

Executive Summary

2013 was a dynamic year with concrete achievements:

Successful launch of Go-to-School (G2S) campaign: An ambitious three-year programme to provide education for 1,000,000 Somali children/youth, G2S is supported by UNICEF and led by the three ministries of education. With strategic partnerships and support from non-traditional donors, G2S has enormous potential for Somalia's recovery. Two months after the launch, the Directorate of Education (DoE) in Mogadishu reported new enrolment of 33,000 students.

Polio response: The UNICEF/WHO-led response to polio outbreak was fast and aggressive. Containing this outbreak in the world's largest reservoir of unvaccinated children was challenging, but signs of progress are evident, with no new cases reported since July from the epicentre.

Children and Youth in the New Deal Compact: Through consistent participation in the development of the New Deal Compact and leadership/coordination in the social services sector, UNICEF ensured that the interests of children/youth are visible across all five Peace and State-building Goals. The Compact, adopted at the September Brussels Conference, determines Somali development and recovery priorities over the next three years.

Strengthening community resilience: Building on the lessons of the 2011-12 famine, UNICEF, WFP and FAO developed a Resilience Strategy combining livelihood support and productive sectors, basic services, and social protection. This has entailed a shift from supply-driven to more demand-driven programmes. Two years on, this Resilience Strategy has gained donor traction and global recognition.

Shortfalls:

Continued insecurity and limited access to Central-South Zone (CSZ). This general insecurity was compounded by the June attack against the UN Common Compound, which forced UN agencies to scale back to most critical and lifesaving activities, affecting programme implementation.

Slow roll-out of Essential Package of Health Services (EPHS): As part of the Joint Health and Nutrition Programme (JHNP), UNICEF is responsible for the roll-out of EPHS. Joint technical assessments undertaken with zonal authorities to identify implementing partners were instrumental in ensuring UNICEF due diligence and government leadership and ownership, but the process was cumbersome, affecting timely roll-out.

Human Resource capacity: High staff turnover, non-family duty station status, and non-competitive local staff salaries negatively impacted the Office's ability to recruit staff.

Collaborative partnerships:

JHNP: This multi-donor five-year programme (budget: US\$236 million) brings together UNICEF (the managing agent), UNFPA and WHO and Somali health authorities. Currently aimed at improving maternal child health (MCH), reducing mortality and strengthening systems to support improved quality/access to healthcare, JHNP has the potential to be expanded into a sector-wide programme.

Partnership with Ministry of Human Development for G2S: UNICEF's partnership with the ministry resulted in the development of a G2S strategy and zonal action plans. G2S was included as a key deliverable in the New Deal Compact and the Economic Recovery Plan, with President Hassan Sheikh Mohamud citing G2S as a key achievement at the UN General Assembly.

Youth for Change: This partnership with UNDP and ILO started two years ago as a joint initiative for Youth at Risk, and has since evolved towards the provision of psycho-social support, education, vocational skills training and creation of employment/livelihood opportunities. With the New Deal Compact highlighting the role of youth as agents of change, this initiative is now being expanded.

Country Situation as Affecting Children & Women

Despite some improvement since the devastating 2011-2012 famine, mortality and malnutrition rates remained extremely high in Somalia in 2013. This was particularly the case in CSZ, the country's largest and most populous area, which was also the most affected by instability over two decades.

FSNAU's 2013 Post-*Gu* (*Gu* is the main rainy season) food security and nutrition assessment found that 870,000 people across Somalia remained food insecure, while an additional 2.3 million people remain highly

vulnerable to shocks and were on the margins of food insecurity. Compared to previous years, 2013 saw a reduction in the food-insecure population (c. 2.1 million food-insecure people one year ago, and 4 million food-insecure people at the height of the famine two years ago). The improvements in food security in 2013 were due to a near average July/August 2013 harvest, increased livestock herd sizes, improved milk availability, low prices of local/imported staple food commodities and humanitarian interventions. However, the assessment found that households in Mogadishu and the urban poor in other southern regions spend, on average, 75 per cent of total expenditures on food. This signifies a high degree of vulnerability in times of high food prices and/or reduced income, highlighting the importance of resilience-building approaches. About 206,000 under-five children are acutely malnourished, representing one out of every six young children, but a slight improvement from 215,000 in January 2013. Underlying causes of malnutrition remained poor IYCF practices, inadequate water and sanitation, inadequate health infrastructure and access to healthcare and food insecurity, with the high disease burden resulting from malaria/fever, diarrhoeal disease and acute respiratory infections.

An estimated 600,000 children and 100,000 pregnant or lactating women required sustained nutrition interventions in 2013. Moreover, 3.2 million Somalis lacked access to healthcare, more than 1.74 million children lacked access to education and more than 2.75 million people lacked sustainable access to water, sanitation and hygiene. About 1.1 million IDPs were in need of emergency shelter and basic non-food items. The most significant political development of the year was the New Deal Compact that emerged from the September Brussels Conference, co-hosted by the Federal Government of Somalia and the EU. During the Conference, heralded a “major milestone” in Somalia’s recent history, international partners committed to support the implementation of a “New Deal” around five Peace- and State-building Goals: Inclusive Politics; Security; Justice; Economic Foundations; and Revenue and Services; donors pledged some €1.8 billion. In the lead-up to the Brussels Conference, there were strong advocacy efforts for the Federal Government to ratify the CRC. While this goal was not met, the President has pledged his support for ratification. The Provisional Constitution adopted in 2012 significantly strengthens the rights of children and shows high compliance with international standards, but enforcement remains a major concern. While the child protective legal and policy framework varies across the three zones, it remains generally very weak.

2013 saw the first outbreak of wild poliovirus in Somalia since 2007. Between May 2013, when the first wild poliovirus type 1 case was confirmed in a young child in Mogadishu (Banadir Region) and the present, some 185 polio cases were recorded. An assessment of the polio outbreak response at the three month point concluded that the response was rapid and aggressive, with strong national leadership and international coordination. However, the assessment also highlighted that due to the large number of under-vaccinated children in Somalia, there was a significant risk that the outbreak would extend beyond six months. While there have been no new cases reported in the Banadir Region (considered the epicentre of the outbreak) since July 2013, new cases have appeared elsewhere in the country, with the most recent two cases in January 2014 reported in Bari Region (NEZ) and Gedo Region (CSZ).

2013 also saw the long-anticipated release of MICS-4 data, which had been collected in 2011, but only in the two northern zones due to insecurity in CSZ, which precluded access. The release of MICS-4 data provided the most authoritative set of data on the situation of children and women since MICS-3 in 2006. According to MICS, immunisation coverage in Somalia remains among the world’s lowest, with only 7 per cent of children in NWZ and 3 per cent in NEZ aged 12 -23 months having received all the recommended vaccines in 2011. MICS found that in 2011, 42 per cent of the population in NWZ had access to an improved source of drinking water, while the corresponding figure in NEZ was 52 per cent. It found that half of the population in NWZ and 65 per cent of the population in NEZ used facilities with a sanitary means of excreta disposal. Diarrhoea incidence amounted to 13 per cent in NWS and 10 per cent in NEZ, showing no improvements since 2006. According to the newly released MICS4 data, it is estimated that in 2011, net primary school attendance was 51.3 per cent in NWZ and 43.4 per cent in NEZ. This was a marked improvement from MICS3, which found that only 23 per cent of children of primary school age were attending school in 2006, with children in CSZ having the least chance of attending. The Go 2 School Initiative, launched in 2013, aimed to increase school enrolment across all three zones. Two months after the launch, the DoE in Mogadishu reported new enrolment of 33,000 students in eight regions.

Sexual and gender-based violence (SGBV) against women and girls is widespread. In the first half of 2013

alone, approximately 800 cases were reported in Mogadishu, with similarly high numbers in other areas. Armed groups commit grave violations against children, primarily abductions and forced recruitment. According to the most recent report of the Secretary-General on Somalia (December 2013), "during the reporting period [16 August to 15 November 2013], 449 cases of grave violations against children (355 boys and 65 girls), in particular abduction, recruitment and killing and maiming of children, were documented. Most incidents were reported from the southern and central regions of Somalia." Over 2,051 children were recruited or used by armed forces/groups in 2012. Child recruitment, particularly by Al Shabaab, remained most evident in CSS.

Country Programme Analytical Overview

UNICEF Somalia undertook an extensive MTR process in 2013 to review CO priorities in light of the changing programming environment. The MTR process resulted in several cross-cutting recommendations agreed upon by Somali Authorities and UNICEF. Implementation of the recommendations, which are to be tailored to the three zones and their individual capacity development needs, will require careful planning to ensure that the gradual transfer of responsibilities to the Government takes place smoothly, with no interruption of services essential to children and women.

There is considerable scope to strengthen community-level convergence among different sector programmes, as is currently being done through JHNP and through the Joint Programme on Local Governance (JPLG), which serves as a platform for different sectors to work together at the district level. Moving forward, the rollout of the UN Joint Resilience Strategy, with UNICEF's contributions focused on improved access to basic services to protect human capital and predictable safety nets for a minimum of social protection, is likely to support greater programmatic convergence.

During the second half of the Country Programme, UNICEF will gradually move away from service delivery, as Government ownership and leadership become increasingly emphasised; human resources development, policy development, systems-strengthening and structural review will gain in importance. Human resources development will focus on improving capacity in planning, programme management, monitoring and knowledge management among line ministries, including at the decentralised level. Clear policies and guidance need to be developed to support sectoral decentralisation, including in respect of community-based initiatives and civil society and modalities of engagement by authorities. The approach to behaviour change communication and community mobilisation will also have to become more systematic, supported by leadership, tools and guidelines.

The Office will continue its efforts to improve situation analysis and knowledge management, aligned with UNICEF's organisational focus on equity and reaching the most vulnerable with evidence-based, effective interventions. At present, paucity of data is a constraint, especially when it comes to CSZ, where insecurity prevents field visits and data collection. UNICEF is taking steps to map extant data sources, reviewing both availability and quality so that future research and knowledge generation efforts can be more targeted and gap-filling in nature. This work is aligned with UNICEF's on-going equity focus, and the objective of identifying and responding to the most vulnerable populations, which may include pastoralist and disabled children, and children without birth registration. As the security situation improves and, with it, access to the field and most vulnerable populations in remote areas, it is expected that data collection efforts will also improve. The Joint Resilience Strategy will also offer opportunities to collect qualitative data and interact with communities to progressively build capacity to identify threats and act for alleviation and response.

The Country Programme is taking steps to use technology and innovations to strengthen and support service delivery for children and women. In line with strategic shifts and programme priorities, technology for development (T4D) initiatives are proposed to support improved service delivery (e.g. for cash transfers to beneficiaries or service providers), monitoring and knowledge management, and behaviour change communication.

Humanitarian Assistance

Somalia continues to suffer from a chronic emergency situation due to the aftermath of famine and a continued conflict situation, especially in CSZ. Apart from continued efforts to respond to the chronic

emergency, the Office responded to five major emergencies during the year, namely: displacement in Xudur following withdrawal of Ethiopian Defence Forces, Jowhar floods, drought in CeelWag, tropical storm in Puntland, and a polio outbreak in CSZ.

During 2013, UNICEF continued to engage in the areas of nutrition, health, education, WASH and child protection in response to the humanitarian situation in Somalia. UNICEF continued to support nutrition centres for severely and moderately malnourished children. The wet feeding programme continued in key locations along the border such as Dolow, Luuq and Dhobley, providing hot prepared meals, mostly for IDP women and young children. An estimated 195,070 children aged 6-59 months with Severe Acute Malnutrition (SAM) benefitted from Therapeutic Feeding programmes. UNICEF continued to provide access to water, with nearly 347,000 people provided with new/sustained access to drinking water in 2013 through UNICEF support for construction of shallow wells with hand pumps, rehabilitation of boreholes, construction of *berkads*, rehabilitation of water kiosks, etc. In addition, UNICEF supported temporary measures such as mass chlorination, water vouchering, and/or support for operations and maintenance of water supplies. UNICEF-supported schools under the Fast Track Peace Building, Education and Advocacy initiative demonstrated significantly improved enrolment, with 304,853 children accessing emergency education. In the area of child protection, UNICEF continued to provide support to national partners in the implementation of the rehabilitation programme, which pursues a strategy of inclusive community-based reintegration, aiming at reaching children formerly recruited by armed forces/groups as well as those at risk of being recruited. A total of 248 children were reunified with their families and 950 children were provided with safe access to community spaces for socialising, play, learning, etc.

In response to the outbreak of wild poliovirus, UNICEF launched a massive vaccination campaign to prevent the spread of polio and control the outbreak. In all, 1,998,455 children were vaccinated against polio during 12 rounds of immunisation in 2013.

In response to the cyclone storm that hit Puntland in November, UNICEF provided School-in-a-Box kits and tents through the Education in Emergency Working Group. In early 2014, UNICEF will provide support for rehabilitating school buildings, including latrines in coordination with WASH.

Effective Advocacy

Mostly met benchmarks

In 2013, UNICEF advocacy kept children's issues high on the agenda. The New Deal Process presented a major opportunity for increasing the visibility of children's issues, putting them at the centre of the Federal Authorities' development agenda. During the preparatory phase of the New Deal conference, UNICEF played a leading role in the formulation of Peacebuilding and State building Goal number 5 (PSG5) on Revenues and Services. UNICEF helped to ensure that the delivery of equitable, affordable and sustainable services was prioritised and measured against progress in core programmatic priorities, such as the Go-to-School programme, implementation of the Health Sector Strategic Plan and the social protection strategy. Across the other four PSGs, UNICEF advocacy ensured that children's interests were mainstreamed. This includes, for example, the disengagement and reintegration of children separated from armed groups under PSG 2 (Security), justice for children under PSG 3 (Justice) and a focus on youth engagement and employment under PSG4 (Economic Foundations). In the run-up to the New Deal conference, UNICEF, together with the SRSB and the Resident and Humanitarian Coordinator for Somalia, addressed a letter to the leadership of the Somali Federal Government calling for the ratification of the CRC and its optional protocols without further delay.

The launch of the Go to School Initiative in September 2013 was a result of continuous advocacy efforts, bringing the Ministries of Education in all three zones together to support the ambitious objective of enrolling an additional 1 million children. Since the launch, media campaigns have used radio, TV, print and social media platforms to deliver the message about the importance of education, with particular focus on girls' education. Media campaigns were complemented with social mobilisation efforts, using Community Education Committees to engage at the community level.

2013 also saw the launch of the pentavalent vaccine launch, inaugurated by the President and attended by the Minister of HDPS. The event was used to spread messages on vaccination as well as other child rights issues. Another notable achievement of the year was UNICEF's advocacy for the abandonment of FGM/C in Puntland, which led to religious leaders issuing a *fatwa* against all forms of the practice. So far, 72 communities in Somaliland and Puntland have declared FGM/C-free and an additional 100 communities in the three zones were mobilised and committed to declaring FGM/C abandonment. Meanwhile, advocacy by UNICEF with the Country Taskforce on the Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict resulted in the commitment by the Somalia National Armed Forces (SNAF) to work towards implementation of the signed Action Plans. The advocacy efforts also led to the release of 41 children who were in their ranks in Baidoa, purported to have been associated with Al Shabaab. Also in 2013, civic education campaigns focusing on the roles and responsibilities of local governments and mechanisms for dialogue with local authorities and communities were carried out through the UN Joint Programme on Local Governance in Somaliland and Puntland.

Capacity Development

Mostly met benchmarks

In 2013 UNICEF continued to support capacity development efforts across all programmes. In the nutrition section, UNICEF worked with partners to design and roll out a training package to enhance the capacity of local partners and Government to respond to the humanitarian needs of children and women. Capacity development initiatives in 2013 included: the systematic revision of key nutrition resources and materials to make them adult learning friendly; trainings for master trainers, with effective cascading across the three zones; and establishment of lead facilitator groups to ensure quality training, support and follow-up in technical and managerial areas. Programme capacity was strengthened through enhanced monitoring feedback systems focused on technical quality as well as compliance. Data and information received from NGOs, UNICEF field staff and third-party monitors were assessed to identify gaps in partner reporting, technical capacity and programme performance. Key gaps identified through data were then prioritised and strategically addressed through supportive supervision, monitoring and follow-up.

Similarly, the WASH sector adopted a strategic approach to capacity building, conducting a comprehensive capacity assessment of relevant line ministries and NGO partners, which provided concrete recommendations to be followed up in 2014. Advisors were recruited to support the work of Puntland State Agency for Water, Energy and Natural Resources, which also received support through the establishment of regional-level repair centres for key electromechanical equipment used in water supply systems.

In education, UNICEF continued to support the governments in all three regions to build institutional capacity focusing on five key domains: policy and planning; human resources; finance; quality assurance; and gender. The technical advisors recruited from the Somali Diaspora made immense contributions to the development of policies/guidelines, as well as in the mentoring/training of two trainees per domain. Support was provided for quality assurance and supervision of teachers by district and regional education offices across the three zones. This tiered capacity development, tailored to the needs of education administrations at different levels, is a key part to the building of a functioning education system. In CSZ, under the GPE Programme, the capacity of the Directorate of Education was increased through incentive payments to 1,500 teachers, supporting the stability of the teacher workforce and therefore laying the foundation for future sustained training initiatives. UNICEF also supported ToT workshops on peace building and conflict resolution. In the protection sector, in addition to a range of focused technical trainings, line ministries and partners were also trained on Minimum Standards for Child Protection in Humanitarian Action.

Strengthening capacities of the local government to deliver basic social services is the core mandate of JPLG. Appointment of technical Advisors to MoE, MoH, MoI and the Vice President's Office in Puntland and Somaliland contributed to technical expertise of central governments to pursue a decentralisation policy, applying sector perspective lenses. In Puntland and Somaliland, the Ministry of Planning, MoI and Social Sector ministries coordinated the development of Sector District Plans for three districts. The work was cascaded down to District Social Affairs Departments (SAD), supporting development of their district sector plans.

Communication for Development

Mostly met benchmarks

In 2013, C4D continued to be a critical part of programmes. For example, interpersonal communication training was provided through the nutrition programme to help village health workers inculcate improved feeding practices among caretakers. Similarly, malaria BCC training helped community educators in their work to raise awareness on malaria diagnosis, treatment, prevention and control. In WASH, Community-Led Total Sanitation (CLTS) “champions”—charismatic individuals with influence in their communities—were identified to promote the CLTS approach and support mass rapport-building sessions. C4D on FGM abandonment also continued in 2013, with support to a woman-to-woman initiative that saw hundreds of home visits made, reaching thousands of women with FGM abandonment messages. FGM awareness sessions were also held in schools. This approach yielded results when religious leaders signed a *fatwa* against all forms of FGM in Puntland.

The urgent need for C4D was highlighted in the aftermath of polio outbreak in SCZ. In response, UNICEF supported several rounds of vaccination campaigns, with C4D integrated in every round. UNICEF deployed an all-out C4D response, including advocacy, mass media, social mobilisation and participatory communication.

Advocacy: UNICEF conducted high-level advocacy, with the presidents of each of the three zones publicly vaccinated during the launch of the adult rounds. These advocacy activities contributed greatly to adult acceptance of the vaccines, as indicated in the intra-campaign monitoring, with no refusals among adults.

Mass media: UNICEF partnered with television stations and major radio stations to air programmes and spots aimed at increasing awareness on the outbreak and the need for vaccination. Additionally, through partnerships with major telecom companies, bulk SMS messages were sent to alert of immunisation dates and increase awareness. In SCZ, an interactive SMS campaign was launched, with recipients asked to respond to questions, and rewarded with airtime credit for correct responses. This campaign improved knowledge on polio and helped people understand the polio-WASH link.

Social mobilisation: Social mobilisation was conducted through partnerships with religious leaders, and women and youth groups who organised community meetings, football matches, and other platforms. In total, 2.5 million people were reached with polio messages.

