

## 1 EXECUTIVE SUMMARY

UNICEF/WHO Child Health Days (CHDs) provided a life-saving package of high-impact health services for 1.5 million children under five and 1 million women of childbearing age.

Somali authorities/partners endorsed the 'Essential Package of Health Services' (EPHS), civil servant salary scales and blueprints for MCH facility construction. EPHS defines standards for each health service tier (skills/staff needed; drugs required to expand services; supervision frameworks, system costing, management needs).

Child Protection Monitors continue investigating/documenting child rights violations (969 in 2010) despite the harsh environment, and training of AMISOM troops, including on development of Sexual Abuse and Exploitation systems, leading to 11 disciplinary actions.

UNICEF, with partners, provides over 90% of nutrition sector assistance. Outpatient Therapeutic Programme (OTP) and Supplementary Feeding Programme (SFP) centres tripled in number since 2008: from 217 (2008) to 672 centres (2010). Over 147,730 acutely malnourished children (77,957 severe, 69,773 moderate) – 40% of those in need - were reached through UNICEF support. With nutrition cluster partners, over 213,000 acutely malnourished children were reached – 57% of those in need. UNICEF took over SFP in Central South Zone (CSZ) following the expulsion of the World Food Programme.

Enrolment in primary school increased from 464,780 (2006/07 estimates) to 763,320 (2009/10 estimates). In 2010, 92,000 children (36,800 girls) in CSZ, 64,370 children (25,317 girls) in North-east zone (NEZ) and 51,201 children (15,365 girls) in North-west zone (NWZ) were newly enrolled. Teaching/learning supplies reached 60% of primary school students.

Risk management initiatives (e.g. third party verification) continue to be applied to mitigate the impact of security/access constraints. Security Council resolutions required regular Humanitarian Coordinator reports on impediments to the delivery of humanitarian aid.

Progress in systems strengthening (child protection/health) remained slow, given limited institutional capacities and inadequate long-term funding for recovery and development. Escalating violence in CSZ impeded: Child Health Days (CHDs) in some areas, MICS4 implementation, and child reintegration activities. Emergency Obstetric Care activities were constrained by the emphasis on CHDs and limited access.

Partnership with WHO was instrumental for the Joint Programme on child survival, particularly CHDs; similarly, partnership with FAO's Food Security and Nutrition Analysis Unit was critical to planning and monitoring data, especially for livelihoods, Nutrition and Health.

## 2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Somalia remains in a state of 'chronic catastrophe', characterised by a complex political environment, extreme poverty, food insecurity, conflict and instability. An estimated 27% of the population (2 million people), half of whom are children, remain in humanitarian crisis, with over 1.4 million people displaced, mainly by conflict.

The most disadvantaged include the internally displaced, pastoralists, the urban poor, children affected by conflict, girls and minority groups. UNICEF is one of the largest providers of education, health, nutrition, WASH and protection services, working with over 100 partners including Government, UN agencies, NGOs and communities.

The Transitional Federal Government (TFG) remains in a state of political turmoil as its mandate nears an end in August 2011 with most transitional tasks uncompleted, the

post-transition phase remains unclear with options varying from a federal arrangement to an Islamic caliphate. The Presidential Elections in Somaliland were a bright spot, but the resulting changes in government were a constraining factor for effective implementation of planned interventions. Al-Shabab (AS), the main Anti-Government-Element (AGE), still controls over 80% of southern Somalia and, with other AGEs, continues hostilities against the TFG and other central government arrangements. Despite the absence of an MDG assessment and lack of comprehensive and reliable data, UNICEF persists in its efforts to provide equitable access for the most vulnerable and 'hard to reach' children and women.

*MDG 1* experienced limited progress, with a 25% drop in humanitarian needs compared to 2009, largely due to above-average rains resulting in temporarily improved livelihoods (with impact already waning by end-year) and a shift in nutrition services from purely curative to a package of preventive services addressing underlying causes of children's malnutrition.

*MDG 2 and MDG 3* saw limited progress, with a gross enrolment rate of 31% and female primary enrolment rate of only 22% compared to 34% for boys. Although overall enrolment rates will not be verified until 2011, reports from the Ministries of Education (MoE) in the north and partners/Community Education Committees (CEC) in CSZ, indicate increases in both new primary enrolment (over 100,000 newly enrolled in the north and 92,000 in CSZ) and the proportion of girls' enrolment (40% of new 2010 enrolments in CSZ, 39% in NEZ and 30% in NWZ).

*MDGs 4 and 5* continue to be worrying, with 200 children per 1,000 live births dying before their fifth birthday, superseding the 2006 estimate of 135. One in 10 children dies before their first birthday. Children are affected by the poor coverage and quality of health care, low immunisation rates, and high levels of malnutrition and disease outbreaks. One of every seven children is acutely malnourished (1 in 6 in CSZ). Maternal mortality remains amongst the highest in the world (1,044 per 100,000 live births). CHDs implemented by UNICEF/WHO provide preventive health services through outreach to vulnerable populations to reduce child mortality, but they must continue for over three years to make a dent in mortality/morbidity.

Only *MDG 6* made partial progress, with significant reductions in malaria morbidity (57%) and a 67% drop in mortality from 2005 to 2009.

In relation to *MDG 7*, only 29% of the population had access to clean water and 39% to sanitation as of 2006. UNICEF has been working to support large-scale urban water supply systems run through public-private partnerships benefitting 465,000 people, with an emphasis on reasonable tariffs and sustainable access for the poor. The impact of these and other efforts on achievement of MDG 7 will be measured in the upcoming MICS 2011.

The human rights situation is dire, especially in areas controlled by the insurgents, who impose local laws and practices to the disadvantage of women/girls. The 'Progress towards WFFC +5 targets' (2008) reported that violence, abuse and exploitation are on the increase, due to pervasive harmful traditional practices that discriminate against women/girls (FGM/C, early marriage), and worsening of the conflict in CSZ with a total lack of statutory child protection services and persistent impunity. Advocacy efforts with the TFG to tackle/prevent child recruitment continue, mobilising commitment and support of member states/donors. While child recruitment patterns are significantly more widespread, systematic and aggressive among AGEs, especially Al-Shabab, advocacy and negotiations with such entities remains unfeasible.

## **3 CP ANALYSIS & RESULT**

### **3.1 CP Analysis**

#### **3.1.1 CP Overview**

2010 was the last year of the UNICEF Country Programme (CP) Cycle, 2008-2010. The Office engaged in an intensive planning process to design the 2011-2015 CP. UNICEF,

with partners, will continue to be a major provider of water, education, health and nutrition services in Somalia. The key features of the new CP include: focus on longer-term programming, institutional strengthening, promoting government leadership, and a continued focus on equity. UNICEF will lead the Social Services outcome of the UN Somali Assistance Strategy, based on a sector-wide approach. Multiple monitoring and evaluation techniques will be applied, and an integrated approach to addressing child survival introduced.

Despite the extremely volatile environment, characterised by serious access and security constraints, UNICEF continues to work in all parts of Somalia through staff presence and solid partnerships with local administrations, over 100 international/national NGOs and community-based organisations.

UNICEF's flagship programmes is the CHDs, under the broader joint WHO/UNICEF AYCS programme, which is a testimony to how even in a challenging environment, it is possible to achieve results for children and women.

Out of 25 results planned throughout the CP 2008-2010 cycle, the majority were partially or fully achieved, with the exception of EmOC, systems strengthening, and development of the health and nutrition communication strategy.

Since most social services rely on external support, limited and unpredictable funding hinders long-term planning and systems building. Expulsion of international NGOs and increased insecurity for staff and assets continues to affect the scale of UNICEF's support and poses serious humanitarian imperative challenges.

Limited coordination amongst donors and a knowledge gap between the political and development arms impedes effective understanding and response to the Somali context. There is critical need for sustainable finances to fragile states. Aid co-ordination structures are duplicative and fall short of producing the unity that aid effectiveness demands. Work continues to be reactive, with limited contributions to building peace, conflict resolution and sustainable service delivery.

Managing numerous PCAs also hinders the effective delivery of services, with recurrent supply chain breaks to facilities. A PCA process more responsive to chronic emergencies with very limited access is required.

### **3.1.2 Programme Strategy**

#### **3.1.2.1 Capacity Development**

The public-private partnership (PPP) approach in the WASH sector pioneered by UNICEF and donors (EC/USAID/DANISH Government) comprises both hardware inputs: construction, extension and rehabilitation; and software inputs: a feasibility study combining a technical (water supply systems) and a social (user community) survey; training on accounting, billing systems, stocks and assets control, personnel management, operation and maintenance, concession agreements, tariff setting, water regulations and water law. The approach involves the community, the water authority and the private sector in ensuring equitable service delivery, with a focus on developing capacity in local communities and water authorities to manage, operate and maintain water supplies.

The Reproductive Health (RH) assessment provided a clear basis for the development of a National RH Strategy, which together with the now final National Malaria Strategy 2011-2015, includes capacity development components aimed at reducing child and maternal mortality and morbidity in these areas.

UNICEF supported the Ministries in Somaliland and Puntland through the deployment of regional child protection coordinators. In Puntland, a gender policy was finalised and advocacy efforts received support for domestic ratification of the CRC. In Somaliland, a new Family Law will be presented to relevant ministries in 2011. Training and mentoring of local NGOs implementing psychosocial activities and monitoring and reporting on grave child rights violations is central to UNICEF's work.

The Strategic Partnership for Recovery and Development of Education (involving UNICEF, Ministries of Education (MoE), UNESCO, NGOs, CECs and Regional Education Umbrellas) funded by DfID contributes toward strengthening institutional capacity at the community and regional levels, and also on capacity development of MoEs in primary-level syllabus and textbook review, planning and development.

