

Somalia

Executive summary

In 2015, operations were particularly challenged following the 20 April attack in Garowe, Puntland in which the United Nations Children's Fund (UNICEF) lost four staff members, and five more were seriously injured. UNICEF Somalia has adopted some new operating modalities to adapt to higher risk (i.e. through increased partner risk profiles and third-party and real-time monitoring, among other approaches). This is work in progress.

Despite this tragedy, significant advances were made during the year. The Convention on the Rights of the Child was ratified by the Federal Government and entered into force in October. Convention on the Rights of the Child reporting was, however, delayed due to the delayed ratification. Progress was made in Somaliland towards the development of the Child Protection Act.

Reducing maternal and child morbidity/mortality included scaling up of the essential package of health services (EPHS). EPHS rollout to 5.27 million people in partnership with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) benefited 948,000 children under 5 years. Life-saving health care was rolled out to 180,000 Somalis and benefited 37,500 children under 5 years. The rollout of interventions was weaker in newly accessible areas where access and partnerships were complex and unpredictable.

The 2013 polio outbreak, which affected 199 people (mostly children), was interrupted in October. More than 2.2 million children under 5 years were reached through immunization campaigns by health authorities, in partnership with UNICEF Somalia, WHO and the Global Polio Eradication Initiative. More than 38,000 households, as well as 2,000 schools and madrassas, were reached with integrated messages on polio, immunization, antenatal care (ANC), nutrition and water, sanitation and hygiene (WASH). More than 2 million children under 10 years were vaccinated against measles.

More than 89,000 severely malnourished children under 5 years received treatment, with 92 per cent recovery rates. Strengthened partnerships and improved supply distribution processes meant that more than half of all severely malnourished children and women in need of life-saving services were reached. Nevertheless, almost 50 per cent of targeted children in 2015, largely in difficult-to-access areas, did not access services. Support to the Federal Government for the Scaling-Up Nutrition (SUN) initiative included the establishment of an inter-ministerial committee to facilitate government participation.

As principal recipient of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNICEF Somalia ensured the distribution of more than 550,000 long-lasting insecticide nets (LLINs), protecting 1.1 million people from malaria, including 198,000 children under 5 years. More than 28,000 people were tested for HIV/AIDS, and antiretroviral therapy was provided to more than 1,800 adults and children. Although estimated HIV prevalence appears to be dropping, many remain unreached in remote areas or due to associated stigma.

Approximately 400,000 children benefited from the presence of teachers. However, school construction due to start in 2015 was delayed and has therefore not contributed to increased enrolment. More than 380,000 people gained access to improved water sources, meaning that UNICEF Somalia has provided more than 1.5 million people with sustained access to safe water since 2011. Although several hundred villages have declared themselves free from open defecation, none of these villages are certified, pointing to the continued efforts required to promote Community-Led Total Sanitation (CLTS).

More than 9,000 women/girl and 400 men/boy survivors of gender-based violence (GBV) received assistance; one third of these were children. UNICEF Somalia provided community-based reintegration services to more than 800 children recruited into armed forces and groups. The Monitoring and Reporting Mechanism (MRM) on Grave Violations against Children in Situations of Armed Conflict expanded its reach with more than 2,300 cases reported in a new database of verified grave child rights violations across 60 districts in 11 regions. More than 750 children participated in inclusive community-based reintegration programmes, including 78 boys who were released following intensive advocacy by United Nations and other actors. The MRM has recognized that additional opportunities exist for better and more systematic advocacy using the data that continues to be collected.

As part of the Joint Programme on Local Governance and Decentralized Service Delivery (JPLG), UNICEF Somalia, the United Nations Development Programme (UNDP), the United Nations Capital Development Fund (UNCDF), the International Labour Organization (ILO) and the United Nations Human Settlements Programme (UN-Habitat) supported municipalities to develop service delivery models for education and water, which resulted in increased school attendance and improved access to water through public-private partnerships. The resilience programme, a part of the joint strategy with the Food and Agriculture Organization (FAO) and the World Food Programme (WFP), supported communities to predict, address and overcome shocks. More than 13,000 households accessed integrated community-based services. Fifty-eight health facilities in six districts supported birth registration with birth certificates issued to 96,000 children. Social protection advocacy achieved a confirmation of the intent to establish the first child grant in Somaliland.