Participatory communication: UNICEF supported house-to-house visits by a cadre of social mobilisers (1,631 in CSZ, 550 in NEZ and 780 in NWZ). Megaphones were also used to mobilise communities, especially in crowded areas like marketplaces and town centres.

As a result of these interventions, independent monitoring found 92 per cent awareness levels among caregivers on polio outbreak/control; 90 per cent on vaccination among the accessible population; and 0.5 per cent refusal rate after 12 rounds of polio campaigns in 2013.

Also in 2013, UNICEF conducted formative research on ACSD key behaviours to understand barriers/motivators for behaviour change. This research will feed the development of zonal BCC strategies and serve to assess C4D strategies and identify the most effective channels/messages to be scaled up.

In 2014, plans are under way to conduct a C4D capacity assessment for Health Promotion staff and implementing partners. Based on the findings, a capacity improvement plan will be developed and implemented.

Service Delivery

Mostly met benchmarks

Service delivery by the Government was minimal in 2013, and access to basic social services remained extremely low due to weak governance, insufficient numbers of skilled staff, low accountability for continuity of service delivery and low and irregular salaries. Meanwhile, inaccessibility due to insecurity and limited

number of local service providers contributes to the high cost of providing services.

In 2013, the Country Programme maintained extensive involvement in service delivery. The Country Programme had an important role as a direct provider of services for children and women in basic health, nutrition, water, sanitation, education and child protection. Some key results in 2013 included: treatment of 167,045 under-five children suffering from severe acute malnutrition; support to 420,000 outpatient department consultations for under-five children; provision of access to safe drinking water and to sustained/temporary water supplies to over 1 million people; cash transfers and vouchers to 77,400 vulnerable people, which enabled them to prioritise and meet their own needs; access to education for 272,687 children; and community-based services for 3,500 women affected by gender-based violence. Service delivery also formed a key part of the Youth for Change initiative, with youth provided with non-formal education, life-skills-based education and psychosocial therapy. These services were delivered through agreements with some 250 partner organisations working in different districts/regions of the country and included direct provision of services to vulnerable populations, support to the Government for procurement and logistics and rehabilitation and construction of facilities and service-delivery infrastructure.

Moving forward, the Country Programme aims to work with the Government and other national partners on a smooth transfer of responsibilities in the medium- to long-term. With the institutional changes and the gradual establishment of a secure environment, UNICEF will start preparations for handing over responsibilities to national partners. This will require the development of proper exit strategies with realistic timelines and strong capacity-building interventions. Some of the groundwork was laid in 2013, through the UN Joint Programme on Local Governance, which worked to strengthen the role of local governments in social service delivery. In Somaliland and Puntland, UNICEF supported the design of service delivery models, outlining specific function in Health, Education and WASH to be transferred to district government level, along with plans for strengthening capacity for service provision of District Council and their Social Affairs Departments.

Strategic Partnerships

Mostly met benchmarks

UNICEF Somalia maintains a robust and diverse network of partnerships. For humanitarian interventions, UNICEF leads the inter-agency nutrition and WASH clusters and co-leads the education cluster. UNICEF also leads the Child Protection Working Group. UNICEF's strategic partnership with WFP, WHO and FAO is instrumental in delivering supplementary feeding programmes. UNICEF also holds the strategic role of Principal Recipient of the Global Fund for Malaria, Tuberculosis and HIV (GFATM), and is the Managing Entity of the Global Partnership for Education (GPE).

The Country Programme has Project Cooperation Agreements with some 250, mostly local, partner organisations for service delivery. These partnerships have been essential for addressing humanitarian needs, but as the Government becomes increasingly able to assume its responsibilities, more and more service delivery is expected to be transferred to these duty-bearers. This implies a shift in UNICEF's programming, from a UNICEF-NGO model to a UNICEF-NGO-Government model. At the same time, UNICEF will continue to emphasise partnerships with civil society, local communities and other stakeholders. In the WASH sector, for example, UNICEF has developed an important and effective partnership with the private sector, which has led to access to water at reasonable tariffs.

Other key collaborative partnerships included:

JHNP: The multi-donor five-year programme brings together UNICEF (the managing agent), UNFPA, WHO and Somali health authorities. Currently aimed at improving MCH and reducing mortality, and strengthening systems to support improved quality/access to healthcare, JHNP has the potential to be expanded into a sector-wide programme.

Go-to-School: UNICEF's partnership with the Ministry of Human Development resulted in the development of a G2S strategy and zonal action plans to provide education to 1,000,000 children.

Youth for Change: This partnership with UNDP and ILO started two years ago as a joint initiative for Youth at

Risk, providing education, vocational skills training and livelihood opportunities. With the New Deal Compact highlighting the role of youth as agents of change, this initiative is now being expanded to transform youth systematically from service seekers into service providers.

JPLG: Presently in Phase 2, UNICEF is working on this multi-year multi-donor programme with ILO, UNDP, UN-HABITAT, UNCDF, Somali authorities, local governments and communities. The objective is to strengthen decentralised service delivery in social sectors by: influencing the development of appropriate policy/legal frameworks, capacity building of communities and local governance institutions on planning and monitoring, and extending technical and handholding support for gradual social sector devolution.

Resilience Building: UNICEF, FAO and WFP initiated ambitious work on a Joint Resilience Strategy, which will be piloted in five districts.

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

Moving forward, UNICEF is exploring new strategic partnerships, notably for upstream work, as new actors (such as the World Bank and African Development Bank) begin to establish a presence in and/or return to Somalia.

Knowledge Management

Partially met benchmarks

In 2013 UNICEF released an updated Situation Analysis. While this update was not a full-fledged situation analysis, the literature review was useful in compiling, assessing and triangulating available information. Also in 2013, UNICEF released the long-anticipated MICS4 data, which zonal Governments have started using for developing National Development Plans. MICS4 is considered to be among the most authoritative data, but notable data gaps remain, such as the exclusion of CSZ, lack of anthropometric data, lack of mortality data for NEZ, and other factors. The patchy data landscape, especially for CSZ, prompted UNICEF to map data collection exercises underway. UNICEF has thus identified key data sources on children in CSZ, such as the Malaria Indicator Survey, JHNP Baseline Survey, Population Estimation Survey, and IYCF Survey. Moving forward, UNICEF will provide technical support to and follow-up on these surveys to address data gaps. Working with government counterparts, UNICEF supported the development of a Health Management Information System (HMIS) and Education Management Information System (EMIS) as knowledge management tools for delivering better development results to children. EMIS was populated with the results of the most recent school census. Analysis of the survey findings is being finalised and will help education authorities to understand the situation of students, teachers, equipment and facilities, and improve planning. In 2013 the Country Programme continued to work with FSNAU to refine its seasonal surveys and analyse information. The WASH programme initiated a process of "snapshot" assessments at the start of the dry season using selected indicators to highlight gaps and critical water shortages. The emergency clusters routinely analyse data on the humanitarian situation and response. Moving forward, more comprehensive sector information management systems need to be developed for eventual integration into government information systems.

UNICEF Somalia strengthened its own knowledge management systems by thematically organising recent studies, surveys and evaluations supported by UNICEF and other organisations. The Office also developed new management guidelines for technical/strategic review of proposed research, thus strengthening research governance and, it is expected, quality/utility of future research. The recently reactivated Committee on Studies, Surveys and Evaluations is tasked with reviewing proposed research to ensure that it addresses a literature/knowledge lacuna, and is linked to UNICEF programme design/adjustment.

In 2013 the Office improved its knowledge management system around risk observations on partners, compiling information from different sources, including routine technical monitoring reports, third-party verification missions, financial assurance activities, Common Humanitarian Fund (CHF) capacity assessments, and the reports of the Risk Management Unit. By reviewing all such reports and coding them for reference to

aid diversion, performance, community perception, linkages to non-state entities and financial capacity, UNICEF is now able to more systematically conduct risk assessments of partners and develop mitigating measures.

In 2014, UNICEF will take an even more resolute approach to knowledge management, particularly on capacity development of partners. A plan of action will be developed that will also include internal actions to ensure sharing of knowledge (amongst programme and zones), preservation of experiences (through improved field trip monitoring systems) and generation of internal monitoring information.

Human Rights Based Approach to Cooperation

Partially met benchmarks

In 2013 UNICEF Somalia programming continued to adopt a human-rights-based approach, with a focus on the four core principles of the CRC: non-discrimination; best interests of the child; right to life, survival and development; and respect for the views of the child.

UNICEF's programming continued to be prioritised according to the needs of the most marginalised children, including those in situations of humanitarian crisis. For example, UNICEF targeted nine priority regions with the provision of EPHS-defined essential medicines and medical supplies. As another example, context-specific education programmes for pastoralist communities were implemented in Somaliland and Puntland, reaching 12,586 children (45 per cent female). To better fulfil the right to education for pastoralist children among those most at risk of not receiving schooling, mobile shelters were built, flexible learning schedules adopted and teachers trained. Also 1,100 children (863 boys; 237 girls) formerly associated with armed forces or groups, as well as those with other vulnerabilities, were enrolled in reintegration programmes.

The Country Office invested significant efforts during 2013 on capacity building of duty-bearers, including zonal and local governments, to respect, protect and fulfil the rights of children. Under the JPLG, technical support was extended to line Ministries to develop decentralised service delivery models in consultation with communities and local government institutions. This strategic step is expected to strengthen bottom-up planning and implementation processes that are more transparent and responsive to the needs of children/communities. In an environment where the capacities of duty bearers are extremely weak, work on strengthening delivery systems was continued by working closely with line ministries, mainly in the areas of supply provisioning, social sector infrastructure construction and maintenance, institutional capacity building and technical assistance. Normative work to develop service delivery standards and norms was an important aspect of this approach. For example, consultative workshops led by UNICEF and MoE were held in Garowe, Hargeisa and Mogadishu to bring stakeholders together and develop a framework for the national standards of child-friendly schooling. Sector policies and strategic plans were also developed in the health and education sectors. These strategic documents will help duty-bearers and other stakeholders to understand their roles with greater clarity, and hence are expected to lead to improved service delivery.

Simultaneously, UNICEF worked in 2013 to ensure the participation of rights holders to claim their rights. Under JPLG, UNICEF facilitated capacity building for communities to participate in the planning, implementation and monitoring of development projects in their villages. UNICEF worked with the ministries of education, local and international NGOs and education umbrella groups to engage communities through Community Education Committees (CECs) in Somaliland and Puntland. Throughout the year, CECs mobilised parents to enrol children into schools; this initiative took on renewed vigour following the launch of the Go-2-School programme.

Though Somali authorities have not yet ratified the CRC and CEDAW the Country Office continued its advocacy efforts in this direction, and it is expected that these instruments will be ratified by the federal Government in the near future, opening new opportunities to further strengthen a human-rights-based approach to cooperation.

Gender Equality

Mostly met benchmarks

In 2013, UNICEF made strong efforts to focus on gender disparities during programme design, implementation and management. The programme promoted gender equality through development/implementation of policies and advocacy strategies ensuring that both sexes benefit equitably in terms of services and remunerations. UNICEF also ensured that community governance systems, such as those supporting delivery of nutrition programmes, were representative of women's voices.

In Education, Go-to-School has an explicit goal: among the 1 million additional children to be enrolled, 45 per cent are to be girls. To achieve this, community-level social mobilisation mechanisms and female role models were introduced to advocate for girls' enrolment. UNICEF also lobbied for girls' scholarships, influencing the Girls' Education Challenge. Gender balance was considered in teacher recruitment and construction of latrines. Community Education Committees encouraged participation of both sexes in planning and decision-making in school management, and child-to-child clubs aimed to achieve balanced gender representation. UNICEF supported MoEs in all three zones to establish gender units, which gather information on gender issues affecting enrolment and participation, and use the evidence to design/implement appropriate programmes.

In 2013 gender considerations were at the forefront in the design/implementation of social mobilisation and community-level outreach. Special focus was given to recruitment of female outreach staff for community-level health and nutrition interventions, with UNICEF adopting the use of paired community workers (female and male) for social mobilisation. These include Community Health Workers, Child Protection Advocates, Child Protection Committees, IDP focal points and Gender-Based Violence Case Workers. The role of women in community mobilisation was highlighted in the response to the 2013 polio outbreak. As Somali IYCF indicators are some of the worst in the world, attributable to poor knowledge/skills among caregivers, UNICEF worked with partners to empower mothers and male heads of household in decision-making on family nutrition and child care. Similarly, communication campaigns emphasised the role of men in antenatal and postnatal care.

The Global Fund, under the capacity-building programme of the HIV grant, ensures that >40 per cent of the NGOs trained are women's organisations. All prevention and outreach programmes on HIV/STI-prevention interventions, including referral to support services for SGBV survivors, and legal and income support ensure that >40 per cent of such programmes are focused on women.

UNICEF's continued support to CLTS in 2013 encouraged the participation of all community members, particularly women. They participated in the entire implementation process, including monitoring and sustenance of Open-Defecation-Free status in their communities. Women have served as key proponents, in contrast to their traditional, less empowered role. Latrines constructed in schools, MCH and communal areas were gender-separated and lockable from the inside, ensuring greater privacy.

MICS and various data-gathering mechanisms (such as Health, Education and, GBV Information Management Systems) have ensured that data is disaggregated by gender and capable of serving as the basis for analysis of the impact of UNICEF programmes to enforce gender equality. Programme review processes, such as the Strategic Moment of Reflection and MTR, have looked specifically at gender mainstreaming and identified the need for improved coordination on the ground around gender concerns and issues.

Environmental Sustainability

Initiating action to meet benchmarks

Due to harsh climatic conditions, Somalia faces a number of environmental threats, including frequent flooding and droughts. In addition to natural disasters, humanitarian players working in urban and peri-urban IDP settlements often construct pit latrines without proper treatment and management of sludge, which leads to water pollution. Sprawling peri-urban settlements have increased water demands on the few existing water sources. Considering these environmental issues, in 2013 UNICEF continued to promote integrated

approaches to water, sanitation and hygiene (WASH), environmental conservation and disaster preparedness under the following key areas:

1. Scaling up of community-based programme interventions, such as promoting Open-Defecation-Free Communities and construction of sustainable WASH facilities in institutions (nutrition centres, schools and MCHs) to avert environmental pollution. Simultaneously, UNICEF, through the WASH cluster, developed a standard operating framework with guidelines and minimum standards for humanitarian interventions in Somalia, including the protection of shallow wells, siting of latrines, number of beneficiaries per water point and wastewater treatment.
2. Use of renewable energy technologies (solar pumps, wind power) as well as piloting of technological innovations. This is complemented by promotion of private sector engagement with a view to supporting a sustained supply chain and building maintenance capacity in remote areas and communities. In this regard, the health programme expanded the use of solar cold chain equipment by installing six in NEZ and 18 in NWZ, with a view to having an environment-friendly programme and ensuring a sustainable power supply.
3. Advocating for institutional and human capacity building to support environmentally viable sector policies and regulatory frameworks. Support is also provided for strengthening WASH sector coordination and enforcement of standards, with a focus on inter-ministerial (Departments of Health, Education & Water, Municipal and Regional Authorities) coordination, together with key stakeholders. Furthermore, UNICEF also advocated for the establishment of water quality laboratories in Somalia.
4. Awareness-raising on the importance of safe hygiene and sanitation practices among key stakeholders during key global events, e.g. Global Hand-Washing day, World Water Day and World Toilet Day.
5. Awareness-raising for disaster preparedness, through support for the development of training manuals for Disaster Risk Reduction in schools, which were translated into Somali and endorsed by the Directorate of Education.
6. Capacity building on Disaster Preparedness through support to the drafting of a Disaster Management Policy and Disaster Management Framework in Somaliland, and training local government officials on Emergency Preparedness and Response Planning in Puntland.

South-South and Triangular Cooperation

In 2013, UNICEF supported South-South cooperation between partners in Somalia and their peers in other developing countries. With UNICEF support, two Ministry of Health staff from the HMIS units in NWZ and NEZ were sent to the Aga Khan University in Karachi, Pakistan for a one-month course on statistics, data management and analysis, and computer skills. Through the child protection section, an experience-sharing session was organised for religious leaders from NEZ and Sudan to exchange ideas and lessons learned, which resulted in the landmark issuance of a *fatwa* (religious decree) in Puntland against all forms of FGM in November 2013.

Narrative Analysis by Programme Component Results and Intermediate Results

Somalia - 3920

PC 1 - Child survival

 Constrained

PCR 3920/A0/06/001 2011 - CLOSED Having support of the Core Commitments for Children in Humanitarian Action (CCC) as a standard in 80 per cent of all reported health, WASH and nutrition emergencies or disease outbreaks within accessible areas

Progress:

In 2013, the nutrition programme enhanced promotion of a holistic and life-cycle approach to nutrition services, ensuring the inclusion of treatment, promotion and prevention in one Basic Nutrition Services Package (BNSP). The programme also supported an enhanced Blanket Supplementary Feeding Programme (BSFP) to increase access to food by vulnerable groups and lower children's risk of becoming acutely malnourished. From January through October 2013, UNICEF's nutrition programme supported the treatment of 205,532 severely malnourished children under five; 14,958 moderately malnourished children under five; and 6,028 moderately malnourished Pregnant and Lactating Women. Outcome indicators for these children were well within SPHERE standards for both programmes UNICEF also supported an enhanced Blanket Supplementary Feeding Programme (BSFP) to increase access to food by vulnerable groups and to alleviate pressure on treatment programmes by lowering children's risk of becoming acutely malnourished. BSFP provided a dry take-home ration of 25kg of CSB+ and 5 litres of vegetable oil to households with a child less than five years of age. From January through May 2013, BSFP reached 22,135 families (including 33,203 children under five) with at least one ration of CSB+ and oil, with a total of 77,465 household rations distributed since January 2013. Wet feeding centres were located in key areas of transiting IDPs (Dhobley, Dolow and Luuq), providing hot meals to 11,974 families (including 10,090 children under five) from January through April 2013. Lack of access, particularly throughout CSS, and human resource capacity continues to be a challenge both for the implementation of a full BNSP package and for the quality of services provided at facility and community level. UNICEF is working with partners to strengthen the supply chain, as well as develop capacity of partners and the MoH in supply chain management.

 On-track

IR 3920/A0/06/001/002 2011 - Package of high impact child survival interventions through campaigns like Child Health Days, annually for 2011-2013.

Progress:

In response to the wild poliovirus outbreak, UNICEF supported seven NIDs and two supplementary NIDs from May-November, and one planned Child Health Day (CHD) in December 2013. Some of these SIAs included children over 5, and some included all ages (including adults). Administrative coverage as reported by WHO has been mostly >90 per cent but varies by campaign round and zone. One major determinant for polio immunisation coverage is the presence of anti-Government entities (AGEs) that have banned immunisations in their area of control in South Central Zone of Somalia since 2009. Although security is a challenge in certain areas of SCZ, there are still issues with the quality of the polio campaigns. Vitamin A is administered during CHDs, due to the polio outbreak and repeated polio rounds, one CHD was conducted in SCZ and a mini CHD in NEZ. In 2014 work plan will address and further explore and fully utilise integration of services (nutrition, WASH, etc.) and how to reach children in inaccessible areas of SCZ Somalia. Under the polio programme opportunities will continue to be sought to strength routine immunisation, which is the foundation for eradicating polio. In 2014 two CHDs are planned and an immunisation improvement plan is being developed which will see increased administering of vitamin A.