UNICEF also coordinates the EU-funded Capacity Development for Somali Education Administrations (ICDSEA) programme, collaborating with NGOs and ensuring that structures, systems and personnel are in place within the MoEs for effective and equitable education service delivery.

### **3.1.2.2 Effective Advocacy**

Advocacy was guided by the mapping of local authorities/groups, their interests and influence, as UNICEF initiated its 'Strategic framework for humanitarian advocacy,' in 2009. Mapping was especially effective to guide advocacy efforts in CSZ, where 80% of the area is controlled by AGEs.

An internal task force regularly updates the framework to identify opportunities and methods to negotiate with AGEs. A mix of public and private approaches were used to advocate for humanitarian access, secure the safety of staff and supplies, maintain operational independence and persuade AGEs of the importance of life-saving humanitarian programmes for children. Elders, community members and implementing partners served as interlocutors, where necessary, with negotiations taking place on a continuous basis with various groups/parties to the conflict. Negotiations are time-consuming, with many un-kept assurances, often impeding timely delivery of assistance. Advocacy efforts are approached cautiously, given the high levels of risk to staff and programme safety.

Monthly information letters are shared with local authorities and communities, explaining the situation of children and women, describing UNICEF-supported interventions and reinforcing our neutrality/impartiality. Radio messages/SMS are used regularly to explain the benefits of CHDs and create an enabling environment for programme implementation in traditionally hard-to-reach areas.

The Ministry of Education in Puntland has committed to develop clear regulations and codes of conduct that ban corporal punishment in schools, through UNICEF support and advocacy. A Ministerial decree was issued banning corporal punishment in Quranic schools.

Advocacy to end child recruitment included public initiatives (e.g. statements, articles, newsletters) to complement dialogue with the TFG. High-level discussions by the Special Representative of the Secretary General (SRSG)-CAAC(Children Affected by Armed Conflict) with the TFG yielded a commitment to appoint a TFG focal point in the PM's office for a concrete/time-bound action plan with the UN. Advocacy and negotiation of action plans with AGEs are not feasible.

UNICEF continued to work with HQ on issues relating to member states domestic law that affect funding (e.g., OFAC restrictions/US Government funding) and on Security Council regulatory issues. Advocacy with political and development sides of local donor offices continues to focus on possibilities and shifting the view towards people and potential, rather than challenges alone (e.g. pirates/profiteers).

### **3.1.2.3 Strategic Partnerships**

UNICEF, through its implementing partners, supports over 80% of the public health, water, nutrition and basic education services in Somalia. With over 100 national and international NGO partners, and working directly with communities, partnership is extremely important.

UNICEF leads the Inter Agency Nutrition and WASH clusters and co-leads the Education cluster with Save the Children.

UNICEF supports over 90% of nutrition partners in Somalia. The Nutrition Cluster is the focus of this collaboration; activities have included mapping, funding (e.g. CHF and CAP), situation analysis and convening sub-national cluster coordination meetings. UNICEF's strategic partnership with WFP, WHO and FAO is instrumental to ensuring delivery of supplementary feeding programmes and finalisation of the Somali Nutrition Strategy.

UNICEF partners with UNDP on a 'Justice for Children' programme which, among other things, resulted in the establishment of two model women and children police desks in Somaliland and incorporating a Child Justice module into the foundation course for judges and prosecutors. The Joint Programme on Local Governance and decentralised service delivery with UNDP/ILO/UN-HABITAT and UNCDF actively contributes to peace and equitable service delivery through local government support. A partnership with religious leaders in both Somaliland and Puntland was central to the FGM/C abandonment programme, involving over 290 prominent Somali religious leaders with technical back-up by Islamic scholars from Sudan.

Facilitating strategic partnership between water users, private companies and local authorities through the PPP approach benefits vulnerable women and children by ensuring the delivery of a sustainable water supply in disadvantaged peri-urban areas and other areas at high risk of disease outbreak.

UNICEF's partnership with Food Security and Nutrition Analysis Unit (FSNAU)/FAO ensures systematic gathering and analysis of information and data to inform evidence-based programming, analysis and decision-making in the health, nutrition and WASH sectors. This is a resource not found in most, if any, fragile states.

#### **3.1.2.4 Knowledge Management**

Research on the most disadvantaged received little support in 2010, beyond the UNHCR analysis on IDPs. UNICEF will undertake a study on nomadic populations in 2011. The equity tracker has helped the Office identify areas for further research – all within the context of access/security limitations.

In addition to strengthening existing Office tools, emphasis was placed on developing governance practices and defining approaches for Knowledge Management. Because the Office lacks an established KM process, a KM/Information Management audit in May fed into the development of a strategy paper presented to the CMT in October. The audit highlights the existing good practices of the Office, including the successful informal 'communities of practice' that exist, but acknowledges the added layer of complexity the CO faces, including distribution and mobility of staff, and consequently information/knowledge, in constantly shifting office locations with limited staff travel between locations and limited electronic connectivity, as well as security risks in filing/transfer of data in some locations. The strategy proposes that an in-house Knowledge Function be created from the existing Committee on Studies, Surveys and Evaluations (transitioned into a broader Knowledge Management Committee) with flexible, outsourced support, and that this body motivate staff to commit to documenting knowledge and innovations and participating in communities of practice. The use of SharePoint was recommended as a content management and social networking system with strong search capacity. Unfortunately, the global roll-out of SharePoint was delayed and the CO was advised not to proceed alone.

A longer-term goal is to make the CO a conduit for knowledge exchange about children in Somalia by establishing active links between local partners and key global partners. Meanwhile, Government counterparts and key NGO partners continue to be involved in national-level work to develop knowledge products relevant and useful to them, including in the 2011 MICS. The MICS TOT workshop, completed in 2010, included participation by Government, NGOs and, for the first time, academic institutions.

#### **3.1.2.5 C4D - Communication for Development**

Scaling-up community-led dialogues through the Community Driven Recovery & Development (CDRD) and Joint Programme on Local Governance's (JPLG) community

mobilisation, have increased the inclusion of marginalised clans, IDPs, women and youth to ensure that their priorities are reflected in district planning and upstream policy dialogue. The Participatory Integrated Community Development Strategy has empowered communities to analyse their situation, prioritise their needs and propose actions to improve their situation, giving them greater authority and control over decisions that affect their lives. The Civic Education Strategy has further encouraged democracy by building knowledge and strengthening participation to hold leaders accountable in the provision of services. This has resulted in increased community demand for equity, transparency and accountability in social service provision.

Community dialogues also addressed complex social norms and underlying cultural issues, such as FGM/C, corporal punishment, discrimination against girls and adolescent vulnerabilities, and led community and religious leaders to make public declarations of FGM/C abandonment in targeted sites under the TOSTAN & Religious Leader FGM initiatives.

C4D campaigns resulted in increased immunisation coverage and uptake of the MCH essential health package through CHDs; approval of a ministerial decree on corporal punishment in NEZ; empowerment of girls through the 'Girls' Leadership Programme'; a reduction in adolescent vulnerability, through youth employment programmes within the Life Skills Basic Education programme; and an increase in school enrolment and retention through adolescent study circles and Child-to-Child clubs. C4D needs to be strengthened to address low TT vaccination levels and to promote other elements critical for child survival, e.g. child care practices and water and sanitation issues.

The remaining challenge is to develop a comprehensive C4D strategy that is feasible in the Somali context. SCO has therefore initiated action to comprehensively map existing data on C4D initiatives (e.g. existing materials, partnerships, initiatives, etc.), and assess their effectiveness and propose actions for improved integration.

### **3.1.3 Normative Principles**

#### **3.1.3.1 Human Rights Based Approach to Cooperation**

Although Somalia has not ratified the CRC or CEDAW, UNICEF programmes consistently support human rights principles and are designed to enhance the capacity of duty-bearers and rights-holders alike:

Child-to-Child clubs are active in 135 schools across the country: 80,115 children (34,217 girls) work together and interact with adults and local authorities to identify and claim their rights. Often with a focus on the most disadvantaged, club members have taken action to enrol out-of-school peers or advocate for protection from FGM, etc.

Within the Joint Programme on Local Governance and Decentralized Service Delivery, UNICEF's role is to ensure participation of communities in understanding their rights and defining development priorities with district councils. Civic education campaigns were conducted in 467 communities (2009-2010) to ensure increased accountability and that the marginalised within communities (such as IDPs) have a voice.

Social mobilisation and capacity building form a major part of Child Health Days campaigns to a) ensure that families understand the rights and needs of women and children to receive health services (particularly that women are allowed to receive TT vaccination); and b) that ministries of health are willing and able to institutionalise primary health care delivery modes that reach all children, not only the privileged few with access to health facilities.

Concerted efforts to mobilise resources for nomadic education (three pilots are supporting a total of 6,238 nomadic children, including 2,757 girls) and major cross-sectoral research are to be undertaken in 2011 to identify the best ways to reach and improve the situation of marginalised children.

#### **3.1.3.2 Gender Equality and Mainstreaming**

In 2010, gender was a cross-cutting theme in the CAP, and UNICEF's efforts included: specific measures to address primary school drop-out rates of displaced girls; targeting male decision-makers with information on TT vaccination as part of CHDs; targeted community mobilisation activities to prevent and respond to gender-specific child protection violations and development of gender-disaggregated data on grave child rights violations to inform advocacy and programming. These are the limited interventions UNICEF can undertake, given the depth of the crisis in Somalia, which does not allow for thorough interventions to address gender inequities.

The UNICEF Somalia Gender Audit Report released in March 2010 reported low levels of gender understanding amongst staff, recommending gender training and skill development for staff to enable UNICEF to better address gender in programming and M&E, particularly for mainstreaming in emergencies. Training was not possible in 2010 but will be part of the 2011-2012 trainings. Specific research activities to address data gaps were included in the draft 2011-2012 IMEP.