Rollout of the harmonized approach to cash transfers (HACT) included 60 high-value audits, accounting for 75 per cent of disbursements. Staff-led and third-party monitoring enhanced quality assurance of interventions.

During the course of 2015, the programme has implemented activities to the value of US\$151.6 million.

The year 2015 saw the stabilization priority of the African Union Mission in Somalia (AMISOM) result in the liberation of many urban centres, while non-state entities retained control of many rural areas. It is not clear whether government control will be consolidated in 2016.

Humanitarian assistance

In Somalia, 3.2 million people continue to be in need of humanitarian and livelihood support, 855,000 of whom are in crisis and emergency situations.

Eradication of polio remains a top priority and, despite the interruption of transmission for more than a year and the declaration of Somalia being polio free in October, continued efforts are

required to ensure a regional polio-free certification in the next two years. UNICEF Somalia implemented emergency vaccination campaigns across Somalia in conjunction with polio immunization activities. UNICEF Somalia provided a package of curative, promoting and preventive nutrition interventions, while strengthening the implementation capacity of the Government, partners and communities. Life-saving and resilience initiatives were promoted by increasing access to safe water; promoting emergency sanitation; extending CLTS approaches to flood, drought and disease-prone areas; and maintaining immediate response capacity through 10 supply hubs across Central South Somalia. UNICEF Somalia also supported the disengagement and reintegration of children associated with armed groups, while monitoring and reporting on grave violations. In addition, UNICEF Somalia continued its efforts to prevent and respond to GBV. UNICEF Somalia also worked to improve access, quality and capacity for delivery of emergency education. Following the AMISOM offensives that began in March 2014, UNICEF Somalia ensured that a package of basic life-saving interventions was provided in newly accessible areas. Resilience programming focused on community-based capacity building, including on governance, in order to improve inclusivity, transparency and accountability of service delivery at the community level. Key national staff from all three zones were trained on conflict-sensitive programming.

As part of the inter-agency Humanitarian Response Plan, UNICEF Somalia:

- Vaccinated more than 2.2 million children under 5 years against polio and 2 million children aged 9 months to 10 years against measles
- Treated more than 89,000 children under 5 years with severe acute malnutrition (SAM) via therapeutic feeding programmes
- Assisted more than 7,700 survivors of GBV
- Enabled 10,200 households to meet basic needs through cash transfers
- Provided more than 213,000 people with new, sustained access to safe water and 434,000 people with access to safe water through temporary means
- Delivered hygiene and sanitation promotion messages to more than 357,000 emergency-affected persons
- Supported more than 24,500 young children and adolescents (girls/boys) with access to education

The ongoing El Niño weather phenomenon may drastically aggravate the fragile humanitarian situation with a likely wetter-than-normal Deyr season and an exacerbation of drought conditions in Somaliland. As water levels rose along the Jubba and Shebelle rivers, flash floods affected more than 90,000 and displaced an estimated 42,000 people. Through the contingency plan, supplies have been prepositioned in 10 regional supply hubs to address the needs of 400,000 people for WASH, 60,000 children for nutrition and 35,000 children for education. UNICEF Somalia has also enhanced its overall preparedness measures and is compliant with the internal Early Warning, Early Action monitoring system.

The operational capacity of the UNICEF Somalia-led clusters continues, with a network of 130 partners for WASH and nutrition, 70 partners for education and close to 50 partners in the child protection sub-cluster. A network of Somalia-based cluster focal points ensures access to information, coordination and interventions in hard-to-reach and inaccessible areas. The nutrition cluster reached 219,809 beneficiaries with life-saving nutritional support and delivered nutrition-in-emergencies training in Somaliland and Central South Somalia. WASH cluster partners supported 907,000 people with temporary and/or sustainable access to safe water, 137,000 people with access to sanitation facilities and 356,000 beneficiaries with essential life-saving items (Aquatabs, jerry cans, buckets and soap). The education cluster supported 44,000

children with emergency education provisions, of which more than 25,000 (46 per cent girls) were supported by UNICEF Somalia. In 2015, the child protection sub-cluster assisted 31,758 beneficiaries (12,098 girls/women and 19,660 boys/men) with family tracing and reunification, including interim care, psychosocial support, material assistance and legal aid.