 Constrained

IR 3920/A0/06/001/003 1.3.H More than 70 per cent of children U1 are immunised through equitable, efficient and safe immunisation services by 2015

Progress:

Implementation of routine immunisations continues to face challenges. With the polio outbreak efforts were channelled into responding to the outbreak, which contributed to limited implementation of routine immunisation. Other reasons for the limited progress towards attaining the immunisation goal of 70 per cent include poor infrastructure of health facilities; shortage of human resources and lack of motivation; lack of EPI policies and poor data management; prevalent insecurity in CSS; a scattered population with many hard-to-reach districts; and inadequate social mobilisation leading to refusals to be immunised. According to provisional administrative reports for 2013, available data for the period of January –September 2013 shows that only 24 per cent of children under-one were provided with their first dose of DPT, 20 per cent with their third dose of DPT, and 25 per cent with one dose of measles. Only 26 per cent of women of child bearing age received at least two doses of Tetanus Toxoid vaccine. These figures are based on targets for all children and women in the appropriate age range. A comprehensive EPI review was conducted in NWZ and NEZ and is proposed for CSZ in 2014. The findings will be used to develop an EPI-strengthening plan. An immunisation improvement plan was being developed in 2013 and will be rolled out in 2014. All the bottlenecks were addressed in the new plan, with input from all ministries of health and implementing partners.

 On-track

IR 3920/A0/06/001/043 1.5 Children and women have improved and sustainable access to and utilisation of integrated essential quality nutrition services.

Progress: In 2013, the nutrition programme enhanced promotion of a holistic and life-cycle approach to nutrition services, ensuring the inclusion of treatment, promotion and prevention in one Basic Nutrition Services Package (BNSP). The programme also supported an enhanced Blanket Supplementary Feeding Programme (BSFP) to increase access to food by vulnerable groups and lower children's risk of becoming acutely malnourished. From January through October 2013, UNICEF's nutrition programme supported the treatment of 205,532 severely malnourished children under five; 14,958 moderately malnourished children under five; and 6,028 moderately malnourished pregnant or lactating women. Outcome indicators for the children were well within SPHERE standards for both programmes. UNICEF also supported an enhanced Blanket Supplementary Feeding Programme (BSFP) to increase access to food by vulnerable groups and to alleviate pressure on treatment programmes by lowering children's risk of becoming acutely malnourished. BSFP provided a dry take-home ration of 25kg of CSB+ and five litres of vegetable oil to households with a child less than five years of age. From January through May 2013, BSFP reached 22,135 families (including 33,203 children under five) with at least one ration of CSB+ and oil, with a total of 77,465 household rations distributed since January 2013. Wet feeding centres were located in key areas of transiting IDPs (Dhobley, Dolow and Luuq), providing hot meals to 11,974 families (including 10,090 children under five) from January through April 2013. Lack of access, particularly throughout CSZ, and human resource capacity continues to be a challenge – both for the implementation of a full BNSP package and for the quality of services provided at facility and community level. UNICEF is working with partners to strengthen the supply chain, as well as develop capacity of partners and the MoH in supply chain management.

 On-track

IR 3920/A0/06/001/044 1.6.W. At least 35 per cent of people in urban and rural areas have access to improved, safe drinking water by 2015.

Progress: Access to basic social services including safe water supply and sanitation, remains extremely low due to weak governance, insufficient numbers of skilled staff, low accountability for continuity of service delivery and low and irregular salaries. Inaccessibility due to insecurity and the limited number of local service providers contributes to the high cost of providing services. Surveys and field reports indicate that about 30 per cent of strategic water points are non-functional.

To increase access to improved water sources, UNICEF prioritised the rehabilitation of existing strategic boreholes and strengthening the management structure over the construction of new boreholes. This was complemented by support for disinfection of shallow wells, household water treatment and safe storage. Furthermore, the programme piloted the use of solar-powered pumps in place of diesel powered generators as alternatives for operating water supply schemes. The programme piloted an approach using health clinics as entry points to communities.

Through these approaches, in 2013 an additional 4 per cent (335,571 people) of Somalis gained access to sustained water supplies; 3 per cent more households had means for household water treatment and approximately 4 per cent (36 facilities out of 890) were provided with functioning water supplies. In 2014 the WASH Programme will focus on sustainable water management at the community level with private sector engagement and piloting technical innovations including renewable energy. In the long term this will result in a shift from WASH programme as a service provider to more sustainable, community-based service delivery. Through these approaches more resources will be freed up for scaling-up other community-based programme interventions, such as ODF and WASH in institutions (nutrition centres, schools and MCHs).

 Constrained

IR 3920/A0/06/001/045 1.7.W. More people in urban and rural areas use improved communal sanitation facilities

Progress: Areas where internally displaced persons (IDPs) are still living in major towns, including Mogadishu, who moved as a result of conflict, drought and famine in previous years, are still overcrowded with limited space for new WASH facilities. According to UNCHR there are 1.1 M IDPs in Somalia (Sept 2013 estimates), and they are among the 76 per cent (of 9.5 million Somalis) who do not have access to basic sanitation facilities. These conditions, coupled with inadequate WASH facilities, put vulnerable households in the urban and peri-urban zones at high risk of waterborne disease outbreak. The practice of open defecation and on-site human waste disposal, combined with overflowing pit latrines and faecal contamination of drinking water in the high-risk districts, are possible triggers for Polio outbreaks and recurrent acute watery diarrhoea (AWD)/cholera.

To ensure increased access to improved sanitation and hygiene the programme continued to subsidise latrine construction or rehabilitation, largely in CSZ as an emergency intervention, while beginning to adapt the Community-Led Total Sanitation approach in all three zones. This resulted in an additional 3 per cent (243,709 people) including IDPs, Vulnerable HHs, users of health facilities, OTPs and schools gaining access to improved sanitation.

Additionally 113 institutions, including schools, health centres and nutrition centres, were provided with sanitation facilities in 2013.

IR 3920/A0/06/001/046 1.10. WASH Funds for Allocation

IR 3920/A0/06/001/047 1.11. Nutrition Funds for Allocation

 Discontinued

IR 3920/A0/06/001/048 1.3. N. Routine Immunisation through equitable, efficient and safe immunisation services by 2015

Progress:

The IR was closed at the beginning of 2013 when the CPAP was updated and adjustments were made in the annual work plan. Reporting

on activities undertaken under this IR was integrated under IR1.5 N

As reported in 2012, efforts to integrate nutrition screening and defaulter tracing with immunisation outreach services was constrained by lack of clear guidance, clarity between health and nutrition teams/staff in terms of responsibilities for integration of screening services and defaulter tracing. This issue will be addressed in 2014 through focused technical support for development of guidance and training materials for linking OTP screening and defaulter tracing with EPI. This issue has been discussed and will be addressed in the EPI Improvement Plans.

IR 3920/A0/06/001/050 1.8.H. Project Support

IR 3920/A0/06/001/051 1.8 W. Project support for WASH

IR 3920/A0/06/001/052 Coordination of JHNP activities with UN agencies, Health authorities and partners completed within agreed timeframes

 Constrained

PCR 3920/A0/06/002 PCR 2 ACSD Access to life-saving support of the Core Commitments for Children in Humanitarian Action (CCCs) as a standard in 80 per cent of all reported health, WASH and nutrition emergencies or disease outbreaks within accessible areas

Progress: Somalia exists in a state of chronic emergency, one which became acute during the 2011/12 famine. To meet UNICEF's commitment to children in Somalia, policies and strategies need to be realigned to make the communities more resilient. Such realignment encompasses greater investment, improved awareness and better planning and community participation, together with an in-depth local knowledge of communities, livelihoods and coping mechanisms. UNICEF, WFP and FAO developed a joint Resilience Strategy to build household and community resilience. Dollow, in Gedo region, was selected to pilot the joint strategy.

During 2013 an AWD/Cholera Preparedness and Response Plan was in place and being implemented. District and regional cluster coordination mechanisms were in place to ensure that the WASH emergency interventions are better coordinated. Furthermore, a Regional Supply Hub (RSH) strategy was adopted to reach the most vulnerable and hardest-to-reach households after the Al-Shabaab ban on 16 aid organisations, including UNICEF, in November 2011. With the RSH, two declared emergencies were responded to within the first 72 hours.

About 956,675 people at risk, including IDPs, have access to temporary water supplies through operation and maintenance supported by UNICEF, while 81,000 IDPs in Mogadishu regained access to latrines through de-sludging of overflowing pits.

The emergency health response meant that 2.33 million people had access to emergency health services through provision of emergency health kits.

Strengthened partnerships and timely positioning of emergency nutrition supplies enabled UNICEF to reach the majority of children and women in need of assistance with lifesaving essential nutrition actions. UNICEF supported an enhanced Blanket Supplementary Feeding Programme (BSFP) to increase access to food by vulnerable groups in order to lower children's risk of becoming acutely malnourished. Since January 2012, BSFP reached over 266,312 families (including 399,468 children under five) with at least one ration of CSB+ and oil, with a total of 657,116 household rations distributed since January 2012. Wet feeding centres were located in key areas of transiting IDPs (Dhobley, Dolow, and Luuq) and provided hot meals to over 35,961 families since January 2012 (including 45,417 children under five).

A further 65,000 families received six rounds of cash/food vouchers in 2012. The cash/vouchers were correlated with an improvement in food consumption and a decline in negative coping strategies, which include eating fewer meals and selling livestock and assets.

 On-track

IR 3920/A0/06/002/004 2.2.H Zonal and /or regional authorities, and partners in 50 per cent of targeted high-risk areas are prepared and have capacity to deliver emergency response (health, nutrition, WASH, NFIs)

Progress:

An AWD/cholera preparedness and response plan was developed for SCZ, with technical support from Health and WASH cluster partners. In 2013 the preparedness of partners and local authorities for AWD/cholera outbreaks was enhanced through development of guidance material on AWD/cholera outbreaks/emergencies. Essential supplies, including non-food items, were prepositioned in warehouses across all zones, enabling timely emergency cholera/AWD response and other emergencies.

UNICEF supported the training of 199 health workers on AWD/cholera prevention and case management. Supplies were prepositioned for the establishment of 38 cholera treatment units to manage up to 9,600 severe and 38,400 moderate cases of cholera.

 On-track

IR 3920/A0/06/002/005 2.2.N Zonal and /or regional authorities, and partners in 50 per cent of targeted high risk areas are prepared and have capacity to deliver emergency response (health, nutrition, WASH, NFIs)

Progress:

In 2013 the preparedness of partners and local authorities for AWD/cholera outbreaks was enhanced through development of guidance

material on nutrition actions during AWD/cholera outbreaks/emergencies. Essential nutrition supplies were prepositioned in warehouses across all zones enabling timely emergency nutrition response. Partners were trained on nutrition, health and hygiene promotion in order to enhance preparedness for emergencies. Development of nutrition preparedness and contingency plans and training for local authorities, partners in nutrition preparedness and contingency plans and CCCs was re-prioritised to 2014.

 On-track

IR 3920/A0/06/002/006 2.2. W: Zonal and /or regional authorities, and partners in 50 per cent of targeted high risk areas are prepared to deliver emergency WASH response

Progress: To establish minimum service provision for AWD/Cholera outbreaks, and control their extent and spread in CSZ, UNICEF, in collaboration with WASH and Health cluster partners, developed an AWD/Cholera Preparedness and Response Plan. This details which agency will coordinate a response in which location along with the protocols that the responding agencies will follow during the interventions. UNICEF and the WASH cluster also instituted regional and district coordination mechanisms. In Somaliland and Puntland, many of these roles are taken up by UNICEF zonal focal points and Government co-leads. A cluster drought contingency plan is also in place in Puntland.

Through the WASH cluster, UNICEF engaged ten NGO partners to manage Regional Supply Hubs (RSH) in CSZ. RSHs were established to reach the vulnerable populations after the Al-Shabaab ban. Supplies were pre-positioned to meet the needs of over 70,000 households in case of an emergency. 100 per cent of the 67 districts of CSZ are geographically covered with pre-positioned supplies, which are continuously replenished from UNICEF USSC stocks. Through the RSH a total of 206,332 people in AWD/Cholera, flood and IDP hotspots received WASH NFI kits consisting of: water purifiers for household water treatment, jerry cans and buckets for safe household water storage and soap for personal hygiene. Supplies were also pre-positioned with MoH in NEZ and with MMWER in NWZ.

 On-track

IR 3920/A0/06/002/008 2.4. C Cash Based Programme access lifesaving support through cash/vouchers

Progress: UNICEF and partners reached over 60,000 vulnerable households (360,000 individuals) in the famine response and achieved results in terms of improving the household dietary diversity (HDDS) and food consumption scores (FCS) of families targeted through the unconditional cash/food voucher programme in 2013. In terms of UNICEF's performance in managing the Cash and Voucher Programme, the evaluation report (published in 2013) highlighted that the scale of the programme considerably stretched the capacity of the Country Programme's management, which was the case during 2013, despite the fact that the budget declined from approximately US\$60 million to US\$10 million. The programme still aims to respond quickly to seasonal food security gaps, but is now focusing on transitioning to a longer-term social protection approach. Building on experience in the famine response, UNICEF is supporting the development of a 'social transfers for resilience' programme as well as a social protection framework with Somali authorities. Challenges remain; UNICEF's financial systems are ill-adapted to the nature of the cash transfer programme – in terms of sheer volume of financial documents (each of which must be manually checked in the liquidation process) and the necessity to advance large sums to INGOs within a very short period of time. Liquidation between advance payments is not feasible when monthly transfers need to be delivered to beneficiaries in a timely manner. Advances were made through the use of e-transfers in 2013, which reduced paperwork and enabled financial documentation to be processed much more quickly.

 On-track

IR 3920/A0/06/002/009 2.5 N Vulnerable households in emergencies access Blanket Supplementary Feeding

Progress: Strengthened partnerships and timely positioning of emergency nutrition supplies enabled the programme to reach the majority of children and women in need of assistance with lifesaving essential nutrition actions. UNICEF supported an enhanced Blanket Supplementary Feeding Programme (BSFP) to increase access to food by vulnerable groups and to alleviate pressure on treatment programmes by lowering children's risk of becoming acutely malnourished. BSFP provided a dry take-home ration of 25kg of CSB+ and 5 litres of vegetable oil to households with a child less than five years of age. From January through May 2013, BSFP reached 22,135 families (including 33,203 children under five) with at least one ration of CSB+ and oil; a total of 77,465 household rations were distributed since January 2013. Wet feeding centres were located in key areas of transiting IDPs (Dhobley, Dolow and Luuq), providing hot meals to 11,974 families (including 10,090 children under five) from January through April 2013.

 On-track

IR 3920/A0/06/002/010 2.6.W WASH related disease outbreaks are controlled in Emergencies

Progress: Today one in three Somalis is in need of humanitarian assistance, and one in every three children living in CSZ is malnourished. There are over 1.1 million IDPs in Somalia; the majority live in extremely congested settlements, on privately owned land, without adequate water supply and sanitation facilities. Flooding is also common in many parts of south-central Somalia. The recent tropical cyclone in NEZ killed more than 100 people and hundreds of livestock. These conditions, coupled with inadequate WASH facilities, put vulnerable households at high risk of waterborne disease outbreak, including AWD/cholera and polio.

In this context, the WASH programme focused on putting in place measures to eliminate open defecation and improving the reliability of water sources, including those on strategic migration routes and in IDP settlements.

A total 830,103 people from vulnerable communities (including IDPs, school children, and users of health facilities) gained access to safe water through longer-term safe water systems, which include the construction and rehabilitation of water supply systems and temporary water services (mass chlorination, water vouchering, and/or support for operations and maintenance of water supplies). In 2014 UNICEF will focus on the adoption of standard designs, especially de-sludgeable latrines. In addition, ODF will be promoted in

transitional camp environments, to respond to the longer-term needs of those who are going to return to their home communities.

IR 3920/A0/06/002/011 2.7 H. Project Support

 Constrained

IR 3920/A0/06/002/012 2.3. H EWEA Plans - d according to Early Warning Early Action plan.

Progress:

No Early Warning Early Action Plan was established in 2012. However, 2.33 million people had access to emergency health services through provision of emergency health kits and other supplies. All measles and cholera outbreaks were responded to as per response plans, in coordination with other stakeholders.

 On-track

IR 3920/A0/06/002/013 2.3.N EWEA Plans - according to Early Warning Early Action plan.

Progress:

Emergency nutrition response actions taken in 2013 were based on an Early Warning Early Action plan updated at USSC level on a yearly basis. The plans guided implementation of emergency nutrition activities.

 On-track

IR 3920/A0/06/002/014 2.3. W: EWEA Plans - according to Early Warning Early Action plan.

Progress: Flooding at the end of September affected 5,500 households in Beletweyne district. Sufficient WASH supplies were held at the Regional Supply Hub to cover the needs of more than 2,000 households; allowing initial assistance to be provided within the first 72 hours. UNICEF's WASH response was complemented by timely water trucking by the International Committee of the Red Cross and the sanitation response by Save the Children.

The response to the AWD/Cholera outbreak in Lower Juba was timely but marred by poor coordination and restricted access. A key lesson learned was the need to diversify the locations of pre-positioned supplies in the region, as transport was hindered between the RSH and affected areas. Additionally, the UNICEF partner led a response team to assist the 12,000 victims of the Murjan Cyclone floods in Qorilugad district, Togdheer Region, NWZ.

Additional preventative actions undertaken included the de-sludging of 2,700 overflowing pit latrines at the IDP settlement in Mogadishu prior to the Deyr rains, which averted a possible major AWD/cholera outbreak and allowed 81,000 IDPs to regain access to safe excreta disposal facilities. A total of 956,675 vulnerable people, including IDPs, had access to safe drinking water through O&M support and mass chlorination of shallow wells.

A snapshot assessment was carried out in CSZ to understand the critical WASH needs. The information was used to plan humanitarian interventions, including in the CAP 2013-2015.

 Constrained

IR 3920/A0/06/002/015 2.1.W UNICEF zonal offices have developed and are using integrated disaster risk reduction (DRR) strategies for ACSD (health, nutrition, WASH, NFIs) by 2012.

Progress: A Disaster Risk Reduction (DRR) strategy document that encompasses a drought contingency plan was developed for NEZ with technical support from UNICEF and WASH cluster partners.

Resilience/DRR will be integrated in all programme components during the Mid-Term Review. Community consultations were conducted in Dollow with the objective of understanding the risks, vulnerabilities and capacities/solutions of communities and ensuring that community input is the basis of resilience programming, for inclusiveness and accountability. This was followed by a planning workshop by the three participating agencies, to coordinate planning of resilience-building interventions in Dollow. A work-plan was established by mapping current/planned activities, identifying the existing gaps and the opportunities for linkages and further strengthening of resilience.

 Constrained

PCR 3920/A0/06/003 PCR 3 ACSD Household knowledge & behaviour enable household members to adopt a series of basic healthy behaviours

Progress:

The nutrition programme continued to support implementation of the BNSP at both facility and community level, with a strong focus on ensuring comprehensive public nutrition (including sanitation and hygiene). Given that changing behaviours is a complex issue that often requires action at the social/community and individual levels, the nutrition programme employed a variety of approaches to promote

behavioural changes. This included a drive to ensure full coverage of community health workers (CHWs), which is now a UNICEF Somalia flagship programme. Equally, the Joint Resilience Strategy has a strong focus on community-led programming, with community-based health workers playing a major role in the Access to Basic Services Pillar of the Joint Strategy. Therefore, it is expected that the implementation of the BNSP, reinforced by the resilience strategy, with an emphasis on community-based activities, will allow for a holistic response to both emergencies and the development continuum.

interpersonal and group counselling for IYCF practices was rolled out on a large scale in the northern zones and to a lesser extent in the southern zone. An integrated programme to promote nutrition and hygiene was implemented at nutrition sites, while a weekly radio programme, with associated outreach activities, looked to address barriers and solutions for optimal nutrition and hygiene practices.

IR 3920/A0/06/003/001 3.1 W C4D/BCC Strategy for ACSD preventive and promotive measures is developed and being implemented

 On-track

IR 3920/A0/06/003/003 3.1 N C4D/BCC Strategy for ACSD preventive and promotive measures is developed and being implemented

Progress:

The strategy was drafted by UNICEF C4D specialists working with the nutrition, health and WASH programmes and has been reported on through the health programme.

 Constrained

IR 3920/A0/06/003/004 3.2 W. Households have improved awareness and demand for essential quality maternal and child health, nutrition and WASH services through a comprehensive behavioural change communication strategy.