2010 saw increased discussion on gender dynamics during UNICEF programme planning (facilitated by the Audit and equity-tracker exercise), and within the Somalia humanitarian community at Cluster level. But constraints related to information collection in AGE-controlled areas continue, including sensitivities to recording sex/age disaggregated data at health facilities. During the CAP 2011 development process, for the first time Clusters introduced gender standards and OCHA added a 'Gender Marker' (all UNICEF projects met the marker).

A comprehensive, life skills-based education project provided adolescent boys and girls in selected locations the opportunity to actively engage in programme implementation. A focused Girls Leadership Initiative provided a platform for adolescent girls to speak out on issues affecting them and their peers, serving as an advocacy tool for empowerment of adolescent girls.

Internally, the Office strives to address a challenging gender imbalance (59% female in USSC vs. 20% female in Somalia) through recruitment and staff development.

MICS4 was planned for 2010, but was postponed to 2011 due to access constraints. The women's questionnaire is unlikely to be possible in 2011 in AGE-controlled areas.

### **3.1.3.3 Environmental Sustainability**

UNICEF's WASH programme continued to focus on improving governance of WASH in Somalia, including developing capacity of local communities and water authorities to manage, operate and maintain water supplies. The public/private partnership model (PPP) is being expanded to rural water supplies, which were previously neglected, and new water service providers have been created and trained as part of water supply rehabilitation projects. These activities create sustainable water supplies, reducing gaps in water supply provision due to breakdowns and resulting disease risk for children, as well as reducing communities' dependence on external assistance, especially in times of heightened droughts. The regulatory framework to support these models for sustainability needs to be strengthened; this will be the focus of work in 2011 and beyond.

Recognising that Somalia is a water-scarce country with limited potential for expanding water resources, UNICEF WASH has adopted strategies that aim to reduce the risk of depleting scarce groundwater resources. In 2010 UNICEF WASH increased its efforts to rehabilitate, conserve and develop springs and other surface water sources where possible. At the same time UNICEF is scaling up its efforts to reduce dependence on unsustainable power sources for pumping; for instance, by introducing solar-powered pumps with no running costs and requiring little maintenance. During the annual review, WASH partners concluded that the solar-powered systems are working well and the technology should be expanded in 2011.

## **3.2 Programme Components**

**Title: *Health***

### **Purpose**

The programme contributes to the attainment of MDGs 1, 4 – 6, UNTP Outcome 4 and the CCCs. Expected results are: 1) minimum technical capacity in Ministry of Health established to coordinate and implement policies and legislation and M&E systems; 2) basic service package based on child survival, emergency obstetric care and integrated preventive treatment and care services for vulnerable groups developed and implemented in at least 10 districts; 3) health and nutrition communication strategy adapted, expanded and implemented; 4) children and women have improved access to quality health services in 20 targeted districts; 5) health workers are able to manage health information effectively and efficiently; 6) improved regional and local authority capacity to address emergency health needs.

UNICEF is the Principal Recipient of a Global Fund grant for malaria, with the overall goal of reducing the malaria burden in Somalia by 50% by 2012. This goal is being achieved by a) increasing provision of malaria diagnosis and treatment to 90% of public health facilities, scaling-up access through roll-out of effective malaria diagnosis and treatment to health posts and improving utilisation of these facilities by the general population; b) increasing coverage of preventive methods in malarious areas through the provision of Long Lasting Insecticide-treated Nets (LLINs) and by promoting Intermittent Preventive Treatment of malaria during pregnancy (IPTp); and c) contributing to building a national health system. The targets applied in areas with endemic malaria are: 80% of children under five and pregnant women to sleep under a LLIN by 2012 and 70% of pregnant women to receive (IPTp).

In addition, the emergency response targets (2010 Somalia CAP) developed jointly with WHO included: providing emergency medicines and basic equipment for health facilities for at least 3 million displaced or vulnerable people; providing a life-saving package of high-impact health services through Child Health Days (CHDs) for 1.5 million children under five (at least 90%) and 1.2 million women of childbearing age (at least 60%); and vaccinating all children under five against polio.

### **Resources Used**

Total approved for 2010 as per CPD: US\$5,590,000

Total available for 2010 from all sources: RR – US\$1,938,859.24; OR – US\$2,714,764

OR Emergency: US\$10,062,846

Total: US\$14,716,470

### **Donors**

YCSD Thematic Funds, Canada, The GAVI Fund, Danish Committee for UNICEF, United Nations Joint Programme, United Nations Foundation, CIDA/HAND, The United Kingdom of Great Britain and Northern Ireland, Rotary International, Hungarian National Committee for UN, World Bank.

### **Results Achieved**

UNICEF provides all primary health care supplies, equipment, and essential drugs in Somalia, and in 2010 continued supporting 254 Maternal and Child Health (MCH) centres and 608 Health Posts (HP) with commodities and training of health personnel, benefiting 2.5 million people. The average number of U5 child visits per MCH increased by 23% in SCZ; 11% in NWZ; and 14% in NEZ (2008 to 2009). In NWZ 12% more women received ANC at least once, compared to 2009. Facilities, however, faces supply pipeline breaks and temporary closure due to insecurity and insufficient supervision.

As part of the 2008-2010 UNICEF/WHO Accelerated Young Child Survival (AYCS) joint programme, CHDs reached over 90% (1.5 million) of children U5 and 60% (1.3 million) of women of childbearing age with a package of essential services (polio, measles, DPT vaccination, Vitamin A, deworming, ORS, water disinfection tablet, nutrition screening). It is estimated that 10,000 lives of U5 children were saved through two rounds of CHDs. Globally, WHO is reviewing the technical acceptability of using CHD data to estimate national immunisation rates.

UNICEF provides all EPI vaccines in the country, strengthens cold chain and human capacity, and supports service delivery at health facilities through Reaching Every District (RED) approach. In 2010, immunization coverage almost doubled for all antigens and polio free status was maintained (since 2007). Comparative 2009 and 2010 coverage for "classic" routine EPI for U1 children was: BCG: from 29 to 52%, DPT1: from 36 to 56%, OPV1: from 36 to 56%, DPT3: from 28 to 47%, OPV3: from 28 to 47%, Measles: from 26 to 47%; for pregnant women TT2+: remained 34%. The dropout rate from DPT1 to DPT3 for the first 10 months of 2010 was 15%, (below 20% for the first time).

MOHs in NWZ, CSZ and NEZ endorsed the UNICEF-supported Essential Package of Health Services, officially recognising it as the prime mechanism for strategic service provision of public health. UNICEF supported the nationwide Health Management Information System (HMIS) and attempts were made to develop capacity of health authorities to manage and use data for decision-making and reporting. A Kenyan private company is being contracted to work with the MoHs, establish the data management systems and train staff.

In malaria control, the Global Fund grant supported the development of the National Malaria Strategy 2011-2015, procurement and mass distribution of LLINs, Artemisinin-based Combination Therapy, Rapid Diagnostic Tests, training of health personnel, and IEC/BCC. Malaria prevalence saw a 57% reduction in morbidity and a 67% reduction in mortality between 2005 and 2009. This was primarily due to change in climatic conditions, complemented by programmatic interventions.

UNICEF supports IDPs and people affected by conflicts and droughts through primary health facilities. Cholera kits were pre-positioned in all zones, and provided emergency response to acute watery diarrhoea outbreaks in NWZ and SCZ. UNICEF also supported a social mobilisation programme, communication and training for H1N1.

### **Constraints**

Limited and unpredictable funding hinders long-term planning and systems building. Expulsion of international NGOs affected support in health and nutrition in SCZ. Insecurity prevented implementation of CHDs in Kismayo and parts of Lower Shabelle, depriving 292,600 children U5 and 336,500 women of this vital intervention. EmOC and Neonatal Care activities were constrained by low partner capacity, and are difficult to expand without a continuum of care. Scale-up is dependent upon effective strengthening of health systems, which is challenging in the current financial and limited access environment. Less than 3% of health financing goes to Reproductive Health (RH). Continued collaboration with FSNAU provides key data for planning and programming. UNICEF, WHO and the US Centers for Disease Control and Prevention undertook an evaluation of the overall costs and effects of CHDs; preliminary findings show that CHDs are very cost-effective and saved an estimated 10,000 lives of children under five.

### **Partnerships**

UNICEF is a member of the Health Advisory Board, Health Sector Committee and Global Fund Coordination, and chairs the Nutrition cluster and the Malaria and EPI task forces. UNICEF takes the lead in the Joint Programme of AYCS and Maternal Health (AYCS/MH). UNICEF and WHO have been jointly preparing to implement a GAVI HSS project on health system strengthening, which will complement HSS resources from the Global Fund grants.

## **Future Workplan**

Priorities for 2011-2012 include strengthening the outreach of service delivery to integrate health, nutrition, hygiene education and ANC/PNC, with a focus on equitable access for the most vulnerable and hard-to-reach populations. Until the EPHS is rolled out, UNICEF will continue the CHDs approach, including targeting and involvement of male decision-makers with social mobilisation on TT vaccination.

UNICEF will spearhead implementation of the EPHS, including regional assessment/gap analysis, capacity development of health management, rehabilitation of MCH centres, strengthening emergency obstetric and neonatal care and referral systems, and community case management of diarrhoea, pneumonia and malaria.

Two key opportunities for 2011-2015 are the multi-year grants from the EC and Global Fund, and GAVI funds for RH and HSS respectively.

## **Title: Nutrition**

### **Purpose**

The programme contributes to the attainment of MDGs 1, 4 – 6, UNTP Outcome 4 and 5 and the CCCs. Expected results are: a) minimum technical capacity in MoH established to coordinate and implement policies and legislation and M & E systems; b) improved infant and young child feeding (IYCF) knowledge and attitude at household level; at least 50% of mothers attending antenatal care at MCHs and health posts receive breastfeeding counselling, with community level referral and counselling services established; c) micronutrient deficiencies are controlled; d) at least 80% of targeted malnourished children receiving curative interventions have recovered; e) health workers are able to manage health information effectively and efficiently; f) improved regional and local authority capacity to address emergency nutrition needs.