In response to the refugee/returnee situation, as a result of the crisis in Yemen, UNICEF Somalia provided basic nutrition services in reception areas to respond to the immediate needs of refugees/returnees. UNICEF Somalia increased its response in internally displaced person (IDP) camps, but gaps in implementation and response capacity remain. Military operations have triggered new displacements in parts of Central South Somalia, and internally displaced populations are further affected by forced evictions. These military operations also resulted in an increase in the presence of non-state entities in the northern zones.

A total of US\$51.4 million was received against UNICEF Somalia's 2015 humanitarian appeal (46 per cent). Overall, implementation remains challenged by limited humanitarian access and funding shortfalls, while the urgent needs of women and children continue to increase.

Mid-term review of the Strategic Plan

In WASH, CLTS interventions showed the importance of location-specific, open defecation-free (ODF) approaches, as well as challenges to scale-up and ways to address these challenges.. Advocacy focused on villages that are likely to be successful, coupled with concentrated follow up on previously triggered villages until they become ODF, was deemed critical. Support from traditional and religious leaders, local government and women's groups and bringing them to the forefront of CLTS activities were also notably important. CLTS implementation and funding mechanisms should be process oriented and outcome focused and not activity focused. On this basis, it is important to consider a performance system for payments where monies are paid only after the village becomes ODF.

In nutrition, a shift to a 'pull system' of quarterly supply distribution resulted in a stark reduction in stock-outs. In previous years, supplies have been distributed as per the plans developed with implementing partners at the beginning of a partnership. Supply stock-outs at the facility level were as high as 10 per cent, with numerous ad hoc requests for the release of supplies. After the introduction of the pull system, the stock-out rate declined to 0.5 per cent.

Summary notes and acronyms

AU	African Union
AIDS	acquired immune deficiency syndrome
AMISOM	African Union Mission in Somalia
ANC	antenatal care
ART	antiretroviral therapy
AU	African Union
BCC	Behaviour Change Communication
BCP	Business Continuity Plan
BEMOC	Basic Emergency Obstetric Care
C4D	Communication for Development
CAAC	children affected by armed conflict
CCC	Core Commitments for Children in Humanitarian Action
CHW	community health worker
CLTS	Community-Led Total Sanitation
CMT	Country Management Team

CPWG	Child Protection Working Group
CSZ	Central South Zone
DCT	direct cash transfer
DFID	Department for International Development
ECHO	European Commission's Humanitarian Aid and Civil Protection Department
EPHS	essential package of health services
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization
FGM/C	female genital mutilation/cutting
GBV	gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HACT	harmonized approach to cash transfers
HIV	human immunodeficiency virus
HMIS	Health Management Information System
IDP	internally displaced person
IDTR	identification, documentation, tracing and reunification
ILO	International Labour Organization
IMEP	Integrated Monitoring and Evaluation Plan
IYCN	infant and young child nutrition
JHNP	Joint Health and Nutrition Programme
JPLG	Joint Programme on Local Governance and Decentralized Service Delivery
KAP	knowledge, attitude and practice
LLIN	long-lasting insecticide net
MCHC	maternal and child health centre
MNCH	Maternal, Neonatal and Child Health
MoH	Ministry of Health
MRM	Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict
NGO	non-governmental organization
NEZ	Northeast Zone (Puntland)
NSE	non-state entity
NWZ	Northwest Zone (Somaliland)
ODF	open defecation free
OTP	outpatient therapeutic programme
PCA	programme cooperation agreement
PMTCT	prevention of mother-to-child transmission of HIV
SAM	severe acute malnutrition
SDG	Sustainable Development Goal
SMS	short message service
SOP	standard operating procedure
SUN	Scaling-Up Nutrition
TPM	third-party monitoring
UNCDF	United Nations Capital Development Fund
UNDP	United Nations Development Programme
UN-Habitat	United Nations Human Settlements Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Capacity development

UNICEF Somalia supported the development of an online mNutrition Data Warehousing and Bottleneck Analysis System aimed at decentralizing analytical and decision-making abilities based on: supply, demand, quality and enabling environment. Approximately 78 per cent of UNICEF Somalia's partners have been trained and have started to use the system for reporting data. Consequently, there is improvement in partner reporting rates.

To enhance capacity to make evidence-based decisions and to implement equity-based programming, UNICEF Somalia supported ministries to establish information management systems. UNICEF Somalia staff were trained on data demand and information use for health management complemented by trainings benefiting the Government and partners in supply chain management for essential medicines and health supplies. In education, UNICEF Somalia assisted software assessments to enhance usability and explore the decentralization of the information system. UNICEF Somalia also supported education ministries to develop risk-informed and conflict-sensitive education sector plans.