Progress:

Focus for the interventions has been on strengthening systems and policies, creating an enabling environment and sensitising the community on improving their practices. This involved awareness creation, high-level advocacy with Government and donors, innovative approaches for service provision and community involvement. On awareness creation, over 720,000 people, including 42,000 school children, were reached with hygiene and sanitation messages during Global Hand-washing Day (GHD) and World Toilet Day (WTD) events observed and supported by UNICEF across Somalia. Throughout the country, the GHD activities focused on the three pillars of advocacy, education and awareness, to transform hand-washing practice from a mere routine into a health practice carried out in homes, schools, workplaces and communities. The events brought together different departments of the Government, as well as local and international partners, community leaders and the beneficiaries.

To create positive attitudes around sanitation and hygiene it is essential to teach children good hygiene practices in schools. So far, the programme has mostly concentrated on building facilities in schools and developing the basic WASH elements for the life skills curriculum. More work is required to develop standards for WASH facilities in schools, involving more stakeholders as well as monitoring norms and methods, to ensure impact during the remaining period of the Country Programme.

The extent of mobile telephone network coverage is a strength that has not been fully taken advantage of for the dissemination of hygiene (and other) messages. An initial pilot study by Oxfam points to its excellent potential, and investment in this type of media seems very worthwhile. However, the programme will have to closely monitor whether this approach can not only increase knowledge and awareness, but also trigger changes in hygiene behaviour. The switch to advocacy for ODF communities, rather than construction of latrines, is perhaps the most significant change in the WASH sector since the beginning of the Country Programme. Based on evidence from many countries, the creation of ODF-free communities should make the use of latrines, followed by hand-washing, a lasting practice – with a profound impact on people's health. So far, the ODF approach has only been introduced in a few villages in each zone. The next challenges are to: a) convince decision-makers in Government and donor organisations to abolish subsidies for household sanitation, and b) scale-up the ODF approach across the country.

The interventions focused on hygiene and sanitation behaviour change that has a profound impact on the health of the beneficiaries, particularly children. At country policy level, advocacy and awareness was undertaken at a high level, including with donors and decision-making arms of the Government; for example, Puntland officially recognised CLTS approach for implementation. Highlights of important themes and approaches for hygiene and sanitation were emphasised by involving stakeholders during countrywide commemoration activities for the GHD and the WTD service provision level, sanitation facilities were supported both at community and institutional level. At community level, the CLTS tool was used in over 62 villages (directly benefitting close to 9,000 HHs) with the aim of undertaking collective community actions to eliminate open defecation, which is one of the most prevalent and dangerous sanitation practices in the country. Implementation of this approach is at its infancy; it is hoped that in the future communities will be able to manage hygiene and sanitation needs, leading to a demand for local provision of basic services.

 On-track

IR 3920/A0/06/003/005 3.3.W Households use family and community care practices and life skills that impact on child survival, growth, development and protection

Progress:

To improve family and community care practices and life skills that improve child survival, UNICEF supported participatory approaches to empowering communities to eliminate water and sanitation-related diseases, including community management of water and sanitation facilities and building on existing knowledge and practical skills in the use of participatory hygiene education tools. The interventions focused on hygiene and sanitation behaviour change that has a profound impact on the health of the beneficiaries, particularly children. At country policy level, advocacy and awareness was undertaken at a high level, including with donors and

decision-making arms of the Government; as a result, for example, Puntland officially recognised the CLTS approach for implementation. Highlights of important themes and approaches for hygiene and sanitation were emphasised by involving stakeholders during countrywide commemoration activities for GHD and the WTD.

At the level of service provision, construction or rehabilitation of sanitation facilities was supported both at community and institutional level. At the community level, the CLTS tool was used in over 62 villages (directly benefitting close to 9,000 HHs) with the aim of undertaking collective community actions to eliminate open defecation, which is one of the most prevalent and dangerous sanitation practices in the country. Implementation of this approach is at its infancy; it is hoped that in the future communities will be able to manage hygiene and sanitation needs, leading to a demand for local provision of basic services. Due to social and economic conditions at the IDP camps, support for latrine construction was provided to over 34,000 households. The critical and effective hygiene behaviour of hand-washing was a main focus in all communities, with an emphasis on children, who are considered important influencers of behaviour change. This emphasis on children was reflected in their strong involvement in GHD events, in which over 42,000 children participated.

 On-track

IR 3920/A0/06/003/006 3.2 H. Households have improved awareness and demand for essential quality maternal and child health, nutrition and WASH services through a comprehensive behavioural change communication strategy.

Progress:

Activities aimed at achieving the indicators continued to be implemented across programmes and in different communities, but working in scattered areas creates a challenge for aggregating the data. However, with the planned completion of a community strategy in 2014 and the strengthening of community information systems, it is anticipated that data across these indicators will improve. In 2013 a total of 17,208 children in primary schools from 102 schools were involved in various activities aimed at improving awareness on nutrition, health, hygiene, sanitation and immunisation through drama, poems, puppet shows, drama and essay competitions etc. Through six radio stations approximately 2,500,000 people were reached with messages on ANC, childhood illness, WASH etc. Working with religious leaders from 102 mosques, messages on ACSD were continually shared. Community dialogues facilitated by community mobilisers were conducted on polio, WASH and nutrition, reaching at least 1,750 families. Twenty-one events were conducted through mother's club meetings and reaching pregnant and lactating mothers (at Garowe and Bossaso BEMONC facilities) on breastfeeding, immunisation, nutrition needs of pregnant woman and prenatal care. The effectiveness of these programmes will be measured after an appropriate interval and improvements made as needed. After rolling-out of the community strategy, planned in 2014, community mobilisers will be equipped with skills to collect data from households, helping to improve reporting.

 On-track

IR 3920/A0/06/003/007 3.2 N. Households have improved awareness and demand for essential quality maternal and child health, nutrition and WASH services through a comprehensive behavioural change communication strategy.

Progress:

As children's nutritional well-being is strongly linked to their access to safe water and proper sanitation, a comprehensive approach to reducing malnutrition and other morbidities demands increased access to sanitation and safe water services, while addressing sub-optimal hygiene behaviours. Efforts were made to integrate SAM treatment with the promotion of nutrition, hygiene and health-seeking behaviour (NHHP). The package was specifically designed to improve the quality of promotion activities at nutrition sites and health facilities. The promotion module considered the importance of adult learning techniques; in 2013, the nutrition programme supported the development of 221 master trainers from 103 partners, covering almost all regions of Somalia. As the FSNAU has shown the close relationship between diarrheal disease and acute malnutrition, the Country Programme focuses on the prevention and treatment of diarrhoea, rolling out hygiene promotion programming with integrated nutrition. UNICEF partnered with BBC Media Action to increase awareness through a weekly radio drama on six key behaviours: early initiation of breastfeeding, exclusive breastfeeding, appropriate complementary feeding, feeding of the sick child, hand-washing and safe disposal of faeces. This partnership included outreach activities to support the diffusion of nutrition and hygiene messaging at the community level. Initial feedback from the show demonstrates high likability of leading characters, increasing listenership, and the beginning of a change in knowledge and attitudes.

 On-track

IR 3920/A0/06/003/009 3.3.N Households use family and community care practices

Progress: IYCF activities, harmonised with the IYCF Strategy and Action Plan for NWZ, NEZ, and CSZ are taking place within health facilities and communities, and are considered within all emergency response plans. This is critical as Somalia has never before had a comprehensive IYCF strategy, and significant gains were made on IYCF in NEZ and NWZ, with a scale-up of IYCF programming restarting in CSZ in the second quarter of 2012. A community-based programme now exists in Mogadishu to ensure access to skilled support, while IYCF counselling activities exist on a small scale in other areas of the south. The process of adapting and implementing the Code of Marketing of Breast-Milk Substitutes and enacting enabling legislation was also successfully started in NWZ.

IR 3920/A0/06/003/010 Household knowledge is enhanced to enable household members to adopt a series of basic healthy behaviours

 Constrained

PCR 3920/A0/06/004 PCR 4 ACSD Fewer women die and women are better enabled to care for their children

Progress:

Currently in Somalia, only 54 per cent of pregnant women attending ANC receive multiple micronutrients. Vitamin A supplementation during routine immunisation has low coverage (<20 per cent) for U-5s and postpartum women. Maternal nutrition is a vital part of the pre- and post-natal process, but is often a forgotten component of programming. The programme thus supported partners to provide pregnant and lactating women with multiple micronutrient supplements for both the mother and the infant, increasing the chance of a healthy delivery and a healthy infant. Additionally, IYCF programming continued to complement the BNSP to optimise the impact of contacts with caregivers and children. Coupled with the IYCF programme, Nutrition C4D activities improved and are covering more of the population. However, the lack of a comprehensive, community-based programme strategy means that gaps in the nutrition C4D approach remain.

However, a renewed focus on reproductive health programming by the Government, the health programme through the JHNP and other programmes will ensure better coverage and quality at the facility level for both MMNs and counselling. The new emphasis on community-based programming and the preventative and promotion aspects will help to ensure compliance with supplementation regimes and significantly improve the coverage of counselling.

In addition to providing training to health workers in the 14 BEmONC and four CEmONC facilities, UNICEF also strengthened the zonal health system by building capacities through Training of Trainers (ToT), targeting various nursing schools and medical institutes. MCH centres in UNICEF-supported regions continued to provide deliveries assisted by skilled birth attendants. This is attributed to an increasingly motivated staff due to the availability of supplies, payment of incentives and increased operating hours compared to previous months.

 On-track

IR 3920/A0/06/004/010 4.1. More adolescent girls, mothers and new-borns receive essential maternal and newborn care in health facilities through quality, affordable and effective MNCH services

Progress: Micronutrient activities through the BNSP and facility-based programmes have significantly increased the availability and uptake of micronutrient supplementation, especially zinc for diarrhoea treatment and multiple micronutrients for women. But programmes to ensure adherence to supplementation regimes, approaches to address anaemia (particularly in children under two) and understanding of the principles of quality diets are still weak. The nutrition programme continued to ensure that health workers are equipped with knowledge on micronutrients (especially multiple micronutrients, de-worming and zinc) to enable them to make appropriate recommendations to beneficiaries at MCHs and other facilities. Since January 2013, some 113,379 pregnant women were supplied with multiple micro-nutrient tablets during antenatal care visits to health facilities in Somaliland and Puntland.

IR 3920/A0/06/004/011 4.3 H. Project Support

 On-track

PCR 3920/A0/06/005 PCR 5 ACSD Child Survival & Development leadership to promote and protect public health is enhanced.

Progress: New political developments and improving security provided an opportunity for building the nutrition sector, especially since Government systems are becoming more receptive to sustainable development and poverty reduction. Health systems strengthening initiatives, such as the development and roll out of service delivery frameworks e.g. (EPHS), offered an opportunity to strengthen service delivery and re-align existing institutional frameworks for nutrition service provision.

 On-track

IR 3920/A0/06/005/008 5.1.W Policies, Sector plans/strategies and regulatory frameworks developed and adopted

Progress: All three states within Somalia lack appropriate policies, laws and guidelines. In 2013 progress was achieved in this respect. A hygiene and sanitation policy was drafted and ratified by the Parliament in Puntland and a sanitation protocol was developed and endorsed by the Puntland Ministry of Health. The Water Act in Somaliland was launched and disseminated to the sector. Regarding the federal government of Somalia, supporting efforts are ongoing to develop key policies in relevant line ministries. A Steering Committee for inter-departmental coordination for WASH issues was established and ToR for a steering committee developed. Likewise, district WASH strategies for 10 districts were developed in South-Central, together with district authorities. Similarly, development of a common service delivery approach is underway through the Ministry of Water in Somaliland.

 On-track

IR 3920/A0/06/005/013 5.4.N Health workers of 50 per cent of Nutrition Partners have improved capacity and means to effectively deliver the BNSP

Progress:

While around 80 per cent of nutrition partners are implementing several components of the BNSP, no information on the number of staff trained on the entire complement of components is currently unavailable. More effort will be placed on BNSP advocacy and competence in 2014 to ensure a comprehensive understanding of the package and its importance.

 On-track

IR 3920/A0/06/005/014 5.5.W Management, operation and maintenance of rural and urban water supplies established and maintained through PPP and other models.

Progress: Developing functional and sustainable operation and management structures for water supply systems is an issue that the UNICEF WASH section has been addressing for the last few years. Based on experience in Puntland and Somaliland, the PPP model has proven appropriate for sustainable operation and management of water supply systems in urban and rural areas. In 2013 two peri-urban water supply systems in Gedo region (Dollow and Belethawa) began operating using the PPP model, which was also being used in over 15 rural water supply systems. It is anticipated that the model will be fully operational in 2014. The establishment of regional-level repair centres led by PSAWEN in Gardo and Garowe in Puntland to repair the key electro-mechanical equipment of water supply systems is another intervention for which UNICEF provided technical and financial assistance to Puntland's Government.

 On-track

IR 3920/A0/06/005/015 5.6.W Partners and communities have improved capacity and means to effectively deliver WASH services.

Progress: During 2013 capacity building initiatives were undertaken to enhance the ability of implementing partners regarding effective delivery of WASH services in Somalia. Twenty staff from different implementing partners from south-central Somalia were trained in appropriate and effective use of chlorine to disinfect shallow wells. Likewise, a similar number of partner staff were trained on using the CLTS tool to promote ODF status in rural villages. Training for partner organisations in Mogadishu was undertaken on the use of the Vaccu-tug, a latrine pit de-sludging machine, for emptying the IDP camp latrines.

A scoping study of capacity development of WASH partners and Government line ministries in Somalia was completed. The recommendations for that study will be implemented on a priority basis beginning in 2014. In 2013 partners were coached and encouraged to use renewable energy technology for rural water supply systems.

UNICEF also provided technical and financial assistance for the recruitment of technical expertise such as sector coordinators, PPP officer, engineers, sector coordinators and finance officers to water ministries in Puntland and Somaliland. Similar efforts are underway to support the federal Government.

IR 3920/A0/06/005/016 5.2.W Strategic partnerships and linkages between public and private sector in health, nutrition, and HIV has been built and strengthened.

PCR 3920/A0/06/023 FOR DATA MIGRATION: 5.5.W.CSS Management, operation and maintenance of rural and urban water supplies established and maintained through PPP & other models.

IR 3920/A0/06/023/003 FOR DATA MIGRATION: 5.5.W.CSS Management, operation and maintenance of rural and urban water supplies established and maintained through PPP & other models.

PC 2 - Education

 On-track

PCR 3920/A0/06/006 PCR 6 Equitable enrolment has increased in primary education and the gender gap is reduced

Progress: UNICEF contributed to increasing equitable enrolment through building the capacity of communities, including Community Education Committees; Child-to-child (CtC) clubs; and all education partners, including ministries and directorates of education. Special strategies were employed to increase girls' enrolment, such as increasing female teacher recruitment, provision of separate sanitation facilities for girls and gender mainstreaming in education planning. In addition, special interventions were undertaken to reach marginalised groups, including nomadic children, for which the 2015 target was met in mid-2013. However, despite increased enrolment, too many Somali children continue to be denied their right to quality education. The magnitude of the problems affecting the education sector, coupled with wide regional variations, will need significant time to be addressed fully. Government commitment to education is clearly defined in policy statements and plans, however funding by both the Government and donors is inadequate to meet the demand. Similarly, despite an increased GPI, gender inequalities continue to be found throughout the education system; the highest incidence is in the teaching force, where only 15 per cent of teachers are women, the majority of whom are unqualified.

 On-track

IR 3920/A0/06/006/001 6.1 More than 3,000 communities play an active role in enhancing enrolment and participation in basic education in targeted districts by 2015

Progress: UNICEF worked with ministries of education, local and international NGOs and education umbrella groups to engage communities through CECs, which received on-the-job training and support from CEC trainers in the ministries of education in Somaliland and Puntland. In central-south Somalia, trainers attached to Education Umbrellas received similar training. UNICEF supported CEC training in peace-building and conflict resolution in all zones, complementing earlier training in school management, resource mobilisation and monitoring of school development programmes.

Throughout the year CECs mobilised parents to enrol children into schools, and continued to do so following the launch of the Go-2-School programme on 8 September 2013. The number of CECs increased in line with the number of new schools established.

Through Child to Child clubs, UNICEF enhanced child participation and empowerment. Seventy-four new clubs were established and received support for inter-school activities in Somaliland. In all three zones, CTC trainers upgraded their skills and knowledge through training on peace-building in schools. In NWZ, 74 clubs received recreation kits to support their activities. In central-south Somalia, new clubs were supported in Dollow.

 Constrained

IR 3920/A0/06/006/004 6.4 Education authorities and cluster partners are able to reduce risk, prepare for emergencies and deliver essential support to emergency affected areas by 2015

Progress: The Education Cluster was strengthened in Nairobi and sub-clusters established in CSZ to improve coordination mechanisms. In NWZ, the Cluster has transitioned into a Humanitarian Working Group reporting to the Education Sector Committee (ESC). Similar steps are being taken in NEZ, where a Humanitarian Working Group was established to replace the Cluster and work under the ESC. Building the capacity of national NGOs and Education Umbrellas is a continuous process and while basic coordination mechanisms are in place and partners have demonstrated the ability to assess, report and respond to emergencies, it is recognised that further improvements are necessary in order to respond to emergencies in a more timely and efficient manner. While coordination amongst stakeholders has been significantly strengthened, more is required to address the multitude of issues affecting the sector.

The UNICEF-supported development of training manuals for Disaster Risk Reduction in schools was completed. The manuals have been translated into Somali and endorsed by the Directorate of Education. The stage is now set and preparation underway to pilot the training in selected schools in target districts.

While inadequate humanitarian funding has reduced support for emergency education for vulnerable and marginalised children, commitment exists both at the MoE and NGO partner level, and partner capacity needs to be built.

 On-track

PCR 3920/A0/06/007 PCR 7 The majority of schools and learning spaces, including those in IDP settlements, function and have foundational elements of a Child-Friendly School

Progress: Significant efforts were made to ensure that as many schools and learning spaces as possible conform to Child-Friendly School (CFS) standards. Frameworks for CDS standards were developed and incorporated within the ESSPs of the three zones. Similarly, teacher qualification and certification were developed and articulated in the three ESSPs, and quality assurance and supervision of teachers by District and Regional Education Officers in NEZ and NWZ was supported. Children have been provided with child-friendly learning environments (temporary and permanent classrooms, furniture, separate latrines for girls and boys, water and hand-washing facilities), though much more is envisaged for the coming three years under the Go-2-School initiative.

In terms of school capacity, the average primary pupil-teacher ratio in Somalia is 33:1, this however fails to reflect sharp disparities across the three regions (e.g. CSZ - 44:1; NEZ- 21:1; NWZ - 31:1). The number of teachers in Somalia increased from almost 14,000 in 2007 to just over 16,000 in 2011. National budgets have not kept up with the demand for teachers' salaries. The burden of funding teachers' salaries in most cases remains with parents.

Poor learning outcomes are reflected in high repetition and drop-out rates, which result in children failing to complete a full cycle of basic education. Formal post-primary basic education is limited, with most children reaching Secondary Year 1 and Year 2, and only a few completing secondary education. While transition rates from Primary Grade 8 to Secondary School have increased, data indicates that gender inequities become more accentuated in lower secondary school; only 28 per cent of girls transition to lower secondary schools.

IR 3920/A0/06/007/022 7.6 Project Support

 On-track

PCR 3920/A0/06/008 PCR 8 Where a ministry of education is functional, government policies for primary formal and non-formal education explicitly prioritise quality, child-centred education and lead to increased government allocations to education.

Progress: The focus on supporting current systems to scale-up educational access, in order to invest in building the resilience of children and their families through the uptake of quality education services, is on-going through capacity building programmes of the ministries of education. Initiatives to increase service delivery at the community level were on-going, albeit with limited funding. Coordination of the education sector is gradually getting stronger, with leadership by education authorities and strong support by stakeholders.