The Somalia 2010 CAP targets for Nutrition included: technical, financial and supply support to existing selective feeding programmes, as well as establishing new emergency nutrition interventions reaching 60% of acutely malnourished children and acutely malnourished pregnant and lactating women; women and children's nutritional status protected from further deterioration through integrated response addressing underlying causes, especially IYCF and micronutrient issues. The cluster is also committed to strengthening technical capacity and availing appropriate resources to local NGOs/CBOs and national staff to facilitate implementation of emergency and long-term strategies to address malnutrition.

### **Resources Used**

Total approved for 2010 as per CPD: US\$2,436,000

Total available for 2010 from all sources: RR – US\$1,037,643; OR –US\$ 597,662; ORE – US\$11,029,091

Total:US\$12,664,397

### **Donors**

Thematic YCSD, Governments of Denmark, Netherlands, Spain, Italy, United Kingdom of Great Britain and Northern Ireland, Italian Committee for UNICEF, French committee for UNICEF, European Commission/ECHO, WFP Italy, Global thematic humanitarian response funds.

### **Results Achieved**

Food security and nutrition indicators improved slightly following rains in mid-2010, although the positive impact had begun to wane by end-year. Between January and November, 147,730 acutely malnourished children (77,957 severely malnourished and 69,773 moderately malnourished) were admitted to centres for management of acute

malnutrition by UNICEF partners, over 70% more children than were reached in 2009. Together with cluster partners, 213,000 acutely malnourished children were reached (78,400 severely malnourished), achieving over 100% of the cluster target (estimated 2010 caseload was 376,000 acutely malnourished). Performance indicators continue to meet SPHERE minimum standards. Results were achieved through 695 centres, including 23 Stabilization Centres (SC) - a decrease from 30 SC in 2009; 399 Outpatient Therapeutic Programmes (OTP)- an increase from 218 OTPs in 2009; and 273 Supplementary Feeding Programme (SFP)- an increase from 170 SFPs in 2009. UNICEF provided support to 55 partners through supplies, cash, training and technical support, enabling this expansion.

In early 2010 WFP was forced to leave almost all of CSZ. UNICEF agreed to put in place SFP in priority areas vacated by WFP. Since WFP's exclusion is likely to be a longer-term issue, UNICEF will continue with this support through 2011.

IMAM Guidelines for Somalia were finalised, endorsed and printed in 2010 and will be further rolled out in 2011 with training provided to 65 trainers from partner NGOs, government health/nutrition staff, and academic institutions.

Mass media and interpersonal communication was used to mobilise communities around Vitamin A and deworming. Child Health Days ensured over 80% of children 6-59 months received at least one dose of Vitamin A and over 77% of children were dewormed at least once in all three zones. Some 12,000 health workers were trained on Vitamin A supplementation and deworming protocols. Vitamin A, iron, folic acid and deworming tablets were distributed through routine health services. Multiple micronutrient tablets were distributed to over 210 MCH clinics in CSZ and NWZ for distribution to pregnant and lactating women. Zinc tablets were distributed to 254 MCHs countrywide for diarrhoea treatment.

UNICEF, with a national NGO partner, began documentation of violations of the International Code for the Marketing of Breast Milk Substitutes, for the first time in Somaliland. Evidence will be used for advocacy and strategy and policy development on IYCF issues.

The Basic Nutrition Services Package was developed in consultation Nutrition Cluster partners and endorsed by all three zonal authorities. It provides guidance on a minimum package for nutrition services and aims to address direct and underlying causes of malnutrition, focusing on both prevention and treatment. Essential components of the package include management of acute malnutrition, micronutrient support, optimal IYCF as well as maternal care, immunisation, deworming, and prevention/management of common illnesses, promoting a holistic approach to addressing nutrition.

### **Constraints**

Among the constraints faced in 2010 were: the expulsion of NGOs, and withdrawal of WFP, weak governance, inadequate human resources and security limitations. Difficulties in supply and movement-tracking created gaps in supply, but this is being slowly overcome by exploring new supply routes and strategically prioritising areas. All public nutrition services in Somalia rely on external support, so short-term and unpredictable funding hinders long-term planning and systems building. Managing a significant number of PCAs is cumbersome and often leads to supply gaps at health facilities.

UNICEF provided support to FSNAU/FAO to conduct nutrition assessments; findings were used to support evidence-based programming and decision-making. The Micronutrient and Anthropometric Survey provided evidence for scaling-up an integrated nutrition response and highlighted micronutrient deficiencies in public health and the sub-optimal IYCF behaviours contributing to malnutrition and morbidity. For example, the prevalence of exclusive breastfeeding for infants under 6 months is extremely low (5.3%) and only 26.8% of women continue breastfeeding for the recommended 24 months. UNICEF provided financial, material and logistical support to NEZ and NWZ authorities to strengthen monitoring and supervision of nutrition activities through regional nutrition supervisors and support for coordination activities of the Nutrition cluster/sector and

MoH. Monthly reporting from nutrition feeding centres improved, up from 60% in 2009 to over 90% of reports received in 2010.

UNICEF collaborated with UN agencies (WFP, WHO and FAO) and NGOs to ensure delivery of SFP and finalise the Somalia Nutrition Strategy.

### **Future Workplan**

In 2011-2012 treatment of severe, acute malnutrition will remain a priority. The programme will concentrate on maintaining the currently high geographic coverage of centres, quality and high admission rates, and on ensuring that each nutrition service at facility, outreach and community level is providing a holistic nutrition package and improving case coverage and reporting and tracing of defaulters. The programme will have a stronger focus on IYCF, micronutrients and WASH aspects related to the underlying causes of malnutrition. Capacity development of Government and NGO human resources in both technical and programme management skills will also be a priority.

### **Title: *Water, sanitation and hygiene***

#### **Purpose:**

The programme contributes to MDGs 4 and 7, UNTP Outcomes 1, 2 and 4 and the CCCs. Expected results are: a) *Governance of Water and Sanitation*: minimum technical capacities established in national and regional water authorities to coordinate and implement water policies, legislation and monitoring and evaluation systems; at least 20 additional district and regional water authorities have technical capacity to engage with communities to implement plans that reflect community priorities; b) *Water and Sanitation Service Delivery*: minimum 40% increase in access to safe drinking water, with water sources managed in a sustainable manner; c) *Behaviour Change*: number of people using improved and/or appropriate sanitation facilities and good hygienic practices increased by a further 40%; and d) *Emergency Preparedness*: improved capacity of Government, private sector and communities to ensure provision of safe drinking water and sanitation facilities during emergencies.

In addition, UNICEF's humanitarian response under the 2010 Somalia CAP aimed to continue provision of safe water to approximately 1.24 million Somalis affected by conflict and disaster (drought, flooding, socio-economic crisis) through support to operation and maintenance of water supplies, as well as providing 600,000 additional people with access to safe water and sanitation by constructing/rehabilitating water systems and sanitation facilities; provision of water trucking where no other options are available; training local water committees and local authorities to maintain and repair facilities; promoting safe hygiene practice, with distribution of soap and home-based water treatment through health, nutrition and education interventions; and coordinating the cluster.

#### **Resources Used**

Total approved for 2010 as per CPD: US\$2,957,500

Total available for 2010 from all sources: RR – US\$908,576; OR – US\$10,242,719;

Total:US\$11,151,295

#### **Special Allocations**

EU Water Facility extension to 2012 for Rural PPP – US\$318,742

Finish Government for WASH in Somaliland – US\$779,242

CHF (against 2010 CAP) –US\$978,245

#### **Donors**

Thematic YCSD, Swiss Committee for UNICEF, European Commission/EC, Swiss

Committee for UNICEF, Denmark, United Kingdom Committee for UNICEF, UNICEF-United Arab Emirates (Qatar), Norway, Finland, UNDP - USA Administrative Services Section, SIDA – Sweden, Netherlands, UNOCHA, Italy, Global - Thematic Humanitarian Response, Japan, SIDA – Sweden, UNDP - MDTF (CHF).

### **Result Achieved**

During 2010 progress on governance of water and sanitation was focused in Somaliland (SL) and Puntland (PL). Work continued on strengthening the PPP model in urban centres with support to Erigavo (31,000), Gebiley (45,000), Bosasso (145,000), Garowe (15,000) and Merka (70,000); extending water supply networks and establishing billing and financial software systems. Recommendations from the 2009 evaluation of the Urban PPP project were implemented in 2010; nevertheless it is still too early to observe significant results. UNICEF worked with Terre Solidares to replicate the PPP model in 15 rural areas in NWZ and NEZ for 45,000 people.

In CSZ, 249,000 local water operators were trained to operate and maintain newly constructed or rehabilitated water supplies, and 483,200 operators to chlorinate water supplies. To strengthen the design and construction quality of water and sanitation facilities, UNICEF developed standard designs and bills of quantity for all typical water infrastructures throughout Somalia.

UNICEF supported construction of 148 new water supply sources benefitting 209,250 people, including IDPs; rehabilitated 164 existing water sources, benefitting 264,050 people; maintained safe water supplies for 865,700 people through operation, maintenance and disinfection of 982 water sources in IDP camps and other affected communities; construction/rehabilitation of 5,560 communal and household latrines, benefitting 146,870 people; and construction of WASH facilities in 28 schools and 10 health centres serving 10,300 people. This represents an estimated 6% increase in people receiving access to safe water as compared to 2009; 12% of IDPs living in camps were able to continue to access safe water and sanitation facilities. Figures are yet to be confirmed by a national survey.

An estimated 2 million people were reached with messages on hygiene and sanitation behaviour through community-based education. Some 1,747 teachers and health centre personnel were trained to communicate hygiene messages. Operational research in 2011-12 will measure the impact of this work. In IDP camps, support to solid waste management in all zones continued benefitting an estimated 1 million IDPs.