Towards effective social protection programmes, Somaliland authorities were supported to attend an Economic Policy Research Institute course. A new and comprehensive capacity development methodology is being established in Somaliland and Puntland to assist with a capacity assessment of social affairs departments for planning and the provision of social services at the district level.

The JPLG strengthens the systems and capacities of local governments to establish local service delivery mechanisms. UNICEF Somalia supports the development of a social protection system, to be implemented by local authorities in JPLG districts that have made substantial inroads towards establishing accountable public administration and financial management systems.

More than 3,300 polio community mobilizers via 27 regional and 131 district coordinator networks were trained on interpersonal communication, polio and routine immunizations and were equipped with tools to facilitate community dialogue. Community mobilizers reached more than 500,000 caregivers with integrated messages on immunization, nutrition and WASH. Training of social mobilizers has significantly increased polio awareness from 50 per cent in 2014 to 90 per cent in 2015.

Evidence generation, policy dialogue and advocacy

Youth-led stakeholder consultations on school curricula across Somalia resulted in conflict-sensitive school curriculum frameworks incorporating human rights and positive Somali social values. Case studies were used to inform programming and policy development, such as the inclusion of peace themes in the child-to-child club methodology, showing positive results that will inform activities.

Annual school census data enabled evidence-based selection of teachers for female teacher training. Data is reflected in the Joint Review of the Education Sector and in multiple sub-sector policies. Additional data enabled conflict-sensitive policy settings and planning.

A knowledge, attitude and practice (KAP) survey generated WASH data intended to support policy development and advocacy. The Ministry of Health (MoH) participated in the AfricaSan 4 conference in Senegal, exposing them to regional sanitation and hygiene initiatives, including

best practices and lessons learned for achieving ODF status.

UNICEF Somalia conducts seasonal nutrition assessments with FAO that inform programming, advocacy, resource mobilization and policy dialogue. A rationalization plan safeguards the accountability of partners to respond to children's nutritional needs.

Policy dialogue in line with the Provisional Constitution, which outlaws female genital mutilation/cutting (FGM/C) contributed to a policy on the same. Consultations are ongoing to facilitate endorsement. In Central South Somalia, religious leaders' dialogues are ongoing in preparation for a *fatwa* (directive) to outlaw all FGM/C. The *fatwa* and policy development are crucial to combating FGM/C.. In Puntland, a policy outlawing all FGM/C was endorsed in 2014, and validation of the draft implementation plan is ongoing.

Completion of the 2015 Situation Analysis will inform the next Country Programme as well as the remainder of the current Country Programme. Experts conducted research ranging from voluntary migration to clan dynamics to the usage and quality of private sector health facilities. The analysis also identified gaps that will be further studied through a Multiple Indicator Cluster Survey in 2016.

Partnerships

The partnership with WHO improved coordination on polio and the Expanded Programme on Immunization (EPI). A WHO/UNICEF polio coordination room in Nairobi and weekly joint video conferencing with zonal staff enhanced efforts to overcome challenges.

Logistics management support to the Government created opportunities for enhancing public health supply chains across Somalia. For example, after supporting the MoH and WHO to develop the National Medical Supply Plan in 2015, UNICEF Somalia collaborated with national supply chain management teams across the country to improve the coordination of activities such as forecasting, warehousing and inventory management, using technical advisory groups to ensure a collaborative approach (United Nations, non-governmental organizations (NGOs) and the MoH). Efforts were also made to support the MoH to develop a methodology to measure effectiveness within the public health supply chain so that the impact of interventions can be quantified and tracked.

UNICEF Somalia supported authorities to develop coordination mechanisms for nine ministries responsible for different WASH aspects. Two states developed inter-ministerial WASH steering committees aligned with the federal level, an essential step under the new decentralized system.

UNICEF Somalia leverages co-chairing of zonal and national education sector committees to build the capacity of ministry counterparts for coordination, harmonization and funds management, contributing to the implementation of the ministries' sector plans, including for the Global Partnership for Education.

The Joint Health and Nutrition Programme (JHNP), a multi-donor/United Nations/MoH flagship programme, represents the largest investment (approximately one third) of total public health sector investment. Capacity building of staff in 360 health facilities is an integral part of JHNP, with staff in nine targeted regions involved in training on Basic Emergency Obstetric Care (Bemoc), HMIS, EPI, communication, etc.