IR 3920/A0/06/008/016 8.4 Project Support

PC 3 - Child protection

 On-track

PCR 3920/A0/06/009 PCR 9. CP. More children affected by conflict and humanitarian emergencies have access to protection services

Progress:

Large numbers of people were on the move in 2011 (due to the famine), and in early 2012 (due to increased military operations in the south by African Union troops (AMISOM), the Kenyan Defence Forces and the Ethiopian Forces. These factors placed a high demand on the programme to support children affected by armed conflict in Somalia in 2013. The grave violation of child rights committed by conflicting parties continued, despite serious condemnation by different parties – including the Security Council and international bodies. Somali children have become increasingly vulnerable to all forms of violence, abuse and exploitation, much of it practiced in a climate of total impunity. Advocacy to end recruitment and use of children in armed conflict was escalated, with an emphasis on implementation of the two Action Plans: one to end the recruitment and use of children in armed conflict, and the second to end the killing and maiming of children, signed by the Government in July and August 2012 respectively. The new Federal Government of Somalia reiterated its commitment to child protection during dialogue with the Country Task Force through the 'Children Affected by Armed Conflict Working

Group' (CAAC WG), which oversees implementation of the Action Plan and Government efforts to prevent and respond to child protection issues.

The community-based reintegration programme continues to support children formerly associated with armed forces/groups (CAFAAG) by providing them with reintegration services. Currently 1,100 children (863 boys/237 girls) children are benefiting from the programme, which uses a community-based approach to reintegration by working with local organisations and structures to offer reintegration services. Local businesses are also approached to offer apprenticeships. Overall, the strategy works to create a protective environment for children who were once viewed as a threat to society.

UNICEF continued discussions with Government and the European Union Training Team (EUTM) on support for training for Somali soldiers and the need to integrate child rights training into their training modules. EUTM and the Military Training Technical Working Group agreed on UNICEF support to all training for Somali forces in Uganda and within Somalia. SNAF soldier continue to be trained, including pre-deployment training for AMISOM troops. In 2014 the protection of children affected by armed conflict will continue to be coordinated in collaboration with Government, through forums such as the Disengaged Combatants WG, Defence Working Group, Country Task Force and National DDR programme.

 On-track

IR 3920/A0/06/009/001 9.1 Child Recruitment and use amongst armed forces and accessible AGEs is prevented and addressed in selected conflict affected areas

Progress:

By end-November 2013, some 1,100 children (863 boys and 237 girls) formerly associated with armed forces or groups, as well as those with other vulnerabilities, had been enrolled in reintegration programmes in Mogadishu, Merka, Guriel, Dhusamareb and Afgoye districts. Of these, 110 (65 boys and 45 girls) are enrolled in formal schools, while the rest are in vocational training. The programme also serves as a means to prevent possible recruitment and use of children who are at risk in conflict affected areas, especially in South Central Somalia.

UNICEF, in collaboration with the Country Task Force, continued to dialogue with Government on full implementation of the signed Action Plan, which led to Government participation in the CAAC Working Group started as a requirement in implementation of MRM, with its objective being to oversee and support implementation of activities related to CAADF/G, which includes implementation of signed action plans, SOP and government capacity on its prevention and response mechanism. The Working Group will also provide a platform for information exchange and coordinated response to children affected by armed conflict in Somalia, based on UN Security Council Resolutions 1612, 1882 and 1998. As of end-November 2013, the Government had committed to signing the SOPs before 24th December 2013.

Engaging AGEs in dialogue to end violations against children has not taken place due to on-going clashes between Government and armed groups that have unclear lines of command and are extremely mobile. All these factors had major impact on the ability of the Task Force to engage with them in dialogue.

 On-track

IR 3920/A0/06/009/002 9.2. Monitoring & Reporting Mechanism of timely, accurate and reliable data on grave violations committed against children affected by armed conflict is informing advocacy and response

Progress:

The (MRM) continues to function effectively. From January to November 2013, some 3,376 violations were reported, including 2,345 boys and 364 girls. The number of children may be lower than the number of violations since one child can be a victim of more than one violation.

In the current reporting period, most of the violations were abductions (39 per cent) followed by recruitment (35 per cent), killing and maiming (20 per cent), sexual violence (4 per cent), while attack on schools/hospitals and denial of humanitarian access had the fewest violations (2 per cent). Most were perpetrated by the SNSF and allied militia (43 per cent), followed closely by Al Shabaab (42 per cent), unknown armed groups (11 per cent), ASWJ (3 per cent) while AMISOM, Puntland, Ethiopian and Somaliland forces had the fewest reported violations (2 per cent combined). The majority of these violations were reported in Banadir (36 per cent), followed by Lower Shabelle and Bay (10 per cent each), Bakool (9 per cent); the rest were distributed among other regions. In absolute numbers most killings (100), abductions (707), maiming (2,456), sexual violence (28), and attacks on schools and hospitals (23 & 5 respectively) occurred in Banadir; while most recruitment occurred in Bay (234).

 On-track

IR 3920/A0/06/009/003 9.3 Child Protection mechanisms and services, including psychosocial, are strengthened and expanded in targeted emergency and conflict affected areas

Progress:

A total of 353 CFSs were established during the famine, jointly with the education programme, in conflict and emergency areas. Standards and guidelines for the implementation of CFS programmes were developed and adapted to the Somali context, and trainings were conducted through the Child Protection Working Group (CPWG). The spaces also allowed for the identification of separated and unaccompanied children. Various protection services, such as psychosocial support and referral to services, were provided to approximately 20,000 children who accessed CFSs. Clan-based networks were utilised to conduct family reunifications. Tools were prepared for the identification, documentation, registration and reunification (IDTR) of children and validated by the CPWG. A national training and consultation was conducted on family separation, attended by UNICEF implementing partners, Government counterparts, UNICEF staff and members of the CPWG. Mapping of services for separated and unaccompanied children was completed for all zones to

facilitate effective referrals and to facilitate setting up a task force to strengthen services for separated and unaccompanied children.

UNICEF-supported programmes assisted 6,500 survivors of GBV between January 2012 and June 2013. Rape survivors made up 44 per cent of the total caseload, making rape the most common type of violence in CSZ. More than 35 per cent of these cases were children. Rape survivors receive post-exposure prophylaxis to prevent HIV transmission, and many were referred to higher levels of medical care due to complications as a result of sexual violence. More than 540 referrals were made between service delivery points for survivors of violence. Over 26,000 fuel-efficient stoves were distributed in Galkayo, Afgoye and Mogadishu to prevent rape during the collection of firewood, since more than 80 per cent of women in Galkayo and Mogadishu see rape as the biggest threat while collecting firewood.

In the 12 months following the famine and drought, 668 vulnerable and IDP communities were mobilised in drought- and famine-affected areas around child protection issues; Child Protection Committees (CPCs) were formed; and Child Protection Advocates (CPAs) and outreach GBV workers were trained. The CPAs and CPCs made 16,702 referrals of child protection cases. CPAs are one of the only front-line child protection service providers, as statutory services are non-existent. The CPCs raise awareness on a range of children's rights as well as the responsibility of community-level duty-bearers to protect these rights and the role of communities to advocate for these rights to be protected. Just over 500,000 families (around 40 per cent children) were reached through this programme and offered access to medical, legal, psycho-social, education and other basic services, including nutrition and WASH facilities.

For the first half of the year 360,000 of children received MRE through UNICEF-supported MRE activities, which included training of teachers, community volunteers and community leaders. In order to ensure that achievements are sustained, UNICEF developed the capacity of national counterparts, particularly a local NGO (SOYDEN) in planning, monitoring and assuring the quality of MRE programmes in the community.

 On-track

IR 3920/A0/06/009/004 9.4 By 2015, AU/AMISOM is capable of responding to child protection issues in line with international standards

Progress:

The Country Task Force met three times this year and submitted three GHNs to the Office of the SRSG on Children and Armed Conflict and the Security Council Working Group CAAC, in line with the quarterly reporting schedule. Efforts undertaken to rejuvenate the country Task Force on MRM at the beginning of the year bore fruit and contributed to active participation of members in task force activities. The Child Protection Advisor for the United Nations Assistance Mission in Somalia (UNSOM) was recruited and in office as of end-September.

Despite difficulties in engaging Government ministries (especially the ministries of Defense and Interior), UNICEF and members of the Country Task Force are following up on the signing of SOPs, of which Government had already participated in the validation workshop in late 2013. UNICEF held discussions with EUTM (European Union team supporting training of Somali soldiers) on institutionalisation of the child rights training into their training schedule/modules. Additionally, while working on modules, the EUTM agreed on UNICEF support to all training for Somali forces taking place in Uganda and within Somalia. For the first half of the year a number of Somali soldiers were trained on child rights/protection and enforcement of relevant laws to safeguard rights of children. UNICEF also participated in pre-deployment training for AMISOM troops in Somalia. Currently the UNICEF Child Protection section is working with the Regional Office on support to the African Union in relation to training capacity for the military, including development of the training materials.

 On-track

PCR 3920/A0/06/010 PCR 10. CP. Where government capacity exists, a minimum system of laws, policies, regulations and services protects an increased number of the most vulnerable children

Progress: In Somalia, institutional capacities of the Government vary significantly across the three regions, to the point where the programme needs to have three completely different plans. Until 2012, there were no plans to work on this result area in CSZ, as there was not a Permanent Government of Somalia. In the North, Government commitment to establish a systemic approach to child protection has been realised and a large part of the year was spent advocating for child-friendly legislation in line with international standards. Somaliland is a fair bit ahead of Puntland in developing legislative and policy frameworks that protect children. Although a Juvenile Justice Act was enacted in 2008, implementation gaps remained, as the structures required for the act are still weak. Other legislation, identified jointly with the Government, was needed to ensure that child rights were entrenched within the Personal Law (which governs the family), and the need for a policy on abandonment of FGM/C. The need for a child protection policy was identified through the Inter-ministerial task force on child protection systems, and will be the basis for development of a Children's Act for ongoing work. In Puntland, the Child Protection systems work began late in the year. Institutional capacity is far weaker in Puntland and the capacity for service delivery almost non-existent. However, the Government recognised the need for a child protection framework and legislation and UNICEF supported the development of guidelines for orphans and vulnerable children, in the interim, as a priority. The Child Protection systems mapping will inform the Government on the strengths and gaps and help develop an Action Plan for institutional capacity strengthening and systems building. Partnerships with other UN agencies are key in the development of a robust justice system for children; UNICEF worked closely with UNDP and UNODC to ensure that access to justice for children is embedded within the Government's broader access to justice plans. This also ensures that resources are pooled for the various components, and strategic decisions made on what requires UNICEF resources.

Community-based child protection mechanisms in Somalia act as the frontline protection response for children and their families. Community actors, including over 200 Child Protection Committees, 36 Child Protection Advocates, and GBV and IDP focal points play critical roles in identifying and monitoring children at risk, mediating family and community disputes and providing direct support for children in need of protection. They also refer children and their families to more specialised services. Existing community-based child

protection actors and structures in targeted regions/districts are increasingly accountable to the Government and follow Government-led policies and standards.

 On-track

IR 3920/A0/06/010/001 10.1 In stable areas, knowledge gaps on available child protection policies, mechanisms and services, both governmental and community-based, are identified and addressed (Child Protection system mapping completed)

Progress:

In Somalia, institutional capacities of the Government vary significantly across the three regions, to the point where the programme needs to have three completely different plans. Until 2012, there were no plans to work on this result area in CSZ, as there was not a Permanent Government of Somalia. In the North, Government commitment to establish a systemic approach to child protection has been realised and a large part of the year was spent advocating for child-friendly legislation in line with international standards. Somaliland is a fair bit ahead of Puntland in developing legislative and policy frameworks that protect children. Although a Juvenile Justice Act was enacted in 2008, implementation gaps remained, as the structures required for the act are still weak. Other legislation, identified jointly with the Government, was needed to ensure that child rights were entrenched within the Personal Law (which governs the family), and the need for a policy on abandonment of FGM/C. The need for a child protection policy was identified through the Inter-ministerial task force on child protection systems, and was the basis for development of a Children's Act in 2013. In Puntland, the

Child Protection systems work began late in the year. Institutional capacity is far weaker in Puntland and the capacity for service delivery almost non-existent. However, the Government recognised the need for a child protection framework and legislation and UNICEF supported the development of guidelines for orphans and vulnerable children, in the interim, as a priority. The Child Protection systems mapping informed the Government on the strengths and gaps and help develop an Action Plan for institutional capacity strengthening and systems building. Partnerships with other UN agencies are key in the development of a robust justice system for children; UNICEF worked closely with UNDP and UNODC to ensure that access to justice for children is embedded within the Government's broader access to justice plans. This also ensures that resources are pooled for the various components, and strategic decisions made on what requires UNICEF resources.

 On-track

IR 3920/A0/06/010/002 10.2 Legal Framework Development to prevent and respond to family separation and violence against children in place

Progress: With regard to FGM/C in Somalia, important changes have taken place at the policy level. In line with the Constitutional ban on FGMC, a religious leaders' decree outlawing all forms of FGM/C was issued in Puntland. Draft legislation outlawing all forms of FGM/C was in progress awaiting revision, validation and endorsement by the cabinet and Parliament in late 2013; an corresponding FGM/C policy was finalised and translated into Somali. The revised version was approved by the cabinet and now awaits the signature of the president. In Somaliland, a draft decree outlawing all forms of FGM/C is awaiting consensus from religious leaders and will then be presented to the cabinet for approval. Assessments to determine the extent to which FGM/C procedures were carried out in a medical institution were conducted in Puntland and Somaliland and findings used in the development of the draft anti-medicalisation of FGM/C strategies in the two zones.

In Somaliland, the process for developing a comprehensive children's act got underway in 2013. The process was being steered by the Ministry of Labour and Social Affairs, bringing together all relevant ministries and development partners under a task force. A National Child Protection Policy was drafted; however, finalisation through widespread consultations is ongoing. The draft of the Family Law is also in the process of finalisation.

The Puntland Social Welfare Agency (PASWE) disseminated new guidelines for minimum Orphan and Vulnerable Children (OVC) Services to service providers. With contributions from the private sector, the Government is expected to be able to support a proportion of service delivery costs. The institutionalisation of Sakat Charity requires aggressive lobbying for PASWE to win their public trust. With the contributions that the wealthy make to Sakat, service provision could be supported by the Government. Agreements to use 'Sakat' contributions for services provision to OVC would ensure sustained access to services for these children. In Somaliland, the Ministry of Labour and Social Affairs agreed to develop an Alternative Care Policy for children lacking parental care, with a focus on family-based alternatives, and also to a set of minimum standards of care for children in residential care facilities.

 Constrained

IR 3920/A0/06/010/003 10.3 Child vulnerability and care of vulnerable families addressed through pilot social protection schemes in targeted locations

Progress:

Some progress was made in this area: work on the Social Protection Framework for Somalia is just starting, the consultancy was advertised in 2013, consultants were selected and contracts being drawn up at end-year. Substantive work on the Social Protection Framework will take place in 2014. In NEZ, PASWE set up a pilot cash transfer programme targeting 1,100 of the most vulnerable families (which should reach also some of the most vulnerable children). UNICEF's contribution to achieving this has been minimal so far, the Government initiated this programme independently. The results are yet to be properly assessed - reports remain at activity rather than results level. There is a significant opportunity for UNICEF to support this programme in 2014. An assessment is planned for January 2014, to identify how UNICEF could support the programme, both technically and financially. However, in Central South no progress was made in this area, primarily due to continuing security and access issues. In Somaliland no progress was made, but efforts are planned for 2014, in line with the development of the Social Protection Framework.

 On-track

IR 3920/A0/06/010/004 10.4 Institutional capacity for CP social ministries, both at national, regional and district levels, to coordinate, monitor and deliver child protection services is strengthened in targeted locations

Progress:

CPWGs were established in Nairobi, Bossaso, Garowe, Galkayo North and South, Hargeisa, Burao, Doolow, Dhobley, Baidoa and Mogadishu, and members trained on coordination skills. A Terms of Reference for CPWGs and an SOP for the referral of child protection cases were developed. Twenty-one monthly CPWG meetings were convened, seven in each location. These CPWG coordination meetings permitted development of guidelines for child protection service delivery, and supported the referrals of child victims of trafficking across regions. In Somaliland work is being initiated to strengthen the Somaliland CPWG, linking with other regions. In addition, and at the ministerial level, an Inter-Ministerial Task Force meeting was established; UNICEF is supporting the MoLSA to institutionalise it. The Task Force is the only governmental high-level platform for sharing information and coordinating child protection activities in Somaliland. In parallel, the development of a birth registration system was initiated in Somaliland: a proposal was developed and coordination mechanisms with other ministries and UN agencies were being set up.

MOWFASA, Ministry of Justice (MOJ) and PASWE received capacity strengthening support, including secondment of one local consultant each, and provision of office supplies and equipment, which was essential for fulfilment of the respective mandates and services. A remaining challenge, however, is that Government recruits competent staff for its office to minimise dependency on consultants.

The Government of Somaliland has continued to express interest in developing a birth registration system. It was discovered that other agencies, namely ILO, were also engaging with the Government on this initiative, while other UN agencies and NGOs have also expressed an interest in working towards a Civil Registration System. UNICEF has taken the initiative to bring together the parties interested in working on Civil Registration in Somaliland in an effort to coordinate activities. In 2014 it is hoped that consensus can be reached between the Government of Somaliland and the relevant UN agencies and NGOs as to the way forward for development of a Civil Registration system that includes, at a minimum, birth and death registration.

The Federal Government of Somalia's Minister of Human Development and Public Services' Department of Gender and Children agreed to establish an inter-ministerial Child Protection Committee, which includes the ministries of Justice, Defense, Interior and National Security, as well as the Human Rights Parliamentary Committee and Social Welfare Parliamentary Committee. The Ministry also attends the CPWG in Mogadishu.

 On-track

IR 3920/A0/06/010/006 10.6 Existing Community-based CP Actors and Structures in targeted regions/districts are increasingly accountable to the government and follow government policies and standards

Progress:

The Community-based Child Protection (CBCP) programme is operational in 40 districts (18 - SL, 10 - CSZ and 12 - PL), including 10 pilot Districts of the Joint Programme for Local Governance and Decentralised Service Delivery (JPLG) districts (four in Puntland and six in Somaliland). The programme was expanded to an additional 10 districts in Central South Zone, 12 in Somaliland and six more districts in Puntland. The programme is also operating in 143 IDP camps (41- SL, 56 - PL and 40 - CS). An assessment of the CBPCs functionality was conducted in CSZ, and findings were used to develop guidelines to facilitate establishment of CBPCs. A total of 857 CBPCs are functional (256 - SL, 390 - CSZ, 211 -PL) and have continued to advocate for promotion of child rights in communities and engage duty-bearers to promote prevention and response of all forms of child violence, exploitation and abuse. The CBPCs, in collaboration with Child Protection Advocates (CPAs), have identified and resolved over 12,000 cases of child protection concerns and referred over 4,000 children to specialised services. CPCs, CPAs, and IDP focal points supported over 10,000 cases of child abuse, neglect and exploitation (5,599 in Puntland) and over 4,000 through referrals, counselling, psychosocial support and medical assistance.

150 schools (50 in each zone) established Child Rights Clubs (CRC) with support of a CRC patron in each school. In addition peer educators were trained in peer education and counselling. Community Education Committees in the identified schools were oriented on Child Protection. Suggestion boxes are placed in the schools, and child participation is promoted through the active involvement of children in identifying their concerns at home and in school through the suggestion boxes, as well as meaningful involvement in identifying solutions.

