resources in support of its programmes for people in need, by delivering its humanitarian response primarily through local and community-based implementing partners. All partners working with UNICEF have passed due diligence verifications through the United Nations Partnership Portal. In 2022, UNICEF also partnered with United Nations agencies, including the World Food Programme (WFP), Food and Agriculture Organization (FAO), WHO, United Nations Population Fund (UNFPA), International Organization for Migration (IOM), United Nations Assistance Mission in Somalia (UNSOM) and others on a range of critical initiative ranging from coordinated resilience action in nutrition, WASH and education, promoting behavior change and strengthening protection mechanisms at community and inter-agency levels (including on the prevention of sexual abuse and exploitation), and advocating for the release and reintegration of children associated with armed forces and groups, among others.

## Financial Analysis<sup>4</sup>

**Table 1 - Funding Received and Available in 2022 by sector against requirements.**

Funding Requirements (as defined in the 2022 Humanitarian Appeal)					
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%
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%
SBC, Community Engagement and AAP	3,479,677	1,249,679	419,440	1,810,558	52%
<b>Total</b>	<b>222,303,636</b>	<b>173.135,865</b>	<b>28,401,764</b>	<b>38,772,298</b>	<b>17%</b>

**Table 2 - Funding Received and Available by 31 December 2022 by Donor and Funding type**

I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
See details in Table 3		
Global Humanitarian Thematic Fund	SM189910	1,186,827
Global Humanitarian Action Thematic Pool - ACT-A	SM219910	190,855
Global Humanitarian Action Thematic Pool	SM229910	3,599,132
Country Humanitarian Thematic Fund	SM229930	23,112
Total Thematic Humanitarian Funds		4,999,927
b) Non-Thematic Humanitarian Funds		
Austrian Committee for UNICEF	SM220567	100,301

Danish Committee for UNICEF	SM220332	11,293
French Committee for UNICEF	SM220801	99,701
German Committee for UNICEF	SM210887	167,411
German Committee for UNICEF	SM220427	338,710
German Committee for UNICEF	SM220486	687,775
German Committee for UNICEF	SM220600	1,459,070
Canada	SM220865	2,215,657
Norway	SM220316	913,972
SIDA - Sweden	SM220157	2,117,747
SIDA - Sweden	SM220158	1,058,873
The United Kingdom	SM220304	4,713,523
The United Kingdom	SM220737	1,655,629
Bureau for Humanitarian Assistance	SM210362	34,700,000
Bureau for Humanitarian Assistance	SM220406	1,970,200
European Commission / ECHO	SM210348	6,372,495
UNOCHA	SM220029	4,000,000
UNOCHA	SM220381	1,750,032
	SM220635	3,000,002
<b>Total Non-Thematic Humanitarian Funds</b>		<b>67,332,391</b>

<sup>4</sup> All financial figures are in US dollars.

<b>(ii) Other Pooled funds</b> - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
UNOCHA	SM220029	4 000 000
UNOCHA	SM220381	1,750,032
UNOCHA	SM220635	3,000,000
<b>Total CERF</b>		<b>8,750,032</b>
<b>d) Other types of humanitarian funds</b>		
Bureau of Humanitarian Assistance (BHA)	KM220047	1,732,000
Bureau of Humanitarian Assistance (BHA)	KM220049	5,328,000
French Committee for UNICEF	KM220107	224,663
<b>Total Other Types</b>		<b>7,284,663</b>
<b>f) Other resources – development funding towards HAC</b>		
Global Partnership for Education	SC220423	3,584,500
Global Partnership for Education	SC220289	10,700,000
UK (FCDO)	SC220181	7,228,883
<b>Total Other resources SC</b>		<b>21,513,383</b>
<b>Total humanitarian funds received in 2022 (a+b+c+d)</b>		
<b>II. Carry-over of humanitarian funds available in 2023</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Global - Thematic Humanitarian Resp	SM229910	1,104,055
Global - Thematic Humanitarian Resp	SM229920	50,000
Global - Thematic Humanitarian Resp	SM229930	3,274,284
<b>Total carry-over Thematic Humanitarian Funds</b>		<b>4,428,340</b>
<b>f) Carry-over of non-Thematic Humanitarian Funds</b>		
French Committee for UNICEF	KM220107	224,663
United States Fund for UNICEF	SM210900	22,040
GAVI The Vaccine Alliance	SM210559	698
GAVI The Vaccine Alliance	SM210562	4,656
German Committee for UNICEF	SM220486	622,235
European Commission / ECHO	SM210348	1,682,958
GAVI The Vaccine Alliance	SM210624	122,503
United States of America	SM220059	601,639

Bureau for Humanitarian Assistance	SM220166	90,000
Danish Committee for UNICEF	SM220332	653
Bureau for Humanitarian Assistance	SM220516	1,692,451
United States Fund for UNICEF	SM220571	436,478
USA USAID	SM220389	189,453
Bureau for Humanitarian Assistance	SM210362	3,594,815
European Commission / ECHO	SM210544	1,105,053
Norway	SM220316	116,050
Norway	SM220325	62,987
Canada	SM220431	203,825
German Committee for UNICEF	SM220600	1,122,173
The United Kingdom	SM220737	1,031,361
USA USAID	SM210755	123,896
UNOCHA	SM220635	474,531
USAID/Food for Peace	KM210107	342,922
USAID/Food for Peace	SM210893	4
<b>Total carry-over Non-Thematic Humanitarian Funds</b>		<b>35,037,132</b>
<b>Total carry forward Humanitarian Funds (e+f)</b>		<b>39,465,472</b>

### III. Other Sources

GS - RR 7% Set-Aside allocated to Emergency Expenditures	GS200010	48,738
GE	GE220007	662,488
Regular Resources Allocated to Emergency Expenditures	NON-GRANT (GC)	2,482,528
<b>Total other resources</b>		<b>3,193,754</b>

**Table 3: Thematic Humanitarian Contributions received in 2022**

Donor Name	Grant Number	Total amount
Belgian Committee for UNICEF	SM2299300207	68,336
UNICEF Ireland	SM2299300211	446,660
New Zealand Committee for UNICEF	SM2299300229	52,117
United States Fund for UNICEF	SM2299300152	216,846
German Committee for UNICEF	SM2299300222	444,519
Denmark	SM2299300231	2,292,592
<b>Total Thematic Humanitarian Funding</b>		<b>3,521,071</b>

## Future Workplan

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In 2023, UNICEF is appealing for funding support to meet the urgent humanitarian needs of three million people in Somalia, including two million children. Due to the multi-layered humanitarian needs created by the country's worst drought in four decades, there is a significant need for increased funding to support key nutrition, WASH, health, education, and child protection interventions. UNICEF's humanitarian programmes will reach nationwide while targeting people in the areas with the most acute needs, including in hard-to-reach districts. Full funding of this 2023 Humanitarian Action for Children appeal will allow UNICEF and its partners to scale up integrated multisectoral services in hard-to-reach, inaccessible areas. UNICEF will continue to strengthen activities that support accountability to affected people and enhance social protection and will also carry out its humanitarian cluster coordination and information management responsibilities. Without this funding, UNICEF will be unable to respond to the ongoing and multifaceted crisis in Somalia and sustain the delivery of essential services, including clean water, health and nutrition services, learning opportunities, critical child protection supports and responses to gender-based violence. In close collaboration 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.

## Annexes

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Annex 1: Two-pagers

Annex 2: Donor Statements by Activity (Uncertified)

Annex 3: Consolidated Communications and Visibility Report

Annex 4: Donor Feedback Forms



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