UNICEF partnered with the Somali Red Crescent Society (SRCS) in Somaliland to carry out a pilot project involving distribution of ceramic filters for household treatment of water. SRCS distributed 1,000 filters to households in remote areas on the Haud plateau, where there are no improved water supplies and people rely on traditional surface water pans for water. The filters enabled 6,000 people to access safe drinking water at a minimal cost.

UNICEF continued to pre-position stocks in strategic locations, in partnership with key NGOs. This strategy proved effective when a local partner (HWS) responded quickly to a flood disaster in Beletweyn in June with quick distribution of emergency supplies to 10,000 people, in line with the EPR plan. All zones responded to outbreaks of diarrhoeal disease and acute water shortages. Approximately 50,000 people benefited from sudden onset emergency action in 2010.

### **Constraints**

Access to some communities in CSZ became more difficult, seriously compromising UNICEF's technical oversight and quality assurance role. Unrealistic short funding durations do not allow for the development of effective programmes, but rather restrict them to continued procurement and delivery of WASH supplies.

Lack of skills and capacity within water authorities and WASH partners was a constraint faced in 2010. Close technical supervision is required to ensure that quality services are delivered and sustainable, meeting UNICEF standards. Lessons learned include the need

for stronger regulatory frameworks and improvements in the capacity of authorities to maintain their regulatory responsibilities in the water sector. The bias towards urban, rather than rural, service delivery will be addressed as part of the equity focus in the 2011-15 CPAP.

The UNICEF WASH plan received 60% of funding and the UNICEF WASH CAP project received 41% funding.

### **Partnerships**

UNICEF's partnership with the FAO/Somalia Water and Land Information Management unit (SWALIM), providing one of the best water information management systems in the region, led to publication of an atlas of the Juba and Shabelle rivers with a comprehensive flood risk management system. UNICEF's partnership with FSNAU provides essential data on household hygiene, sanitation and water use, assisting the WASH sector to analyse programme impact.

### **Future Workplan**

In 2011-12 changes in priorities and/or strategic direction will include a stronger emphasis on reaching underserved, rural communities; expanded use of solar and wind technology; more focus on establishing sustainable and reliable rural water supplies through setting up effective management systems during construction and rehabilitation work; developing more innovative techniques for promoting hygiene behaviour change, including household water treatment; and developing joint programming with nutrition and health components (in 2011 WASH will be integrated within the ACSD programme) as well as strengthened monitoring to ensure quality results for beneficiaries.

### **Title: Education**

#### **Purpose:**

The Somalia Education Programme contributes to MDGs 2 and 3, CRC articles 28 and 29, the World Fit for Children and Education for All goals, and UNTP Outcome 4. Expected results are: a) Ministry of Education (MoE) technical and infrastructure capacities to develop a relevant and inclusive curriculum, including life skills-based education, and to implement education policies and M&E systems strengthened; b) at least 20 district or regional education authorities able to engage communities in developing and implementing plans that reflect community priorities; c) an additional 100,000 children enrolled in primary schools, 50% of them girls; d) 70% of children successfully complete lower primary (up to grade 4) and transition to upper primary; and e) improved capacity of Government authorities, the private sector and communities to ensure continuity of education during emergencies.

Humanitarian response within the CAP aimed to ensure access to basic education for 100,000 displaced or emergency-affected children, with a focus on increasing girls' enrolment, and to assist 2,500 teachers by providing school materials, learning spaces, teacher incentives training and support to Community Education Committees (CECs).

#### **Resources Used**

Total approved for 2010 as per CPD: US\$24,724,000

Total available for 2010 from all sources: RR – US\$830,144.; OR –US\$10,011,532 ;

ORE: US\$3,823,223

Total: US\$14,664,899

#### **Donors**

Basic Education and Gender Equality and Young Child Survival & Development Thematic funds, UK DFID, Netherlands, US Fund for UNICEF, UNICEF-United Arab Emirates

(Qatar), Japan, United Kingdom Committee for UNICEF, European Commission/EC, SIDA – Sweden, Spain, Italy.

### **Result Achieved**

Throughout the CP cycle, the estimated number of children enrolled in school increased from 464,780 (GER 2006/07) to 763,320 (GER 2009/10). In 2010 UNICEF supported new enrolments for 92,000 children and youth, (36,800 girls) in conflict-affected CSZ, 64,370 learners (25,317 girls) in NEZ and 51,201 learners (15,365 girls) in NWZ. This was made possible by non-formal education (NFE), construction/rehabilitation of 559 temporary and permanent classrooms (449 in CSZ; 75 in NEZ; and 35 in NWZ), teacher training and promoting girl's education.

UNICEF continued to support NFE initiatives and will focus, with authorities, on scaling them up. In NEZ school fees were paid for 5,650 children, including 3,047 IDP children, ensuring access to primary education for the most disadvantaged and underprivileged children. In addition, an NFE initiative targeting nomadic children using Alternative Basic Education (ABE) materials reached 1,693 children (639 girls) in 60 communities in all three zones. The ABE curriculum/materials are considered a flexible solution for scaling up education for nomadic communities. Another pilot nomadic project for 1,429 learners (851 females) in NEZ introduced, for the first time, a centralised certified examination, with potential for scaling-up.

UNICEF also supported Integrated Quranic schooling in Puntland and Somaliland, which had reached 5,923 learners (2,412 girls) by end-2010, tripling the number of children enrolled since 2008.

UNICEF continued to provide the bulk of education supplies to the primary education sector. In 2010 school supplies and textbooks reached 80% of schools in NEZ, 70% of schools in NWZ and 47% of schools in CSZ, benefiting a total of 495,400 children (up from 468,000 in 2009) out of a projected 763,320 total primary students. Of these, 198,382 (40%) were IDP and vulnerable children (195,407 children in 792 schools in CSZ; 490 children in IDP communities in NWZ; and 2,485 IDP and vulnerable children in NEZ)

More than 4,431 teachers (32% of the estimated 13,966 total) were trained on child-centred methodology, education in emergencies (INEE) minimum standards, psychosocial support and life skills. Monthly incentives were paid to 2,752 teachers (441 female), benefiting 110,080 children (41,830 girls) and resulting in increased teacher retention. Fifty teacher programmes focusing on girls' education were developed and broadcast on BBC Somalia, reaching 90% of the population.

Training and on-going support to 6,500 CEC members and 920 CECs contributed to enhanced school management, teacher recruitment and resource mobilisation.

The EU-funded ICDSEA programme, which aims to ensure effective structures, systems and personnel for equitable education service delivery, recruited 10 diaspora technical advisors and 20 local management trainees to be embedded within NEZ and NWZ MoEs; established technical and management teams chaired by MoEs; reinforced the Gender Departments; and initiated an Education Management Information System (EMIS) scoping study to be implemented in 2011. Political transitions in NWZ delayed initiation of the ICDSEA programme, and the political crisis of the TFG in CSZ postponed the programme until 2011. The programme is a partnership between UNICEF, EU, the three Ministries of Education and implementing partners, Centre for British Teachers (CfBT) and Africa Education Trust (AET).

The DfID-funded Strategic Partnership strengthened capacity of education authorities/communities to manage 66 schools in NEZ and block grants addressing school needs. Communities developed a practice of in-kind payment, (e.g. 'one goat one child'), in lieu of school fees. In the 33 schools where block grants are provided, enrolment increased from 7,501 (3,278 girls) in 2008/09 to 11,235 (4,915 girls) in 2009/10 and to 12,335 (6,150 girls) in the 2010/11 school year, representing a 64%

increase from inception. The programme is a partnership between UNICEF, DfID, MoEs, UNESCO, NGOs, CECs and Regional Education Umbrellas.

### **Constraints**

Continued insecurity and lack of humanitarian access/space in CSZ mean that UNICEF relies on local partners, CECs and umbrella organisations. The quality of teaching remains poor. Some schools and teachers receive threats, and many teachers flee or leave for better-paying jobs. Reports have surfaced that AGEs recruit children from schools.

Lack of accurate/reliable data, including EMIS and Net Enrollment Rate data, hampers effective planning, while regular monitoring in insecure areas is difficult – and often impossible. The Camel Caravan Pastoral Community Survey recommended collecting broader baseline data on pastoralist communities and their needs. With DfID funds, UNICEF will conduct a comprehensive assessment of school-aged children in nomadic populations in 2011.

### **Future Workplan**

Priorities for 2011-2012 include: enrolment of 150,000 additional children through quality formal and non-formal basic education; expansion of child-friendly learning and teaching environments to improve the quality of education; increased capacity development to strengthen education systems, plans and policies, including mainstreaming of gender in education policy, development of an EMIS, establishment of human resource and financial management systems and development of standards for curriculum and quality assurance.

UNICEF will support the development and implementation of grade 4 Monitoring Learning Achievement test and in 2011 plans final examinations for grade 8 primary level and form 4 secondary level students.

UNICEF will also assist with consolidating and scaling-up/nationalising life-skills based NFE and ABE approaches, including nomadic education, through the zonal MoEs.

Currently UNICEF uses Gross Enrollment Rate rather than Net Enrollment Rate to estimate the number of primary school age children in school. The primary school census planned for 2011 will provide trend data offering a more accurate baseline figure for primary school age children enrolled in school, to improve planning, programming and monitoring.