Linkages to Government authorities at the local level were made in the 10 JPLG pilot districts (six in SL and four in PL). Local council employees were trained in child protection and awareness of protection issues was raised. In addition, the CPCs are legally recognised by the village development councils (VDCs), district and local councils and line ministries regional and district level coordinators. In PL, CPCs are monitored by the VDC and MOWFASA regional and District Coordinators. Further, the local government Department of Social Affairs and MOWFASA Regional Coordinators monitor the activities of CPCs. Child Protection concerns identified through the CR clubs are shared with the Regional Education Officers. The Bosasso Municipal Council's Department of Social Affairs is supporting and providing alternative care for 120 abandoned and neglected infants. The Social Affairs Department, with the support and supervision of CPCs, also provided support in cash and foodstuffs to families and individuals taking care of the children.

Even though there has been no cash grant from the District Councils, local councils in Puntland and Somaliland supported CBCP by designating council staff to address child protection concerns in close collaboration with the VDC, CPA, and CPC. The councils also allocated office space for the protection-trained council workers, and in SL the local councils in Hargeisa and Berbera allocated resources for recreation facilities and constructed a playground, demonstrating that these concerns are a priority. Local councils identified a child protection contact person in the four District Councils. The CPAs and CPC advocated and lobbied for inclusion of Child Protection budgets and other resources in the District Development Fund.

 Constrained

IR 3920/A0/06/010/007 10.7 Justice for Children rough incremental application of the 2008 JJ Law and increased access to child-friendly and gender-sensitive justice procedures within the informal justice system

Progress:

Legal systems to ensure child-friendly legislation are still lacking. In Somaliland, the Juvenile Justice Law passed in 2008 is not being implemented. Structures such as juvenile courts, social rehabilitation centres probation officers are not in place. Child-friendly police were trained in nine police stations in 2009, but are largely weak and inefficient. In addition, the capacities of professionals working on children's cases are very low and Government officials' means and capacities to develop a juvenile justice system are limited. In that context, UNICEF's work has focused on the strengthening of ownership, capacities and sense of responsibility of the Ministry of Justice towards the development of the Juvenile Justice System. A Justice for Children Coordination Working Group chaired by the MoJ was established in July 2013, and has increased coordination and leadership of the MoJ on the juvenile justice sector. A national Plan of Action for the development of the law was also developed. The MOJ has the political will to set up child-friendly laws and legislative systems, especially the juvenile justice law, which is an opportunity the programme will continue to explore. A decision was made to work with UNDP so that standards for children are developed in synch with adult services. In-house dedicated staff is required to take on this highly technical function.

IR 3920/A0/06/010/017 10.8 Staff Salary and Travel Costs

 Constrained

PCR 3920/A0/06/011 PCR 11. CP Exploitation, abuse and violence against children in families and communities, especially gender-based and traditional harmful practices, are reduced

Progress:

Somalia has an extremely high rate of FGM/C practice, almost 98 per cent nationally. As a result, UNICEF has focussed on the abandonment of FGM/C in this result area. This was addressed through a multi-level approach: advocacy and awareness-raising about the need for legislation and policy to support abandonment of FGM/C; advocacy with, and capacity strengthening of, religious leaders; and finally, community-level work, including prevention and response. The gains have been slow but progress is being made. A policy for the abandonment of FGM/C was drafted and 28 communities have declared total abandonment. The work with young people is extremely important, as it will impact on the FGM/C status of the future generation. FGM/C remains nearly universal in both Puntland and Somaliland, where almost all women aged 15 -49 years have undergone one form of FGM/C. The most common form of FGM/C is infibulation (85 per cent in Somaliland and 87 per cent in the NEZ).

One in every four daughters aged 0-14 years in Puntland and one in every five in Somaliland have undergone FGM/C and the prevalence in both areas increases with age: from around 2 per cent for 4-year-olds to over 90 per cent for girls aged 14.

While Government leaders are willing to pass policies and legislation that ban FGM/C, political considerations – such as losing the popular vote during election year – have often slowed the process. Both religious leaders and senior Government leaders maintain that FGM/C is not Islamic, but a considerable amount of work still needs to be done at the community level to change perceptions and mind-sets, particularly of women, as they are the main decision makers on FGM/C. Child marriage is another traditional practice that violates the rights of girls; however, progress on this is even slower due to the divide between the global definition of a child and that of the Somali law.

Comparing 2006 and 2011 MICS data, child marriage by age 15 has increased over the period: from 4 to 12 per cent in Puntland and 3 to 9 per cent per cent in Somaliland. It is nevertheless much lower among the women aged 15-19 compared to all other groups (respectively 3.2 and 2.3 per cent in Puntland and Somaliland in 2011). In addition, although the causes of this overall increase remain to be analysed, the proportion decreases dramatically with household wealth status.

Youth are a valuable resource in Somalia, but are extremely vulnerable in the south to recruitment by armed forces and in the north by pirates. A joint Youth at Risk programme, implemented by three UN agencies (UNDP, ILO and UNICEF) provided a nine-month programme of informal education, access to education, psychosocial support and access to vocational skills training leading to economic reintegration of children/young people who had had been caught on the wrong side of the law.

IR 3920/A0/06/011/003 11.1 Relevant information and data on the social and gender dimensions of protection violations available for improved evidence-based child protection programming

 On-track

IR 3920/A0/06/011/005 11.2. Social acceptance of traditional practices harmful to children in targeted location e.g. FGM, child marriage and GBV and sexual abuse

Progress: Assessments to determine medicalisation of FGM/C were finalised in SL and PL; findings were used to develop draft anti-medicalisation of FGM/C strategies in the two zones. In PL, a guideline for integration of FGM/C prevention education in health facilities was finalised and integration is ongoing in nine pilot health facilities (five in SL, four in PL). More than 50 trained 'Health Champions' are actively involved in advocacy for FGM/C abandonment and against medicalisation of FGM/C. Communication materials in the form of brochures and posters were printed and disseminated in support of advocacy against medicalisation of FGM/C.

Seventy-two communities in SL and PL have declared FGM/C abandonment, and an additional 100 communities in the three zones have committed to declaring FGM/C abandonment. During a national youth conference over 400 youth publically declared FGM/C abandonment in PL. A Communication for Development (C4D) campaign on FGM/C abandonment was developed for both Somaliland

and Puntland. The 'SAXARLA' campaign is multi-dimensional, using mass media material such as radio and TV discussions, and billboards; messages through religious leaders and behaviour-change at the community level. Government ministers, religious leaders and community leaders are using these materials at every public forum to ensure that there is widespread discussion and commitment. The campaign promotes positive values and perceptions on protecting girls from FGM/C, as well as values for FGM/C abandonment. Print and electronic media messages and materials were produced and have stimulated public dialogue and discussions on FGM/C abandonment at family, community and policy levels, among others. The FGM/C programme was initiated in Central South Zone in 149 communities in six Regions (Banadir, Middle Shabelle, Lower Shabelle, Hiran, Galgadud, and Gego Regions).

A total of 1,500 prominent religious leaders have been trained in facilitating dialogues on FGM/C and have joined the Religious Leaders Network. Their advocacy sessions in mosques and community forums involved and educated over 400,000 community members including youth, traditional leaders and female circumcisers. Over 200 Koranic school teachers were trained to facilitate religious leaders' dialogues on FGM/C abandonment and have facilitated discussions with children in the course of their work. Over 5,000 children have been engaged in FGM/C abandonment dialogues.

A consultant under the Ministry of Religious Affairs supports the monitoring and documentation of Religious Leader's activities targeting community members.

Advocacy by Child Protection Committees, religious leaders and door-to-door household dialogues through the Women to Women initiative was instrumental in positively changing attitudes of communities on FGM/C. The dialogue sessions facilitated open discussions on FGM/C; those reached were able to identify health consequences and a number have openly spoken of their traumatising experiences. In both Puntland and Somaliland, CPC/CPA interventions rescued 740 girls from FGM/C after they successfully convinced parents to abandon the practice. Over 400 FGM/C survivors were referred for medical and counselling services.

FGM/C Task Forces are in place in Nairobi and in the zones to ensure coordination of interventions. The FGM/C task force, composed of NGOs and UN agencies working on FGM/C abandonment, developed and implemented their work plans, reviewed a number of draft technical documents, including the FGM/C Policy and FGM/C Act, and contributed to the development and validation of an FGM/C public declarations guide.

Technology for Development (T4D) in the form of cell phones, short message services (SMS), social media and multimedia outlets including audio, pictures, photographs and video images were used by youth leaders to engage over 80,000 youth and policy-makers on FGM/C abandonment.

Short footage films on the integrated approach to FGM abandonment in SL were produced and featured on the UNICEF website, increasing programme visibility.

 On-track

IR 3920/A0/06/011/006 11.3 Access to GBV Services survivors in targeted locations

Progress: Between January and June 2013, UNICEF assisted 1,234 survivors of GBV, of which 454 (over 58 per cent) were cases of sexual violence; 22 per cent of survivors are children, 4 per cent of child survivors are boys. Around 820 survivors were accompanied to services; 779 survivors received non-specialised psychosocial support, 288 survivors benefited from formal and non-formal education and skills-building, 110 survivors benefited from legal counselling and aid, 38 survivors have stayed in a safe house and 631 survivors benefited from a medical consultation, with 227 survivors accessing post-exposure prophylaxis to prevent HIV transmission after rape. Programme interventions with direct services for GBV survivors took place in the following areas:

- Somaliland: all regions

- Puntland: Bari, Nugaal, Mudug

- South Central: Galgadud, Bay, Lower Shabelle, Middle Shabelle, Banadir (about to start interventions in Hiraan, Gedo, Lower Juba)

Focus is on direct service delivery of medical, psycho-social support, legal aid and protection for all women and children who have been violated. Medical support includes clinical management of rape as well as the training for provision of this service. UNICEF is the only UN agency that supports safe houses and safe spaces for GBV survivors. Functioning safe spaces are in Mogadishu, Afgoye, Bossaso, and soon in Garowe, Galkayo and Baidoa. The programme distributed over 90 post-rape treatment kits (each kit covers 50 rape survivors); i.e. kits for 4,500 survivors. UNICEF manages and funds GBV and CP case management meetings, with a focus on case management as a holistic process. The programme works closely with all government ministries and across ministries with a focus on violence against children.

IR 3920/A0/06/011/010 11.5 Project Support

PC 5 - Fund management

 Constrained

PCR 3920/A0/06/012 PCR 12 By end 2014, Sub-recipients of the Global Fund to fight AIDS, Tuberculosis and Malaria for HIV/AIDS and Malaria, are supported in the achievement at least 80 per cent of all agreed results by strengthened fund management by the Principal Recipient

Progress: UNICEF is the Principal Recipient for both HIV and malaria grants to Somalia for the GFATM. UNICEF is implementing the two GFATM grants through partners (mostly local) in collaboration with the MoH and AIDS commissions, covering all three zones of Somalia to scale up prevention and treatment services for both HIV and malaria; and support capacity development of national stakeholders on those programmes.

HIV/AIDS: To contribute to achieve universal access in fragile states, the GFATM HIV grant for Somalia, in line with the National Strategic Framework (2009-2013), has expanded the integrated prevention, treatment, care and support (IPTCS) interventions.

including PMTCT, in 16 regions in Somalia. There is limitation of data for describing the national epidemic, but available studies indicate a low HIV prevalence (<1 per cent) in Central-South Somalia and in Puntland but generalised (>1 per cent) with concentrated epidemic among female sex workers (5 per cent) in Somaliland. However, all the conditions fuelling the spread of HIV in neighbouring high HIV prevalence countries are also present in Somalia, and there is need to do more comprehensive studies on selected subpopulations to fully understand the epidemic and the mode of transmission of HIV in Somalia. Access to ART, VCT and other services is still low but has indeed improved since the beginning of the programme. Other activities under the Global Fund grant that have benefited the health sector include: upgrading of labs and training of lab technicians, provision of supplies, and community mobilisation around health issues. The current program has strengthened the structure for coordination, established the framework for tracking the status of the epidemic and progress in the response and – starting from nothing – has established and significantly scaled-up access to prevention, treatment and care/support in the three Somali zones. However, there is need to improve the integration of health services and scaling-up of access and utilisation of services, to: increase the empowerment of local institutions and communities, decrease stigma and discrimination and undertake more research to better understand the mode of HIV transmission HIV in Somalia.

Malaria: The most recent available data shows a significant reduction in malaria morbidity and mortality, estimated to have occurred between 2005 and 2012. The World Malaria report 2012 report shows a 75 per cent decrease in case incidence in 2001-2011. These positive trends are at least in part a result of support from UNICEF and Global Fund grant. Malaria remains a public health problem; malaria models estimated 744,590 clinical malaria episodes and 7,460 malaria deaths in 2009. UNICEF is capitalising on the reduction in malaria cases in Somalia, continuing successful interventions such as the distribution of Long-Lasting Insecticide Treated Nets (LLINs). UNICEF aims to reach total coverage of LLINs by 2016. The malaria programme aims to: increase the proportion of the population, especially under-five children and pregnant women, in targeted public and private health facilities who receive effective diagnosis and treatment for malaria; continue to increase the proportion of the population that either use LLINs or is protected through Indoor Residual Spraying; and increase knowledge and positive behaviours related to malaria. The aim is to continue to strengthen health systems directly related to malaria, especially the Health Management Information System (HMIS); supervision; capacity of the National Malaria Control Programme (NMCPs); and to build complementarities with other on-going Health Systems Strengthening interventions.

 On-track

IR 3920/A0/06/012/001 12.1. IPTCS Services for HIV&AIDS and most at risk populations have access to HIV and AIDS prevention, care, support and treatment

Progress: The HIV IPTCS service in Somalia is a comprehensive HIV package offering interventions including: prevention (testing and counselling, blood safety, awareness and reduction of HIV stigma and discrimination) targeting most at risk population and youth programmes); treatment (ART, opportunistic infection (OI) prophylaxis and treatment and STI management); Care and Support for PLHIV and OVC. UNICEF is working through both local and international organisations to deliver services in close collaboration with local authorities. The principal role of UNICEF is to support implementing partners in terms of capacity building, technical advice and M&E, in order to ensure high quality of services and that target populations are reached. Moreover, UNICEF is working with Government to strengthen its ownership of the HIV programme, so that in the future they can be the principal recipient. Implementing partners (LNGOs, INGOs, WHO, UNDP) have the main role of implementing activities such as awareness campaigns; strengthening the capacity of health facilities to deliver quality HIV services in an equitable manner; training; supportive supervision and on-job-training. The target of reaching women, children, young people and most at-risk population through outreach by local NGOs for HIV awareness was not met in 2013, due to late funding release from donor for this activity. However, other HIV interventions (VCT, ART, PMTCT) were fully delivered and targets overachieved due to scale-up and increased demand for HIV services.

Currently, voluntary HIV testing and counselling is offered at 40 sites all over Somalia and through six Health Posts at IDP camps. Fifty-five per cent of those seeking VCT were female; only 7 per cent were under 15 years old; 3 per cent were found HIV-positive, all of whom were enrolled in pre-ART and started CTX prophylaxis.

As of November 2013, there were 11 ART sites in Somalia offering comprehensive HIV care, including ART and support for PLHIV (enrolled in pre-ART).

Moreover, more than 2,000 PLHIV benefited from care and/or support programmes, such as OI treatment, HBC, nutritional, psychosocial and financial support.

STIs are key factors suspected to be fuelling the HIV epidemic in Somalia, and intervention programs have proved to be cost-effective. In 2013, about 21,758 (67 per cent female) people were diagnosed and treated for an STI and referred for VCT.

The rate of uptake for HIV services (VCT and ART) is fairly good and obstacles for access are mainly due to stigma and denial. Through the GFATM HIV grant, UNICEF is conducting some awareness activities in collaboration with other key stakeholders in order to reduce stigma and discrimination among targeted groups. For example, in collaboration with WHO, health workers will be trained on HIV basic facts. In addition, religious and community leaders, youth and other community members are reached with awareness campaign through local NGOs and UNDP.

 On-track

IR 3920/A0/06/012/002 12.2 Populations living in malarious areas have access to appropriate malaria diagnosis, treatment and preventive services

Progress: Malaria remains one of the leading killers of children under five in Somalia. The Malaria Programme is aligned to the current national malaria prevention, treatment and support strategies articulated in the National Malaria Control Strategic Plan 2011-2015.

Prompt diagnosis and treatment relates to the first component of the Somalia National Strategic Plan for Malaria 2011-2015. The Global

Fund Malaria Programme continued to provide support to MCHs, hospitals and health posts, with Artemisinin-based Combination Therapy (ACTs) and Microscopy and Malaria Rapid Diagnostic Tests.

In 2013, nearly 600 (596) functioning health facilities (NWZ -245, CSZ - 192 and NEZ – 159) received UNICEF support for malaria treatment and diagnostic capacity; no stock-outs were reported; all data is based on facility reports.

From January to October 2013, some 21,767 malaria cases were correctly diagnosed and treated. Similar findings were elicited from information gathered during supervisory visits conducted by MOH and UNICEF to the health facilities. During the reporting period, the National Malaria Focal Point for the three zones visited 109 health facilities; none visited had stock-outs of ACTs.

Mass distribution campaigns of LLINs were carried out during 2013, prioritising areas with the highest transmission. The strategy applied in LLINs distribution is that of total coverage. UNICEF partners and the Ministries of health distributed 1,679,676 LLINs, reaching to 839,838 households in CSZ (Middle and Lower Juba, Hiran, Lower Shabelle and Benadir regions), with a small portion targeting pockets with high risk of outbreaks in NWZ and NEZ .

The security situation in CSZ hampered continuous supplies of antimalarial and diagnostics and distribution of LLINs. UNICEF worked closely with partners to overcome these restrictions and ensure that no stock-outs occurred.

 On-track

IR 3920/A0/06/012/003 12.3. Increased accessibility of PMTCT services for HIV infected pregnant mothers and ARVs for HIV infected children and care for orphans

Progress: The PMTCT programme was re-launched in January 2010 in all the three Somali zones. In late 2013, 37 health facilities were providing the full PMTCT package. Although the number of HIV-positive women who receive ARV is low, due to stigma, and the fact that few women are being found HIV-positive, the uptake has been better than anticipated from pregnant women. Moreover, more than 80 per cent of HIV-exposed babies received ARV prophylaxis.

UNICEF plans to finalise PMTCT guidelines and policy for Somalia in 2014 and support the PMTCT focal point at the MOH to take the lead of the programme. MOH is directly supporting four MCHs in delivering the PMTCT programme, while the other MCHs offering PMTCT are still supported by implementing partners.

One of the main challenges for the PMTCT programme is to be integrated in MCH service delivery, in order to reach a higher number of pregnant women. Future plans are to integrate the PMTCT register with the MCH register, develop a combined (MCH and PMTCT) training curricula, and strengthen the capacity of health workers at MCH to deliver a comprehensive package of services for pregnant women, including syphilis and HIV services.

Moreover, about 400 OVCs benefited from care and/or support programmes, such as food, school fees, learning materials, school uniforms, etc.

 Met

IR 3920/A0/06/012/004 12.4. Increase coverage of IPT for pregnant women in CSS

Progress: An important component of the malaria control strategy recommended by WHO is the provision of Intermittent Presumptive Treatment (IPT) for pregnant women. It has been shown that the use of IPT by pregnant women can improve the outcome of pregnancies both for the mother and the foetus. IPT administration is in line with the Somalia National Strategic Plan for Malaria 2011-2015.

This intervention targets pregnant women in highly malarious areas, thus it is only administered in CSZ, to curb infection during pregnancy, which leads to low birth-weight infants, a major risk factor for infant death. During 2012, just over 16,000 women received two rounds of IPT according to national policy, amounting to 144 per cent of the target. The high percentage of coverage was due to low targets allocated during the planning period. IPT is provided in CSZ by malaria programme partners and health facilities with ANC clinics, thus giving it a wider coverage.