UNICEF Somalia supported the establishment of the SUN Inter-Ministerial Committee in Puntland. With the Tropical Health and Education Trust and MoHs, the scoping assessment for a human resource development plan for the nutrition sector was conducted. The findings will inform a national capacity development strategy and action plan for the sector.

External communication and public advocacy

UNICEF Somalia contributed to ending the polio outbreak through continued media outreach, in conjunction with health and Communication for Development (C4D) experts, to government partners, donors and the public on the effects of polio and the success of ending the outbreak.

To focus attention on children affected by armed conflict (CAAC), international journalists (Agence France-Presse) and a photographer visited UNICEF projects to produce compelling first hand stories. Staff from a rehabilitation project, participated in a Twitter takeover of @UNICEF to reach new audiences.

As part of work to energize young people around the Sustainable Development Goals (SDGs), six schools were supported to participate in the World's Largest Lesson. A video lesson and links to the material were released on social media, attracting more than 140 interactions to encourage further participation.

The process leading to Somalia's ratification of the Convention on the Rights of the Child was used by UNICEF Somalia to advocate in international media through press releases and digital output on the need to ensure public policy changes. UNICEF Somalia used various packages of media to create more than 30 powerful stories about Somali children to inform the general public and persuade key audiences to push for action and fundraising.

UNICEF Somalia piloted interactive radio shows involving participants' text messaging opinions providing data for future use. Consultations with children in Somaliland provided material for World Humanitarian Summit preparations.

An exhibition of photographs taken by Somali children and youth as part of a project promoting child participation was displayed in Somalia (Hargeisa and Mogadishu), London and Nairobi. As co-chair of the United Nations Information Group, UNICEF helped lead a week of social media activity around youth issues. Digital media expanded using social media influencers. A new Instagram account was created and Facebook and Twitter followers increased by 200 per cent and 50 per cent, respectively.

South-South cooperation and triangular cooperation

MoH representatives participated in the AfricaSan 4 conference in Senegal, where regional initiatives, including best practices for achieving ODF status and examples of neighbouring governments that are beginning to finance their own sanitation programmes, were presented. The CLTS Foundation from Kolkata, India engaged senior and mid-level Somali government counterparts and NGO partners, and speakers included Zambian and Kenyan representatives who are successfully creating ODF communities.

UNICEF Somalia sponsored staff from the Somaliland Ministry of Labour and Social Development and Ministry of Finance to attend a social protection course in Thailand hosted by a leading South Africa-based social policy think tank. This course included two-weeks of intensive training on concepts and methods of social protection schemes, supplemented by

experience sharing with counterpart government officials from 12 other countries. The immediate impact was a stronger sense of ownership of social protection efforts by participants, which was most visible in their presentation and training for local government officials based on their newly-acquired learning.

Collaboration with the African Union supported a study tour for the Somali National Armed Forces Child Protection Unit to Uganda, contributing to capacity building efforts agreed between the AU's Peace and Security Department, the Special Representative to the Secretary-General for CAAC and UNICEF. The AU/United Nations collaboration mainstreams child protection in AU activities, strengthening policies and legal standards on CAAC.

The deployment of an AMISOM child protection officer, through a partnership with the Roméo Dallaire Child Soldiers Initiative, facilitated child protection training for troops and a capacity assessment of the national army, which led to dialogue and cooperation between authorities and civil society organizations. Efforts are ongoing to strengthen AMISOM's accountability and compliance framework based on clear engagement rules, as per international humanitarian law, particularly in regards to violations. A system with AMISOM to ensure compliance of AMISOM troops with internally acceptable standards on the protection of civilians, particularly children, is in place.

Identification and promotion of innovation

With research and media partners, an interactive radio programme on polio and immunization is being implemented. Using the RapidPro platform to manage data, listeners' information on demographics and vaccination status are captured and followed up upon with free text responses for further data analysis. The RapidPro platform is, for example, being utilized to digitally register households via short message service (SMS) during the mass distribution of bed nets, enabling triangulation of delivery and receipt among multiple data sources and automatically categorizing households to reduce errors on distribution days in real time. A digital list of all registrations is generated for easy analysis, disaggregation and sharing between partners and used for post-distribution and behaviour change communication and to design other data collection surveys.