**Title: *Communication, protection and participation***

### **Purpose**

The programme cuts across the MDGs and the Millennium Declaration, with particular relevance to MDGs 3 and 6, and contributes to UNTP Outcomes 2-4. The programme consists of four components: 1) Community Development and Participation (CDAP), 2) Adolescent Development and Participation (ADAP), 3) HIV and AIDS, and 4) Child Protection. The expected results are: a) minimum technical capacity built in three key ministries (Ministry of Family and Social Affairs, Ministry of Justice and Ministry of Youth) to coordinate, develop and implement policy and legislation, and to oversee essential services; b) all key stakeholders in at least 20 districts participate equitably in community and district-level planning, policy formulation and development processes; c) at least 40% of women and adolescents from 300 communities acquire skills to improve participation, leadership, protection and to reduce HIV-related risks and vulnerabilities; d) evidence-based advocacy and response is carried out in a timely manner for children affected by armed conflict, displacement and emergencies, and e) systems to protect vulnerable children and reduce HIV-related risks and vulnerabilities are in place and rapidly activated during emergencies.

In addition to these planned results, the humanitarian response under the 2010 CAP included the following targets: i) prevention and response to child recruitment in central and southern Somalia through advocacy with the TFG, community mobilisation and provision of rehabilitation services to an estimated 1,000 children associated with armed forces or armed groups; ii) mobilisation of 300 vulnerable and IDP communities across Somalia on prevention and response to child protection issue, including GBV; iii) reaching an estimated 70,000 children with community and school-based psychosocial services; iv) monitoring and responding to grave child rights violations in compliance with SCR 1612/2005 (target of 1,000 violations documented/year, with 60% of cases referred for services).

### **Resources Used**

Total approved for 2010 as per CPD: US\$8,827,000

Total available for 2010 from all sources: RR: US\$1,354,501; ORR: US\$3,376,570; ORE: US\$1,580,427

Total: US\$6,311,498

### **Donors**

Child Protection Thematic, Swiss Committee for UNICEF, UNJP, UNFPA, UNDP, UK Committee for UNICEF, Japan, WV Somalia, Netherlands Committee for UNICEF, SIDA, Global Thematic Humanitarian Response, UNOCHA

### **Results Achieved**

In 2010, over 969 violations were documented nationwide by 40 trained Child Protection Monitors, 75% from CSZ, focusing on SCR 1612/2005 and 1882/2009 (60% of cases addressed). Child recruitment, killing and maiming were the top violations. The Monitoring and Reporting Mechanism data were used to prepare the 3rd Somalia 1612 report and the Global Horizontal Note to the Security Council Working Group. A reintegration programme for children associated with armed forces/groups and at risk of recruitment reached 480 children with education, skills training and psychosocial services. UNICEF seconded a Child Protection Advisor (CPA) to AMISOM in Mogadishu, who facilitated a basic pre-deployment training on International Humanitarian Law and child protection for 4,600 Burundi and Uganda troops and supported AMISOM in developing internal systems to address sexual abuse and exploitation. This led to 11 disciplinary actions, including dismissal and jailing of two peacekeepers.

The child protection/response community mobilisation programme mobilised 420 vulnerable and IDP communities (209 in CSZ, 92 in NEZ, 119 in NWZ for a total of 330,000 people) through community Child Protection Committees (CPCs), trained Child Protection Advocates (CPAs) and outreach GBV workers. The CPAs and CPCs made 1,431 referrals of child protection cases (twice the number in 2009). CPAs are the only front-line child protection service providers, as statutory services are non-existent. Community- and school-based psychosocial interventions in 75 schools (54 in CSZ, 12 in NWZ and 9 in NEZ), involving 329 teachers, reached a total of 35,518 children, including 1,035 affected by conflict who received specialised psychosocial services at AMISOM hospital in Mogadishu. In addition, 37 Child-Friendly Spaces (CFS) were created, mainly in IDP settlements in CSZ.

Some 550 OVC and 3,000 PLHIV were provided with HIV care and support services. PMTCT is integrated in 16 MCHs, with national PMTCT guidelines developed. By September, 3,695 pregnant women had been counselled and tested for HIV and knew their status. Integrated Prevention, Treatment, Care and Support (IPTCS) centres are present in 18 regions, with at least three ART sites in each zone; 1,140 PLHAs were treated for opportunistic infections and over 300 people were on ART. More than 500 health care workers were trained in IPTCS competencies.

FGM/C prevalence is almost universal (98%). In 2010 FGM/C mobilisation was conducted in 42 new communities (21 in NWZ and 21 in NEZ) reaching a total of 84 communities

since inception; 28 communities publicly declared FGM/C abandonment. Some 290 religious leaders (sheiks/imams) were reached, of whom half made public statements against all forms of FGM/C. The comprehensive LSBE initiative reached 15,000 youth; 494 became involved in employment-intensive infrastructure projects.

The joint Justice for Children project with UNDP in NWZ resulted in: setting up two model women and children police desks; developing and operationalising a 15-hour module on Child Justice as the foundation course for judges and prosecutors; training 600 justice professionals on Child Justice procedural guarantees and conducting a national information campaign on the 2008 Juvenile Justice Law.

Under the Joint Programme on Local Governance, UNICEF supported participatory community mobilisation activities, resulting in the inclusion of community priorities in the Five-Year District Development Frameworks finalised in 10 districts in northern zones. A civic education campaign in four districts (2 in NWZ and 2 in NEZ) informed citizens of their rights and responsibilities, enhancing district council transparency and accountability.

In NWZ and NEZ, progress on system strengthening was slow, given limited ministerial, institutional and human resource capacities and inadequate funding for recovery and development. Taking FGM mobilisation activities to scale remains a constraint due to lack of adequate and sustained long-term funding.

A child rights situation analysis was begun in NWZ, and will inform 2011 programming. The 2009 report on recruitment and use of children by armed forces/groups helped to inform advocacy efforts and fed into various CAAC reports. An evaluation of TOSTAN programme on FGM abandonment will be completed in 2011.

### **Partnerships**

The UNICEF/ILO LSBE/youth empowerment programme links skills development with access to employment for young people, and will be the basis for a new UNDP/UNICEF/ILO joint Youth Violence Reduction initiative in 2011. As the principal recipient of the Global Fund for HIV and malaria grants, UNICEF works with 27 national NGOs, Gov. and UN on HIV and AIDS.

### **Future Workplan**

Given the gravity and scope of protection issues in Somalia, as of 2011 a stand-alone child protection programme will be established. The priorities for 2011-2012 will revolve around three areas: i) children and armed conflict; ii) child protection systems; and iii) social and cultural dimensions of child protection violations. There will be an incremental focus on setting up government-led child protection services in the two northern zones. In CSZ, the focus will be on prevention and response to child recruitment and on advocacy with AU/AMISOM on the broad protection of civilians' agenda.

### ***Title: Planning, monitoring and evaluation***

#### **Purpose**

The Social Policy, Planning and Monitoring Programme supports national counterparts, UNICEF and UN programmes by providing and analysing data on women and children for more accurate reporting against results, whilst also building the capacity of government bodies to undertake this role and assisting selected government bodies to articulate gender and child rights principles in policy across the social sectors. While the programme, in its support to the overall UNICEF Country Programme, relates to MDG Goals 1-8, it specifically contributes to the achievement of Goals 1, 3 and 8 through support to data management capacity and advocacy for the adoption of the CRC.

The 2010 workplan focused on three key results areas:

- (1) Support to UNICEF and UN programmes, including emergency response, for evidence-based programming based on data on and analysis of the situation of children and women
- (2) Support to selected Government bodies to strengthen capacity for the collection, analysis and monitoring of data on the situation of children and women
- (3) Support to selected Government bodies to strengthen capacity for the articulation of gender and child rights principles in policy across the social sectors.

### **Resources Used**

Total available for 2010 from all sources: RR - US\$1,042,154.53; OR - US\$860,054 ;  
Total: US\$1,902,208

### **Donors**

Ireland, Netherlands, SIDA- Sweden, UK DFID, ECHO, Japan, Italy, Denmark, European Commission, Danish Committee, Global Thematic Funding

### **Results Achieved**

Although the TFG declared its intention to pursue ratification of the CRC in late 2009, UNICEF was unable to move forward with full-scale orientation of the TFG Parliament during 2010, primarily due to insecurity, the crisis within the government and re-formation of the cabinet. It was possible to reach only 30 MPs, civil society members and community leaders in Mogadishu, although public advocacy on child protection and the CRC reached over 600 women in CSZ and broadcasts of TV/radio debates on child rights and CRC principles are assumed to be reaching a much larger audience in CSZ. The recent commitment by the TFG Prime Minister to address child recruitment renews the opportunity to engage on CRC ratification and implementation.

While the previous Somaliland Parliament and ministries had been well-oriented on obligations under the CRC, these efforts had to be re-launched with the new Government in late 2010. The Puntland Parliament declared its intention to endorse the CRC and the Ministry of Women's Development and Family Affairs (MOWDAFA), with UNICEF assistance, conducted lobbying and reviews with the Cabinet, more than 40 ministers/deputies and 66 MPs, as well as awareness-raising for over 100 community and religious leaders and human rights advocates on CRC obligations and ratification processes.

Direct support for the operations of the Somaliland National Environment Research and Disaster Preparedness Authority (NERAD), and the Puntland Humanitarian Affairs and Disaster Management Agency (HADMA) continued. HADMA now leads coordination and inter-agency rapid assessments with all partners and made considerable progress in 2010, decentralising its structure with focal points in major IDP centres (Bossasso, Galkayo) and establishing regional coordination structures; effectively managing a mass telecoms alert to reduce loss of life/assets during the July cyclone; and finalising a national Emergency Preparedness Plan. NERAD also coordinated emergency response with stakeholders.

UNICEF's third-party verification system continues, using independent, mobile monitors based in CSZ to provide objective feedback on UNICEF-supported aid delivery in areas inaccessible to UNICEF staff, including North Mogadishu, Afgooye corridor, Bay, Bakol, Gedo and Lower/Middle Shabelle. Feedback has shown where progress has been made as reported by the partner, and where lack of conformance to technical standards by partners has taken place, etc. It also contributed to identifying weaknesses amongst partners, indicating where UNICEF needs to invest to strengthen their capacity. Programmes were re-adjusted accordingly.