 On-track

IR 3920/A0/06/012/005 12.5. Drug and commodity procurement and supply management systems are enhanced

Progress: In order to strengthen the capacity of hospital stores and MCHs on medicines and supplies stock management, UNICEF organised trainings for approximately 50 pharmacist-assistants, storekeepers and dispensary-assistants working in selected primary health care/hospital medicines stores/dispensaries. The training on “Effective Management of Essential Medicines/Supplies” was based on a WHO-recommended training curriculum.

All supplies (Malaria and HIV) were ordered on time; cooperation was ongoing with Supplies and Logistics.

 On-track

IR 3920/A0/06/012/006 12.6. Effective national supportive supervision system in place for MCH clinics

Progress:

Supportive supervision focused on the availability of diagnostics, levels of drug stocks, and laboratory services available in health facilities to ensure prompt diagnosis and treatment.

Supervision was undertaken by the Puntland and Somaliland MOHs, with support from UNICEF staff and partners in CSZ. In 2013, nine hospitals and 109 MCHs were involved in supervision. Through the supervision, it was noted that partners were experiencing difficulties

in adhering to newly introduced RDTs and their usage at MCHs and health posts. The supportive supervision continued to offer on-the-job training for health workers and to address any doubts that health workers had about RDTs or ACTs and usage of data collection tools. Feedback meetings on data quality collected at health facilities were conducted in NWZ and NEZ; the feedback meetings aimed to assist staff involved in data collection and reporting at facility level to acquire more technical skills.

Ninety-nine laboratories underwent quality control supervision. The supervision checklist looked into infrastructure, equipment, slide test confirmations and universal precautions and waste disposal. Actions and recommendations were made, including provision of supplies, on-the-job training and upgrading of equipment.

The implementing partners in CSZ encountered security challenges due to political instability in their areas of operation, which hampered travel to the health facilities, so supervision did not take place in some areas.

 On-track

IR 3920/A0/06/012/015 12.7. Health institutions, target facilities and government and other partners have increased capacity to provide and monitor better quality services

Progress: One international training on Management of Malaria was supported, held at Mahidol University, Thailand. Five participated and successfully completed the course, including three NMCPs and two MOH Malaria persons. HMIS officers were internationally trained in MSC in Pakistan.

Three MOH malaria directors were financed for an exchange study in Yemen to enhance their capacity to manage the ongoing annual malaria programme review.

A total of 596 health facilities were supported through provision of ACTS, RDTs for treatment and diagnosis. Support was delivered through the establishment of Health Management Information System (HMIS) units at regional and national levels, as well as support of laboratory units through provision of incentives and supplies.

The MOH was accorded a chance to participate in the East Africa Roll-Back Malaria Network (EARN) meeting and managed to secure funding for a malaria programme review. The National Malaria Control Programme Directors for the three zones were involved in the ongoing Malaria indicator survey. So far the implementation of the National Malaria Programme has received adequate support from the relevant MOHs. Satisfactory results on prompt diagnosis and treatment were seen in health facilities in NWZ and NEZ. In CSZ the National Malaria Control Programme is still at the formative stages. In 2013, UNICEF and the Global Fund will increase efforts to build the capacities of the National Malaria Control Programme in management, coordination and establishment of the HMIS unit.

In 2013, 279 health care providers under the MOH were trained in malaria case management (253 CSZ and 26 NEZ).

The main challenge remains the inability of the Federal Government MoH to access health facilities in most regions due to insecurity.

 On-track

IR 3920/A0/06/012/016 12.8 Sub-recipients and government partners receive technical support to implement Malaria, HIV and HSS programmes (Project Support)

Progress:

The malaria programme has continually built the capacity of partners, especially local NGOs. Six partners continued to receive support in this programme. HIV partners meet quarterly with the AIDS Secretariats, supported by UNICEF, to discuss progress, challenges and the ways to overcome them.

IR 3920/A0/06/012/024 12.9 GFATM Funds for Allocation

PC 6 - Operational management

 Constrained

PCR 3920/A0/06/013 PCR 13 Cross-Sectoral Management Support

Progress:

In view of the changing programming context in Somalia, the SPPME programme facilitated a "Strategic Moment of Reflection" exercise to analyse the context, and accordingly realign Country Programme priorities. Following this, the SitAn for Somalia was updated and an extensive Mid-Term Review exercise was undertaken in which zonal governments participated and the regional office was closely involved. A new results structure was developed on the basis of MTR which is expected to help UNICEF country office deliver better results for children. The IMEP processes were strengthened by creating formal structures like - a Committee on Studies, Surveys and Evaluations (CSZE) and the PME function was strengthened at the zonal level with devolution of some PME functions to the zone offices. Preliminary findings emerging from MICS-4 were made available to the Government during the year and a formal launch of the same was undertaken in the northern zones. The zonal Governments have started using MICS-4 findings for developing the National Development Plans which is a very encouraging trend. Also in the northern zones, several joint monitoring missions were undertaken with the Government to assess the situation on the ground and inform the programme planning and implementation. The risk

management function has been strengthened in the office with streamlining of third party monitoring and creating a formal mechanism for the same at the USSC level. The sector pilots on education (NWS) and WASH (NES) were initiated as a strategy to strengthen local governance under JPLG. Also, technical support was extended to the line ministries and the Vice President's office in both these zones to facilitate decentralisation of functions at the district level. As a result of MTR, SPPME programme in Somalia has redefined the role for itself with a focus on emerging global priorities, like- knowledge management, peacebuilding, resilience building, social protection, and local governance; in addition to placing a greater emphasis on strengthening internal processes of planning, monitoring and evaluation. Extensive work on developing a common understanding about these emerging approaches (in Somalia context) was undertaken during 2013 and the programme has now reached a stage where these are being mainstreamed in the programming at zonal level through capacity building in convergence with other programme sections. In line with the emerging priorities, this PCR has been redefined and now incorporates a much wider mandate for the SPPME programme from 2014 onwards.

 On-track

IR 3920/A0/06/013/001 13.1 Evidence-based programming, policy dialogue/advocacy and results based reporting (with a focus on convergence and equity) are facilitated through systematic data collection and analysis with data disaggregated, including by gender disparities and marginalised populations

Progress: During 2013, Somalia Country Program made significant progress on this IR. A national IMEP was developed and a number of studies and surveys were supported to promote evidence based programming. The programme sections have their own internal monitoring and evaluation systems to inform decision-making within the sectors. However, it was realised during the year that there is a need to integrate these stand-alone systems to make the process more efficient and effective. The process of developing a realistic IMEP and managing it better, with the involvement of zone offices, was initiated in 2013, and is likely to yield better management of IMEP both at the national and zonal levels. The SomInfo experience has not been very successful in Somalia, due to lack of availability of basic data needed for any analysis, such as population data and district boundaries. The existing data gaps are huge and there are many constraints to collecting data on the situation of women and children. Statistical systems are non-existent/very weak in the country and it would be advisable to wait to pilot complex software like SOMINFO until significant data is available and more robust processes of data collection and analysis evolve within Government systems; the strengthening of which is an emerging need in the north. The preliminary findings emerging from MICS-4 reports were successfully launched both in NEZ and NWZ, which was a major achievement, given the challenges faced in Somalia. The Zonal Governments have started using this data for a variety of purposes, including development of national development plans. Third-party monitoring is being successfully tried in SCZ for validation of field activities, but with mixed results, and there is a need to consolidate the approach before it can be tried in the northern zones, which have a very different context. Overall, significant progress was made on this IR, but the constraints need to be addressed to achieve better results next year.

 Constrained

IR 3920/A0/06/013/002 13.2 Relevant ministries/ institutions have enhanced capacity to monitor the situation of women and children and to influence policy/legislation and targeting of response in national plans

Progress:

Capacity building efforts to help the communities and institutions monitor the situation of children continued throughout the year. Capacity building of Government on SOMINFO was put on hold for various reasons, including delays in releasing SomInfo version 6. Terms of reference were developed for conducting a study to harmonise the horizontal and vertical planning and budgeting processes at the zonal and district levels, and was shared with the Government. Inter-ministerial collaborations took place regularly under the JPLG to address the issue of inter-linkages between district plans and national planning processes. But, in the absence of a robust planning mechanism, even at national level, there are several critical challenges to be addressed before this is realised. Joint monitoring continues in the field, with a varying degree of emphasis and involvement from the Government. It was felt that there is a need to review the capacity building models being adopted by the SPPME, in view of the MTR recommendations. A shift is needed from a sporadic capacity building approach to a more robust institutional capacity building approach. This year the focus of CRC advocacy efforts shifted from the zonal to the central level, with a federal government taking office. With the conflict situation improving in the north, the NEZ government initiated a process for developing a national development plan. Efforts were intensified in NEZ to validate the draft Disaster Management Policy and Disaster Management Framework, in partnership with the nodal Government agency. Capacity building efforts were undertaken on Disaster Risk Reduction in the NWZ. In an effort to involve local governments in disaster preparedness and response, local government participants were also trained on emergency preparedness and response planning in NEZ. In the SCZ, the focus was maintained on capacity building of implementing partners on HRBAP, M&E and the CCCs.

 On-track

IR 3920/A0/06/013/003 13.3. Results-based reporting and effective contribution management enhance SCO's accountability and resource mobilisation efforts.

Progress:

The year 2013 saw a steep reduction in humanitarian funding to UNICEF Somalia. While the requirement was US\$155,750,577, the Office only secured US\$69,649,000 (45 per cent) as opposed to US\$90,704,547 in 2012. At the same time all programmes were nearly, or more than fully, funded this year, which is reflective of a changing context – the coming into office of the FGS and subsequent increasing donor interest in long-term development efforts. The same is true for the reduction in humanitarian funding; donors are more interested in institution-building and capacity development. Reporting requirements remained very heavy in 2013, with 88 reports due, of which 78 were submitted on time. In 2013, donor meetings took place at least once a quarter; each meeting focused on specific sector areas to meet donors' needs for more focused

discussions. The relationship with donors remains strong, and was a significant factor in raising US\$12 million in a matter of weeks for the polio response. Contribution management improved significantly in 2013, with systems strengthened to ensure effectiveness and efficiency in budget management and programme implementation. Utilisation rates for grants expiring this year were 100 per cent.

 On-track

IR 3920/A0/06/013/006 13.4 4 More communities are successfully participating in the identification and monitoring of their development priorities through decentralised service delivery in line with national plans (JPLG).

Progress: In 2013 policy advocacy and dialogue with Government partners on decentralisation was further strengthened with the appointment of technical advisors in MoE, MoH, MoI and the Vice President's Office in PL and SL. That increased technical expertise of central governments to pursue decentralisation policies, applying sector perspective lenses. It engaged ministries in review of current sector policies, laws, strategies and plans to harmonise sector approaches to enable transfer of functions to districts.

In PL and SL, the Ministry of Planning, MoI and Social Sector ministries coordinated the development of Sector District Plans for three districts. The work was cascaded down to District Social Affairs Departments, supporting development of their district sector plans. Design of service delivery models advanced in PL and SL, with the outlining of specific functions in Health, Education and WASH to be transferred to district governments, along with plans for strengthening capacity for service provision of District Councils and their Social Affairs Departments. This work has helped to build better understanding of roles of different levels of governance and strengthen the links and lines of communications between those levels.

Community Consultation and Participatory Impact Monitoring (PIM) systems reached fruition in SL and PL. Capacity assessments of local institutions were carried out to enable the transfer of programmes to local partners and ensure long-term sustainability and institutionalisation of these public control mechanisms. Training on Community Consultation and PIM was initiated in two districts in South Central (Adado and Banadir), with a substantial buy-in and commitment on the part of district mayors.

Civic Education (CE) initiatives included the establishment of a CE Advisory Committee by the MoI in Somaliland, showing Government commitment to exercise quality assurance and oversight of the CE programme. CE activities in Puntland are monitored by Government, indicating readiness among PL and SL stakeholders to gradually start taking over the development and implementation of CE programmes.

 On-track

IR 3920/A0/06/013/007 13.5 Evidence Based and strategic communication events and support; child participation activities; fundraising and advocacy

Progress: Good progress was made towards the IR in most areas. Material was produced for the MICs, on the ratification of the CRC, Go 2 School, polio, pentavalent and other campaigns. UNICEF's Communications unit was actively involved in the launch of G2S in all three zones, as well as polio and pentavalent. The website was re-launched and the audience for Facebook and twitter grew. A photo project for 400 children was conducted in Somaliland, and some of the resulting 10,000 photos were exhibited at the European Parliament and Brussels Conference. A Google 'Hangout' was arranged for Somali schoolgirls in Mogadishu, London and Oslo. Six workshops were carried out with journalists (three on polio and three on Go2School), and trips for international journalists were organised to Mogadishu (polio, pentavalent and Go2School) and Somaliland, as well as for the German National Committee and the Japan Committee of Vaccines for World's Children. To mobilise resources, a website is being designed to support fund raising for the flagships.

IR 3920/A0/06/013/014 13.6 PME Funds for Allocation

PCR 3920/A0/06/800 Guesthouse Operation

IR 3920/A0/06/800/003 Effective and efficient Governance and Systems

IR 3920/A0/06/800/007 Human capacity

IR 3920/A0/06/800/018 Guesthouse Operation

IR 3920/A0/06/800/888 Guesthouse Operation

Effective Governance Structure

The SCO establishes Office objectives and priorities for programme sections, zonal offices and key business areas of operations through routine and annual review and planning processes, including meetings and retreats. SCO consists of the Support Centre based in Nairobi and five field offices inside Somalia, and maintains a well-established and participatory governance structure that supports strengthening of accountability, management of risks, effective use of resources, and staff performance. In addition to the mandatory management bodies, SCO has also established Zonal Management Teams, UN Cares Groups, Peer Support Volunteers (PSVs), and an Audit and Risk Management Working Group. The membership of Office committees/groups was updated in February and October 2013 and shared with all staff.

The CMT met three times during the year and monitored Office performance using a set of indicators. In early 2013, the Office combined the Programme Group Meeting and Humanitarian Coordination Management Team in the form of the weekly Monday Morning Meeting (MMM), with the participation of Programme and Operations section chiefs, cluster coordinators and zonal chiefs. The MMM focused on: programme coherence and synergy, effective implementation and monitoring, monitoring of humanitarian situation and implementation of response, and coordination between programmes and operations. The weekly stand-up meeting convened by the Representative and comprising senior CO staff, focused on immediate priorities, critical issues on hand, and provision of guidance and follow-up to strategic actions.

SCO held occasional all-staff meetings in 2013, which provided an opportunity for staff to identify, discuss and resolve common and emerging issues and concerns.

SCO continues to invest a significant amount of time in UN country-level governance structures and mechanisms, including the Somalia Country Management Team; Somalia Zone Office Management Teams; Security Management Team; UN Area Security Management Teams; Humanitarian Country Team; various sectors, clusters and working groups; and Operations Management Teams. These mechanisms have proven useful for effective coordination with other agencies as well as for management of humanitarian/emergency situations.

The Office was audited in late 2012; the findings concluding that appropriate controls and processes were generally established and functioning in the CO. The audit identified improvement actions in several areas, including partnerships, DCT management, security, staff wellbeing and inventory/supply management. The Office actively implemented the improvement actions, which are expected to be completed prior to the prescribed deadline.

The main component of SCO's risk management strategy included: third party monitoring and verification; call centres; coordination with the risk management unit and other UN agencies; risk classification of partners; and the Audit and Risk Management Working Group. While the Office strengthened risk mitigation measures in 2013, it was agreed that risk management remained a main concern. Therefore, the Office sought technical support from the Regional Office and from NYHQ. On-site support by the senior ERM Advisor is scheduled for early 2014.

The Office reviewed the table of authority (ToA) in view of financial policy and revised it in February 2013, ensuring no significant conflict in role assignment.

Strategic Risk Management

The very large number of different implementing partners in Somalia, coupled with UNICEF's inability to consistently undertake systematic and thorough NGO assessments, creates a relatively high-risk programming environment. UNICEF is focusing its risk management efforts on the largest implementing partners, taking into consideration both financial control and programme delivery perspectives. In practice, this has meant prioritising the approximately 20 implementing partners each receiving greater than US\$1 million and the approximately 30 implementing partners each receiving between US\$500,000 and US\$1 million in 2012-2013, collectively accounting for 80 per cent of the total monetary value of PCAs. UNICEF has

commissioned organisational profiles of implementing partners, especially partners with high-value PCAs in priority geographic areas, for quick assessments of community perception, implementation status of planned interventions and other dimensions of interest.

The Office has established an Audit and Risk Management Working Group (ARMWG) to put in place strategic policies and plans for risk management. In 2013, ARMWG developed a new approach to more systematically review the risk observations associated with the CO's 250+ Implementing Partners, assess risk levels and subsequently recommend tiered risk-assurance measures to be adopted for partners of different levels of risk. The five risk indicators/dimensions with which the ARMWG is primarily concerned include: (1) suspected aid diversion; (2) performance; (3) community perception; (4) evidence of linkages to non-state, business or other entities that could compromise humanitarian/development principles; and (5) financial capacity. Values are assigned to each of these five risk indicators, with -1 indicating negative findings (i.e. evidence of a risk observation in a given dimension), 0 indicating neutral findings (i.e. no evidence of a risk observation), and +1 indicating positive findings (i.e. evidence of exemplary performance in a given dimension). Values are tallied, and risk levels of 'very high,' 'high,' 'medium' and 'low' assigned to implementing partners, depending on their cumulative scores. In assessing the risk levels of different implementing partners, ARMWG consults several sources, including organisational profiles and verification reports prepared by third-party contractors; assessments from the Risk Management Unit (more on this below); assessments conducted by the CHF; findings from spot-checks, micro-assessments and audits; Internet and other open data sources; and the day-to-day experience of programme staff.

The Office continued to support the work of the Risk Management Unit (RMU) situated within the office of the Resident and Humanitarian Coordinator. The RMU has established an online database known as the Contractor Information Management System (CIMS) for all UN agencies to share risk observations on partners. The database contains basic information on contracted partners, including contract amounts, locations, and performance ratings. UNICEF Somalia supports the population of the CIMS database by entering information on its partners and contractors. At the same time, UNICEF draws upon the CIMS resource by regularly checking the system for information on and/or risk observations associated with prospective or existing contractors/partners.

Evaluation

In 2013, the Country Office maintained an up-to-date IMEP to guide the planning and implementation of evaluations of key programme and management areas and strategies. Midway through the year, the IMEP template was revised to include more details for studies, surveys and evaluations. This revised IMEP template will help provide the Committee on Studies, Surveys and Evaluations (re-established in late 2013, with the first meeting to be held in early 2014) with necessary details of proposed research and evaluations, including their geographic scope, budgets, implementing partners and time frames, as well as status and reasons if not progressing/completed as planned.

In 2013, the Somalia CO continued to face challenges in conducting evaluations, due to the prevailing security situation in Somalia and limited access to some programme areas. As in previous years, many qualified evaluators are discouraged from working in Somalia in the first place, or find that they face significant constraints in implementation once on board. But despite these challenges, the Country Office completed two impact evaluations in 2013, one on the cash transfer programme in response to the 2011 famine, and one on the Integrated Capacity Development for Somali Education Administrations (ICDSEA) programme. For both evaluations, a management response was prepared and uploaded in GEROS for monitoring by the Country Office and qualitative oversight by the Regional Office.

The CO has continued work towards strengthening country capacity for quality evaluations. In 2013, the TOR of the members of the M&E Working Group (established in mid-2012) was revised, to include a stronger role for peer review of UNICEF-supported research and evaluations. This revamped M&E and Research Peer Review Group will act as a technical consultative body and forum on M&E for the Country Office.

Effective Use of Information and Communication Technology

In 2013 UNICEF continued to use its own private connectivity (VSAT), while strengthening connectivity with zonal offices with installation of VSAT in Baidoa. Somalia has achieved recent improvements in ICT service availability, with the first fibre-optic link into Mogadishu built in late 2013, but ICT services remain largely unreliable and expensive at the moment. Further improvement and connectivity are expected in the coming years.