Under UNICEF's regular monitoring system, two joint monitoring missions were completed in Puntland, led by the Ministry of Planning and involving multiple line

Ministries and UNICEF sectors. Importantly for UNICEF's advocacy on equity with the Government, one of the missions targeted very remote/under-served districts that had never before received a formal visit from central Puntland Government.

The SPPM team supported multiple trainings of UNICEF, Government and partners on M&E, HRBAP, EPRP (140 in NEZ and 58 partner staff in CSZ) and gender planning/budgeting (45 in NEZ), and drove the process for developing the new 2011-2015 Country Programme, in parallel with development of the 2011-2015 UN Assistance Strategy for Somalia.

Since 2006 a pool of 138 UNICEF, Government and partner staff have been trained on DevInfo, leading to the establishment of a 'SomInfo' database and dedicated units within the Puntland and Somaliland Ministries of Planning. This means that use of SomInfo can be increased in 2011, particularly with additional databases being uploaded in the system.

Although planned for 2010, the carrying out of MICS4 was not possible due to escalating violence in CSZ. Preparatory work was completed and the survey will proceed from January 2011 in the north, although completion remains unlikely in CSZ.

Main implementing partners are the Ministries of Planning, NERAD, HADMA; MOWDAFA and Somali Peace-line for gender and CRC advocacy; UN partners for SomInfo/MICS.

40% of SPPM work was funded by humanitarian contributions.

### **Future Workplan**

The 2011-12 workplan focuses on completing the MICS and rolling out SomInfo, streamlining UNICEF's monitoring systems (including the third-party verification of programme progress in areas inaccessible to UNICEF staff) and addressing data gaps around equity. Other targets include:

- (a) Adoption of CRC principles in regional and national legislatures and endorsement/ratification where possible
- (b) Improved capacity of Ministries of Planning for management of socioeconomic data (MICS/SomInfo) and monitoring the situation of women and children
- (c) Rollout of the Office's new Knowledge Management strategy.

## **4 OPERATIONS & MANAGEMENT**

### **4.1 Governance & Systems**

#### **4.1.1 Governance Structure**

The Office participates in multiple and overlapping governance structures and mechanisms ranging from Regional and Country Management Teams, Zonal Management Teams to Office-specific mechanisms and structures at both the Country Office and zone office levels.

Recruitment of competent international staff for posts inside Somalia continues to be challenging, despite the considerable progress made by the Office in improving the effectiveness of HR function and advocating jointly with UNICEF COs in similar circumstances to make recruitment and retention of staff working in environments like Somalia more effective. Some proposed "quick wins" were realised, while others remain unresolved.

The establishment of two additional zone offices in Somalia has allowed the office to assign staff to these locations on a long-term basis, effectively expanding humanitarian space in Central and Southern Somalia.

#### **4.1.2 Strategic Risk Management**

Implementation of UNICEF's Risk Management Framework began shortly after its 2009 release, which coincided with an Inter-agency Risk Management Mission requested by the Country Team. The Office participates in the Risk Management Working Group chaired by the Resident Coordinator. The Group is responsible for implementing the risk-management regime recommended by the mission, as well as addressing its findings, which can be addressed on an agency-specific basis (such as 3rd party monitoring of programme activities at locations in Somalia where access for UN staff is limited and due diligence reviews of potential and existing NGO and commercial partners).

Staff were trained and oriented in Enterprise Risk Management in training sessions and workshops by an international public accounting firm, by the UNICEF Office of Internal Audit and by the Risk Management Officer recruited by the Resident Coordinator's Office. The Office has established its own Risk Management Working Group to monitor developments, anticipate and manage risk through planning, and to assist the Representative to make sound risk-management decisions or to escalate these decisions as appropriate.

The Office Business Continuity Plan is current, and it is effectively implemented on a daily basis due to the security situation.

#### **4.1.3 Evaluation**

The office has a two-year (2009-2010) IMEP (corresponding to the 2-year workplans) that is updated quarterly. Unfortunately, the evaluation component has not received sufficient priority, due mainly to the increasing costs and complexities of achieving even basic levels of monitoring in Somalia. In this context, the IMEP proved over-ambitious in terms of both access and availability of funding for planned evaluations. For 2009-2010, four evaluations were planned, one was completed and one postponed to 2011. The other two include a USAID-funded project in CSZ, which remains inaccessible and is on-hold indefinitely and the on-going evaluation of the 2005-2009 TOSTAN approach to addressing FGM through community empowerment (funding only became available in late 2010). In addition, the Office conducted two internal audits of Gender and Knowledge Management (see Section 3 for details).

Follow-up actions taken in response to evaluations are the responsibility of the relevant programme sections and are tracked by the Committee on Studies, Surveys and Evaluations (CSSE), with reporting as required to the Programme Group Meeting (PGM). The CSSE also reviews TORs for all proposed IMEP activities. For example, in response to the PES evaluation, the Education team worked closely with the EC in 2009-2010 to develop a multi-year programme on 'Integrated Capacity Development for Somali Education Administrations', and includes a major emphasis on supporting strategic national policy development and evidence-based sector and sub-sector planning, including a basic EMIS to facilitate addressing gaps identified through the PES evaluation.

In another example, UNICEF management (through participation in the UNSAS Task Force and UNCT) encouraged adherence to the 2009 UNTP evaluation recommendations during the 2010 joint planning processes for the UNTP's successor, the UN Somalia Assistance Strategy. For example, adopting a transition-period strategic framework approach rather than attempting medium-term planning, and strengthening coherence within the CAP to avoid artificial divisions between humanitarian, recovery and development aid.

#### **4.1.4 Information Technology and Communication**

Establishing efficient communication system had been a chronic challenge given that zone offices are spread across different Somali regions – with constant relocation/staff movement - and almost no communication infrastructure, while the main office remains outside the country, in Kenya. Inter-office communication improved after the installation

of video-conference and IP telephony, enabling staff to make face-to-face video conference and have contact through phone calls. BGAN satellite terminal and WEBEX were effectively used to conduct video meetings with zone offices and project sites. Installation of 'Vosky' Skype Gateway allowed staff in the field to call USSC and zone offices over the Internet. These services reduced operating costs, ensured better monitoring and feedback on interventions and reduced unnecessary travel to insecure areas. Social network sites such as 'Facebook' were used innovatively to share information updates, gather feedback and raise awareness on children and women's issues. EMC VSAT and small iWay VSATs installed in zone offices served as an excellent low-cost solution, and was installed by a Mogadishu-based supplier.

Costs for Internet (ISP) and VSAT services are shared among three offices (KCO/ESARO/USSC) in Nairobi. Both the KCO and Hargeisa offices were identified as BCP alternate sites for USSC. The Lotus Domino cluster server is already kept in KCO as a backup site over fibre link.

Remote access service is provided to zone offices and mobile users over Citrix server and Windows Terminal Server (Winterm). Staff can access corporate applications from any location inside Somalia.

Procurement of ICT supplies was undertaken mostly through global Long-Term Agreement suppliers. A number of local vendors were identified for specialised tasks such as LAN cabling, Thuraya service and video-conference services.

Regular PSB meetings were held to dispose of old equipment. The ITSSD policy on hardware life-cycle was strictly followed in replacing old equipment. Memory of all computers was increased to 2GB in order to improve speed as required by Office 2007 and Notes 8.5 applications.

## **4.2 Fin Res & Stewardship**

### **4.2.1 Fund-raising & Donor Relations**

UNICEF's field presence, broad array of partners, technical expertise, transparency and support to over 70-80% of the nutrition, health, water and education sectors are acknowledged and appreciated by donors. UNICEF maintains close relations with local delegations both at the strategic/advocacy level and with technical programme advisors. There is often a disconnect between the political and development divisions of the embassies, which will be addressed through increased contact. UNICEF has a robust resource mobilisation strategy; a new strategy being prepared for the 2011-2015 CP.

Somalia aid co-ordination structures are complicated and duplicative and fail to produce the unity that aid effectiveness demands. All member states claim to be dissatisfied with current arrangements, but few are ready to change them. In addition, lack of general donor coordination/leadership has been a consistent concern, despite attempts by donors to ensure better linkages for development, security and political elements, monitoring for accountability/results, and harmonisation under the Somalia Recovery and Development Plan. Few member states have articulated longer-term strategies to guide their engagement with Somalia, although the EU has one until 2013.

There is a critical need for sustainable, large-scale finances to assist fragile states to climb out of crises. Underlying factors behind high mortality and morbidity rates cannot be addressed through humanitarian and/or unpredictable funding alone. Short-term funding does not provide the time needed to plan a comprehensive response for the most vulnerable and 'hard to reach', which requires understanding of customs, practices and patterns of specific populations.

The 2008-2010 CP had a budget of US\$130,884,000 (RR US\$25,395,000/ORR US\$105,489,000), against which 65% of ORR was raised. Utilisation rate of 2010 PBAs was 99% and 91% of donor reports were submitted on time, earning an exemplary rating from ESARO's quality assurance review.

Mechanisms for monitoring the use of funds include bi-monthly meetings between Contributions Management/Budget Unit, Programme Sections and the Deputy Representative. Systems are in place to ensure timely utilisation, but more importantly, given the increasing politicisation of aid, contributions are used in line with donor conditions.

Several Joint Programmes have been successfully scaled up due to donor interest and UNICEF's role was commended (JPLG, AYCS/Maternal Health).

#### **4.2.2 Management of Financial and Other Assets**

The latest internal audit found all areas of operations to be satisfactory. In anticipation of implementing IPSAS, the Office targeted asset management across all sites, in and out of Somalia, as an opportunity for improvement in 2010 and has successfully streamlined and documented more effective controls, with the assistance of a public accounting firm. Conscious of the importance of the *hawala* system used by USSC Nairobi to transfer funds to its Somalia zonal offices and partners, an international public accounting firm was contracted, jointly with UNDP Somalia, in late-2009 to review Office controls over its use of the *hawala* system. The final report was received in 2010, providing assurance that internal controls over this critical and financially important process were appropriate and functioning as intended.