Due to a dispersed workforce spread across three zonal offices and a support centre in Nairobi, SCO relied heavily on video and teleconference (VTC) facilities for inter-office/inter-zonal meetings such as Monday Morning Meeting (MMM), all-staff meeting, and at times the CMT. VTC service has been instrumental not only in saving on travel costs, but also in protecting staff safety and security. On several occasions, SCO also assisted other UN offices with VTC services during critical security management meetings with offices inside Somalia.

In Nairobi, SCO maintained common services with UNON for UPS power, LAN cabling and Cisco IP telephony services. Other data services (Internet, Firewall, WiFi service, etc.) were co-managed with UNICEF's Kenya Country Office and ESARO on a cost-sharing basis. Common services were also maintained in zonal offices (Garowe, Galkayo, Mogadishu, Baidoa) with other UN agencies on a cost-sharing basis. Joint training sessions were conducted, together with UNDP and WFP, for ICT staff in the area of telecoms.

The strategy of providing laptops to zonal offices has helped make the workforce mobile through remote access to corporate applications (using CITRIX portal or VPN). With a volatile situation in Mogadishu, staff were able to work from home and remote office locations. With the Bring Your Own Device (BOYD) policy, more and more staff are now using their tablets and smart phones to access office emails using TRAVELER server.

The Business Continuity Plan (BCP) and ICT Disaster Recovery Plan for documents were last updated in 2012. Regular meetings with UNON were conducted to improve BCP in Nairobi. It was realised after the June attack in Mogadishu that the current BCP document does not cover all zonal office scenarios. Preparing and testing BCP in zonal offices will be one key area of work for 2014 in the wake of office relocation and renovation in Hargeisa, Garowe and Mogadishu, completed this year.

With support from the Regional T4D team and Uganda Office, a small T4D team visited various zone offices inside Somalia to assess T4D possibilities. The final report with recommendations was shared with all programme and zonal offices to be considered for 2014. Three high-impact opportunities (mobile money, U-report and aggregate reporting/surveillance) were identified as potential projects.

SCO continued to outsource services in hardware maintenance and repair support through a joint LTA with KCO/ESARO. Due to the shortage of good suppliers in Somalia, most equipment was procured from global LTA suppliers at competitive price and quality. As per PSB decision, all old ICT equipment was sold to the highest bidder through auction.

Fund-raising and Donor Relations

2013 saw a steep reduction in humanitarian funding for Somalia, including for UNICEF. While the funding requirement as per the CAP was US\$155,750,577 (increased from US\$140,960,022 after the polio outbreak), only US\$69,649,000 (45 per cent) was received, compared to US\$90,704,547 in 2012. The Nutrition Programme, which accounted for the largest component of the humanitarian needs budget, was also the best funded, receiving 78 per cent of funds needed. In contrast, the Health Programme, even with the polio outbreak, received only 40 per cent of the funds it needed, while the Education section only received 15 per cent of the funds it needed. This reduced humanitarian funding reflected the easing of the famine and the subsequent reduction of acute malnutrition, as well as competing crises (Syria, Philippines, etc.) and cuts to donor development/humanitarian budgets.

In contrast to the humanitarian funding situation, the CO exceeded its CP ceiling of US\$56,200,000, receiving US\$75,429,582, with all Programmes nearly or more than fully funded. The reduced humanitarian funding,

but healthy funding for development interventions, reflects the changing Somali context, notably increased donor interest in long-term development efforts such as institution building and capacity development, with the installation of the FGS. While development funding is key and very much welcomed, in its interactions with donors, UNICEF has also stressed the continued critical humanitarian needs of the Somali population. Reporting remained very heavy in 2013 with 88 reports due, of which 78 were submitted on time.

The largest bilateral contributions to UNICEF Somalia came from Japan, the US, ECHO, DFID and Canada. Humanitarian funding pots also gave large contributions, with CERF contributing the second largest amount, after Japan. UNICEF National Committees collectively made a far smaller contribution in 2013.

UNICEF engages closely, both strategically and technically, with donors. This is done through bilateral meetings and communication, as well as larger donor meetings. In 2013, donor meetings took place at least once a quarter; each meeting focused on specific sector areas to meet donors' needs for more focused discussions. These, for the most part, also included UNICEF's implementing partners. The relationship with donors remains strong, and was a significant factor in fundraising US\$12 million in a matter of weeks for the polio response.

A new Resource Mobilisation Strategy was finalised this year and is expected to form the basis for fundraising in 2014.

The first-ever multi-year Somalia CAP (2013-2015) was expected to raise increased multi-year funding commitments. So far, only DfID has generously committed to a four-year agreement with its humanitarian funding, with a focus on UNICEF's resilience programme. The initial funding from DfID is expected to leverage further fundraising and support.

In 2013, UNICEF launched the Go-2-School initiative to provide education for 1 million children and youth over three years, one of its six Flagship Programmes. Considerable funds have already been raised for this initiative, including from new donors.

Contribution Management improved significantly in 2013, with systems strengthened to ensure effectiveness and efficiency in budget management and programme implementation. Utilisation rates for grants expiring this year were 100 per cent.

Management of Financial and Other Assets

The last audit conducted in 2012 concluded that controls and processes over financial management and assets management were generally established and functioning during the period under audit. The Office maintained a dedicated professional capacity in support of contribution management and budget monitoring. Monthly budget review meetings were held between the Programme Coordination Unit and Programme sections and Operations. Such meetings focused on: grant utilisation status, open commitments and expiring grants. PCU also shared bi-weekly and monthly reports covering the status of funding by budget, DCT status, fund implementation status, donor reporting status, and status of expiring grants by end of the year with all staff. Some sections used Q-Sip (a budget tool developed locally) to manage Zonal Office budget requests and allocations. In addition, the CMT reviewed funding and implementation status and provided guidance as appropriate.

The process of allocating funds for freight based on an estimate, and the late refund by implementing partners due to security reasons, continued to create challenges for effective budget management. As of 31 December 2013: i) all grants that expired on 31 December were fully utilised; ii) 75 (80 per cent) grants were used within the original life, while the life of 18 (20 per cent) grants was extended; and iii) 96 per cent of RR allocated for 2013 was utilised (committed plus actual); the percentage of utilisation was 52 per cent for OR and 76 per cent for OR-E, based on funds allocated for 2013.

UN Somalia has yet to decide implementation of HACT. Although the security conditions on the ground do not allow implementing partners to freely operate, in mid-2013, the Office decided to actively prepare for implementation of HACT. Accordingly, the first assurance plan was developed in the last quarter of 2013 and

is now being implemented. In 2013, a total of 30 partners were micro-assessed, seven were spot checked, and a contract was finalised for audit of five partners. In addition, five orientation sessions on DCT processes were held for staff, and one session was held for programme partners.

DCT was reported on a bi-weekly basis and systematically monitored/followed by the Deputy Representative, with support from PCU and Finance. DCT status and progress were also reviewed by the MMM, SMT and CMT. The Office also received guidance from DFAM and submitted a request for impairment of DCT of around US\$1.4 million. Despite all efforts, the Office could not meet the organisational target. The amount of DCT outstanding as at 31 December 2013 for 6-9 months was US\$654,647 (1 per cent) and for over nine months was US\$2,038,725 (3 per cent). During the year, the Office referred one partner to the auditors for formal investigation, and decided to commission a special review for another partner. In summary, DCT continues to remain a significantly high-risk area that will continue to challenge Office performance in 2014.

The Office completed all bank reconciliations in a timely manner and depended on a monthly cash forecast mechanism to achieve bank optimisation and effective cash management. Use of a money vendor continued to help the Office to mitigate risks associated with maintaining bank accounts or handling cash in Somalia. Although the Office completed the mid-year and end-year closure in a timely manner, it faced difficulties in closing Trips, ensuring that all accrued expenses related to common services were accounted for, and reporting on cost of premises and programme constructions. Some components of the inventory physical count exercise that were carried forward from the 2012 year-end closure exercise were also successfully completed.

SCO, with the support and approval of DFAM, conducted a clean-up exercise to streamline assets records and removed approximately 72 per cent of asset items (70 per cent of asset items were below US\$500 and non-attractive, and 2 per cent were between US\$500 – 1,499 and non-attractive) from the system.

SCO maintained three guesthouses during 2013 – Bossaso, Galkayo, and Baidoa. The guest house in Baidoa was managed as a common service to UN Humanitarian Agencies. The Office faced significant challenge in ensuring quality services in the guesthouse in Baidoa and Galkayo, mainly due to issues of restricted access and low volume.

In 2013, at the request of SCO, the local government of Puntland decided to allocate a plot of land (30,000 sq. m.) in Garowe to UNICEF to construct its Office, accommodation and warehouse. In 2014 SCO will work on a plan and proposal for establishment of UNICEF premises on that plot of land.

Supply Management

The consolidated supply plan was completed by March 2013 and valued at ~UD\$30 million, comparable to 2012. The supply plan was periodically reviewed/adjusted to reflect funding realities/availability and actual costs of goods in local markets. By end-2013, the total actual value of procurement completed was US\$30,414,813 (US\$25,826,771 for goods, US\$4,588,041 for services). A few significant changes were realised during implementation of the supply plan: Health's actual/obligated purchase orders increased from US\$2m to US\$11.5m due to the polio response and procurement of Health Kits; Education decreased from US\$8.7m to US\$0.25m due to engagement of partners through PCAs; and Operations increased from US\$1.9m to US\$4.5m, primarily related to security enhancements to the office in Mogadishu and the move from Bossaso to Garowe.

Local long-term arrangements are in place for supplies and services maintained in VISION. Some initiatives undertaken to improve the supply function inside Somalia included establishment of local LTAs for regularly used services such as logistics (clearing and forwarding, warehousing, inland transportation), administration (ancillary services, security services) and supplies (fuel, stationery). Benefits realised from LTAs included reduced transaction time, shortened lead-time/delivery period, uniform quality and improved relationship with suppliers.

In the health sector, US\$295,630 in vaccines (mainly DTP-HepB-Hib) were procured on behalf of the Government, while GAVI-funded vaccines amounted to US\$2,891,500, with UNICEF offering logistics and

distribution expertise. This engagement facilitated payment by UNICEF on behalf of the Government: improved joint early planning, with no interruptions or stock-out; and supported positive collaboration with partners.

Collaborations with other UN agencies continued to grow through periodic common meetings, sharing of LTAs for common services/supplies and joint efforts and technical support on implementation of security enhancements inside Somalia in areas of construction.

Quality assurance is undertaken through third-party pre-delivery inspection of supplies above US\$10,000 on a single local purchase order.

The options for local procurement inside Somalia remain limited and more than 98 per cent of supplies had to be procured outside Somalia, either regionally or offshore through Supply Division. The Office identified a company to conduct market surveys in Dubai in the first quarter of 2014 to expand regional (local) procurement options. Additional market surveys in Somalia are planned for 2014.

In terms of logistics, US\$32.9 million worth of supplies were dispatched to implementing partners and end-users by the end of 2013. Poor infrastructure, security concerns, access limitations and lack of direct commercial transport operators into Somalia remain challenges that impact overall supply chain costs and service delivery.

SCO reformatted its warehouse inventory process to better monitor supplies and mitigate risks of expiry and excessive costs. Significant efforts were made to reduce inventories across all warehouse locations. As a result, the combined inventory level was reduced by approximately 40 per cent during 2013. Three physical inventory counts were conducted in eight warehouses in Nairobi and inside Somalia in March, June/July and December, with reconciliation exercises completed. In addition, verification exercises were conducted on a monthly basis for randomly selected supplies. In regards to in-country warehousing, the quality and availability of warehousing space and services remained a problematic area; UNICEF continued to hold large inventories of stocks in warehouses that it was responsible for maintaining and monitoring. In Garowe, UNICEF provided the MOH with a new cold chain facility.

UNICEF conducted a comprehensive Supply Chain Assessment in 2013. The assessment aimed to (1) identify key challenges and opportunities for improvement in the supply chain used for delivery of commodities; and (2) provide practical and strategic recommendations. Based on this assessment, a number of changes are underway that focus on improved information management and transparency within the supply chain, improved collaboration by all supply chain partners through planning and increasing the effectiveness of service delivery through KPI targeted performance management of the logistics network.

Human Resources

To ensure full return of country-level structures into Somalia in an efficient and effective manner, SCO has developed a Relocation Road Map for a carefully planned move, with due consideration to factors including the June 2013 attack at the UN compound in Mogadishu, the Federal Government's limited capacity to provide security to the international community and the level of accessibility to programme areas in CSZ. In addition, UNICEF coordinated an inter-agency initiative aimed at addressing the challenge of attracting and retaining qualified staff in Somalia, with some recommendations now under implementation and others pending approval by the respective human resources directors and ICSC in 2014.

Staff learning and development focused on improving the quality of performance management through Managing Performance for Results training, career management and staff self-development with priority for national staff that will likely be affected by the relocation, as well as sectoral and management capacity development. A skills development assessment has commenced to identify capacity gaps and develop appropriate HR strategies to address them. In 2013, the Office appointed and trained four Respectful Workplace Advisors.

Several efficiency measures were implemented to improve staff services, such as decentralisation of general

services staff recruitment and absence management in VISION. Positive achievements include faster deployment of staff, reduction of vacancy rate and establishment of local talent groups, even with the heavy recruitment demand created by the polio emergency. With continued support from DHR (Emergency), the number of staff exceeding their tour of duty was reduced from 17 in 2012 to five by early 2014, through reassignments, special leave and temporary mission assignments.

Security challenges in both Somalia and Kenya, and the generally high stress levels experienced by all staff in the different locations continue to require attention. In particular the attacks on the UN compound in Mogadishu and the Westgate Shopping Mall in Nairobi negatively impacted on staff wellbeing. Orientation and counselling was provided through human resources circulars on topics developed by the UN joint medical services, individual counselling services by UN counsellors and PSVs, as well as a face-to-face group session coordinated by the UNICEF Global Staff counsellor based in Nairobi. Implementation of the 10 minimum standards continued with mandatory training on HIV and AIDS in the UN Workplace coordinated by an inter-agency taskforce.

Following a review of the 2011 Global Staff Survey findings and a Country Office 2012 Win-Win Management initiative, a committee represented by management, HR and the staff association was established to develop and implement an Office Improvement Plan to address most frequently mentioned issues affecting staff. The plan focused on improving office communication, consultative processes, work planning, team building, staff orientation and transparency in work processes. The plan's achievements include improved staff-management relations; information-sharing, including joint consultative and country management team minutes; regular staff and joint consultative meetings; human resources circulars; and development of standard operating procedures for a number of business processes. A staff orientation programme is being finalised for roll-out in early 2014.

Efficiency Gains and Cost Savings

In 2013, the Office moved its North East Zonal Office from Bossaso to the capital of Puntland – Garowe. This move is expected to generate a savings of US\$48,000 annually. At the initiative of SCO, UNICEF premises in Bossaso were taken over by IOM, on behalf of participating agencies. UNICEF agreed not to remove security structures from Bossaso premises in exchange for provision of limited office space and one room at the guest house to UNICEF for a period of one year, free of cost. This arrangement not only generated savings for UNICEF, as it was not required to restore the premises, but also to the agencies moving into these premises. The total savings to the UN system from this initiative is estimated at US\$75,000.

Subsequent to the 19 June attack at the UNCC compound, UN agencies were required to conduct a blast assessment of their premises in Mogadishu. This was carried out jointly with participating agencies, resulting in a one-time savings of approximately US\$20,000.

The other area where a significant efficiency gain was obtained was air operations - UN Humanitarian Air Services. The Office, in close cooperation with the other members of the UNHAS Board, convinced UNHAS to station a plane (from its existing fleet) in Mogadishu and revise the flight schedules accordingly. This allowed staff and consultants to travel between cities and towns of Central and South Somalia, and Galkayo and Garowe, without transiting through Nairobi. The new schedule resulted in a cost savings of approximately US\$90,000, and more significantly contributed in saving approximately 225 staff days - an average of three days of staff time for each trip to and from the above-mentioned locations.

In addition, in 2013, the Office started to increasingly ship programme supplies directly to Mogadishu instead of transiting them through Kenya. This decision not only significantly reduced the transit time of supplies but also the shipping, transit warehousing and handling costs.

SCO is continuously working to advance a risk- and cost- aware culture, and value for money is a key consideration when making partnership and procurement decisions.

Changes in AMP & CPMP

The Office completed the MTR in late 2013, and has scheduled its MTMR for mid-February 2014. While the MTR recommended some strategic shifts in programme focus, the MTMR is likely to recommend corresponding adjustments in staffing structure. In addition, throughout 2013, the Office held a number of discussions/consultations on phased relocation of the CO from Nairobi to Mogadishu, Somalia. The MTMR is expected to draw from these discussions and recommend a relocation plan aimed at establishment of the Country Office-level functions and structures in Somalia in a phased manner. In summary, the Office expects some changes in AMP and CPMP starting mid-2014. However, the extent of changes will be clear only after the MTMR discussions and the PBR decision.

Summary Notes and Acronyms

ACSD	Accelerated Child Survival and Development
AGEs	Anti-Government entities
AMISOM	African Union troops
BCC	Behaviour-Change Communication
C4D	Communication For Development
CEC	Community Education Committee
CHF	Common Humanitarian Fund
CLTS	Community-Led Total Sanitation
CRC	Convention on the Rights of the Child
CSZ	Central South Zone
DoE	Directorate of Education
EMIS	Education Management Information System
EPHS	Essential Package of Health Services
EU	European Union
FAO	Food and Agriculture Organisation
FGM/C	Female Genital Mutilation and Cutting
FSNAU	Food Security and Nutrition Analysis Unit
G2S	Go To School
GBV	Gender Based Violence
GPE	Global Partnership for Education
HMIS	Health Management Information System
IDP	Internally Displaced Person
ILO	International Labour Organisation
IYCF	Infant and Young Child Feeding
JHNP	Joint Health and Nutrition Programme
JPLG	Joint Programme on Local Governance
MCH	Maternal and Child Health
MICS	Multiple Indicator Cluster Survey
MTR	Mid-Term Review
NEZ	North East Zone
NGO	Non-Government Organisation
NWZ	North West Zone
PASWE	Puntland Social Welfare Agency
PL	Puntland
PSG	Peacebuilding and State-building Goal
SL	Somaliland
SNAF	Somali National Armed Forces
SRSg	Special Representative of the Secretary-General
T4D	Technology For Development
ToT	Training of Trainers
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Final monitoring report of the Somalia cash and voucher transfer programme, Phase 2: April 2012-March 2013	2013/001	Review
2	Final Evaluation of the Unconditional Cash and Voucher Response to the 2011-12 Crisis in Southern and Central Somalia	2013/002	Evaluation
3	Multiple Overlapping Deprivation Analysis (MODA) based on the Somalia 2011 Multi-Indicator Cluster Survey	2013/011	Study
4	Northeast Zone Multiple Indicator Cluster Survey 2011	2013/015	Survey
5	Assessment of the UNICEF Somalia Supply Chain System.	2013/009	Study
6	Somaliland Multiple Indicator Cluster Survey 2011	2013/014	Survey
7	The Integrated Capacity Development for Somalia Education Administrations (ICDSEA)	2013/004	Evaluation
8	Malaria control, Morbidity and Mortality	2013/016	Study
9	Promoting the Rights of Children in Somalia an: Update on the Situation of Children	2013/013	Review
10	Infant and young child feeding practice and acceptability of and willingness to pay for micronutrient powder and lipid-based nutrient supplement in Maroodi-Jeex region, Somaliland	2013/008	Study
11	Rapid ethnographic study of Community-based child protection mechanisms in Somaliland and Puntland and their linkage with national child protection systems	2013/020	Study
12	Measuring Learning Achievements in Grade Seven (MLA 7) in Somaliland by Africa Educational Trust	2013/010	Study

Lessons Learned

	Title	Document Type/Category
1	Integrated Capacity Building for Somali Education Administrations (ICDSEA)	Lesson Learned