Findings of the micro-assessments conducted on HACT with eight implementing partners allow the office to be confident of partners' financial management systems in some instances, while indicating that for other partners investments in capacity development are required to improve their financial accounting systems and controls. A two-week training and mentoring activity was conducted in November; the outcome will be monitored to assess its effectiveness.

The PCU unit meets on a bi-monthly basis with all sections bilaterally with the involvement of the Deputy Representative to review contribution management, budget control, liquidation of cash assistance, donor reporting and fundraising. Minutes are prepared and shared for action, and any cross-sectional issues are raised at the TMM or PGM. As part of a broader phased approach to devolution, the office agreed in November 2010 to a series of steps for improving contribution management at the zonal level and increasing zonal office accountability for managing budgets. First steps in this process are the inclusion of CFOs and zonal programme teams in the current Nairobi level contribution management workflow processes for bi-monthly review of funds implementation, DCTs, supply management, donor conditions/reporting and resource mobilisation.

The inter-agency approach to risk management is a cost saving. Other inter-agency cost shared services are not working optimally, which needs to be addressed by the UN at large (HQs level).

#### **4.2.3 Supply:**

The supply and logistics component of the SCO remains consistently high and accounted almost 40% of the 2010 country program budget. Some 50% of supply value is spent on Nutrition and Health commodities of which the latter primarily is related to the Child Health Days. Other supply heavy areas are within Education and WASH.

Although the majority of supplies are still procured off-shore, the level of local procurement is steadily increasing. There is increased pressure from local authorities to boost local procurement and attempts to delay or hinder the importation of outside procured commodities are a new challenge faced in NEZ. The latter, coupled with

apparently limited knowledge and understanding of International Public Procurement rules and regulations, pose additional challenges to programme implementation and supply operation. Quality, compliance, ethics, transparency and lack of local production, are among the key issues. However, in an effort to identify more local suppliers a market survey was conducted during 2010. The results are due early 2011, and are expected to lead to increased local procurement and to inform the establishment of Long-Term-Agreements for key commodities available in Somalia.

To mitigate the risk of supply inventory losses, following the 2009 looting of UNICEF's Jowhar compound, the number of warehouse locations was reduced from 15 to 10 and the value of inventories decreased from US\$16 million to US\$14 million. Inventory levels are still high, reflecting the current situation in CSZ. A mitigation strategy to limit supply inventories in any one location within CSZ to US\$300,000 is being pursued. Additional efforts to reduce overall inventories and deploy through pre-positioning strategies for supplies will be pursued in 2011.

Training of partners, including Government bodies such as MoE, MoH and MoW, in supply chain and stock management were conducted during 2010 in NEZ and CSZ, revealing a need for further support in these areas, which will take place in 2011. Additional support related to construction of warehouses and cold-chain facilities, to allow a gradual hand-over of those activities, will be further explored in the Northern zones.

### **4.3 Human Resource Capacity**

Recruitment of competent staff is a critical first step toward deploying a capable workforce. This is a challenge in Somalia due to funding constraints, uncompetitive conditions of service and the security situation. Attracting human resources is the most challenging issue for SCO. Special measures may be required, as per discussions in the 2010 Geneva HR consultation.

The lack of recognised educational opportunities inside Somalia limits learning and career opportunities of national staff.

Performance management is been another challenge. Many 2009 PERs were not completed in late 2010. Monthly monitoring mechanisms will be established starting in January 2011 to improve PER completion rates, with the objective of reaching at least 80% completion rate for 2010 PERs by 28 February 2011.

In order to enhance staff's ability to cope with work pressure and difficult working conditions, stress counselling services were provided by the UNON Joint Medical Services from Nairobi. In addition, the UNICEF Global Stress Counsellor conducted a workshop in Bossaso on 'Stress, Trauma and Resiliency'.

The mandatory Safe and Secure Approach to Field Environment (SSAFE) training, which 86 staff participated in during 2010 provided them with necessary competencies and skills required to work in high-risk environments.

The Office is committed to UN Cares, and is collaborating with the UNON Task Force on HIV and AIDS in implementing and maintaining the 10 minimum standards on HIV in the workplace.

### **4.4 Other Issues**

#### **4.4.1 Management Areas Requiring Improvement**

UNICEF provides 14% of the UN Somalia \$5.2 million cost-shared budget. While there are benefits to going the inter-agency route, the level of services delivered are not commensurate with UNICEF's investment. It would be helpful for the UN at large to assess the efficiency of out-sourcing services within its own structure (i.e. from one bureaucracy to another) to provide agencies such as UNICEF the speed and flexibility

they require to operate effectively in the demanding environment. Many windows of opportunity are lost due to this.

UN Somalia common service activities that are cost-effective include: cost-sharing of market surveys, a UN fleet automotive technician, and office premises in Wajid- costs of which, if not shared, would have been solely born by UNICEF.

#### **4.4.2 Changes in AMP**

Changes envisaged in the 2011-2012 AMP are related to applying the new programme structure; increasing efficiency in partnership management; ensuring the continuous application of a risk-management regime, and continuing to work with countries in similar situations and HQ to improve human resource management.

## **5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS**

### **5.1 List of Studies, Surveys & Evaluations:**

1. *Somalia National Micronutrient Anthropometric Survey*
2. *FSNAU Technical Series Report No V1. 32 September 17, 2010. Nutrition Situation Post Gu 2010*
3. *"Moving Goal Posts" Final evaluation report of Support to Health Sector Development in Somalia*

### **5.2 List of Other Publications**

1. *Somalia Guidelines for the Management of Acute Malnutrition*
2. *School Hygiene and Sanitation Posters*
3. *Carruurteena (Our Children)*
4. *The Process of Growing Up - A Facilitator's Guide*
5. *2011 calendar*
6. *An Information Guide on the Maturation Process / Leaflet*
7. *The Process of Growing Up - A TOT guide*
8. *National Micronutrient and Anthropometric Nutrition Survey*

## **6. INNOVATION & LESSONS LEARNED**

**Title:** *Child Health Days*

**Contact Person:** Osamu Kunni okunni@unicef.org

### **Abstract**

Child Health Days (CHDs) commenced in 2008, implemented by UNICEF and World Health Organization (WHO) in collaboration with local authorities, communities and NGO partners.

- Every day CHDs prevent hundreds of children from dying of preventable disease and provide vital health services
- CHDs overcome obstacles that prevent women and children from attending health facilities (27% of the population has access to health services, mainly in urban areas), which include distance to health clinics, associated costs, cultural attitudes and insecurity – especially in hard to reach areas.
- Children normally only visit a health centre once every four years.
- CHDs take health services out of health facilities and deliver high-impact, cost-effective health and nutrition interventions to women and children in the heart of their communities, every six months.
- CHDs target all children, but especially the most vulnerable: internally displaced, pastoralists, the urban poor, children directly affected by conflict, girl children and children and women from minority groups.

### **Innovation or Lessons Learned**

CHDs increased immunisation coverage from 20%-to-30% (via routine services) to over 70-80%. For example, in 2009 in one location over 67,000 children were vaccinated against measles over 12 months. In just a few weeks, the CHDs were able to reach 10 times as many children in the same location, raising measles coverage from 30% to 90%. In the same location, 10 per of women of child-bearing age were reached through health facilities and provided with a tetanus vaccination, while CHDs reached 70-80% of women of child-bearing age in the same coverage area.

### **Potential Application**

CHDs provide decentralised structures for service delivery, which could be used to deliver additional interventions, not solely centred on health. UNICEF/WHO organises tens of thousands of volunteers, health workers, parents, as well as community, religious and traditional leaders, who systematically go house-to-house and village-to-village across Somalia to deliver interventions to as many women and children as possible.

### **Issue/Background**

The decline of Somalia's health infrastructure has led to poor quality and insufficient coverage of public health services. One in five children die before they reach five years of age. One in 10 children die before they reach one year of age. Diarrhoea is the major cause of death in children under-five (22% of deaths), impacted by a situation where only 30% of the population has access to clean water. In addition, the health status of Somalia's population has been compromised by extreme poverty, food insecurity, instability and conflict.

### **Strategy and Implementation**

To continue to make a dent in Somalia's high child mortality/morbidity statistics, CHDs require predictable, multi-year funding commitments over the next three years, to ensure supply pipeline, effective micro planning, training and social mobilisation.

### **Progress and Results**

A recent research article: Consequences of Ongoing Civil Conflict in Somalia: Evidence for Public Health Responses; Guha-Sapir D, Ratnayake R; WHO collaborating research institution Center for Research on Epidemiology of Disaster (CRED), August 2009, Volume 6, Issue 8; [www.plosmedicines.org](http://www.plosmedicines.org)) indicate that levels of excess mortality have been high in Somalia for a long time, but have increased since 2006 and have been sustained at above-crisis levels for nearly two years. The length of time over which crisis levels of excess death have continued is remarkable, illustrating the deep crisis Somalis face. The authors recommended broad-based, high-coverage basic public health interventions. The new CHD strategy supersedes this call and has already changed the direction of health programming in Somalia.

As part of the UNICEF-WHO Joint ACSD programme, UNICEF, WHO and the Centers for Disease Control in Atlanta have assessed the overall costs and effectiveness of the wide variety of health interventions through CHDs in Somalia. The results indicate that CHDs are economically effective – costing less than US\$ per beneficiary targeted by each intervention for each round – and that during the first two CHDS rounds, beginning in 2008 have saved the lives of 10,000 children under five.

### **Next Steps**

Fourth Round of CHDs commenced in December 2010 and were underway in Somaliland and Puntland.

---