Since April 2015, 69 partners have been trained, and 55 of the trained partners are currently using the Nutrition Quality Improvement Initiative dashboard to upload their monthly and quarterly data, enabling reporting on all nutrition indicators. The dashboard provides the opportunity for the decentralization of data accessibility, analysis and use and the identification of gaps and resolutions led by government and implementing partners, leading to enhanced ownership at all levels.

In an effort to minimize the negative impact on the environment, 224 solar direct drive refrigerators were procured in 2015 to replace the kerosene-based cold chain equipment and other chlorofluorocarbon-based equipment. Two thirds of the obsolete equipment has already been replaced with green technology, with the remaining being transported for installation.

Support to integration and cross-sectoral linkages

The resilience programme builds social and human capital by reinforcing public health, education and child protection services, as well as governance capacities, at the local level. This comprehensive approach enables communities to be better prepared to manage risk and react to shocks. The programme operates in six districts in the Gedo region. Monitoring has shown good results. For example, community committees have been proactive in improving

services on their own accord, using their own modest investments. Notably, community education committees have established school kitchens, temporary learning spaces and water supply systems, among other approaches.

The JPLG complements resilience programming by strengthening the systems and capacities of local governments to establish service delivery mechanisms at the local level. The outsourcing of service delivery functions in eight districts across Somaliland and Puntland brought improvements in health and education services. The Learning for Peace programme supports policies and practices in education for peacebuilding by engaging in such topics as resilience, social cohesion and human security in conflict-affected contexts.

The resilience programme, JPLG and social protection programme work jointly to lay the foundation for improved social services and poverty reduction for communities and households. UNICEF Somalia is supporting the development and implementation of a social protection system, which will be implemented by local authorities in districts in which JPLG has made substantial in-roads in establishing strong and accountable public administration and financial management systems. These districts will serve as the pilot locations for a child grant, which is designed to decrease the prevalence of child poverty while encouraging household investments in human capital development, including education and health services.

Service delivery

Systematic mapping of staff accessibility across Somalia improved planning/oversight of staff field travel to monitor programme activities in all accessible areas and ensured that programmes implemented in non-accessible parts were accompanied by third-party monitoring (TPM). This has led to increased programme assurance of interventions. For example, staff and TPM teams visited outpatient therapeutic programme (OTP) sites and verified community outreach activities on a monthly basis to generate supportive supervision recommendations. These recommendations were shared with partners to help them further improve the quality of services and encourage community empowerment for demand, access and use of services. Similarly, enhanced field monitoring helped to ensure that polio C4D strategies were successfully implemented even in remote areas.

UNICEF Somalia completed a KAP survey of 1,560 households to gather data and indicators for WASH programming. This new information will assist the entire sector to plan and monitor WASH interventions, as well as design programming to better target the most vulnerable.

UNICEF Somalia, in partnership with Population Services International, continued to scale-up the social marketing of multi-micronutrient powder branded as 'Super Fariid' through a channel of more than 200 pharmacies. The social marketing of multi-micronutrient powder was launched towards the end of 2014. Its success has exceeded expectations, and by the end of 2015, 930,000 sachets were distributed/sold. An additional amount of supplies were procured and distributed in the market, including 196,517 diarrhoea treatment kits that were also sold/distributed in 2015.

In 2014, five polio cases in nomadic communities helped to identify some equity issues - low immunization in nomadic communities - which resulted in a three-pronged strategy to track more than 1,800 nomadic groups to orient their elders on immunization. This reduced the proportion of unimmunized children from 40 per cent to less than 20 per cent between the first half of 2014 and 2015.

Human rights-based approach to cooperation

Somalia ratified the Convention on the Rights of the Child in October 2015. Given the requisite framework to fulfil, promote and protect children's rights, this momentous breakthrough provided the basis for further systems building, government capacity development and human rights-based approaches to programming. Although Somaliland is not required, nor able, to separately ratify the Convention, the Somaliland authorities are making good progress towards ensuring that children have access to their rights through the development of the Child Protection Act.

An integrated nutrition, health and WASH community intervention under the resilience programme empowered duty bearers at the household level and enhanced caregiver capacities on nutrition practices. The involvement of communities in the planning, delivery and monitoring of the resilience programmes is in line with rights-based programming and in the case of Somalia helps to bridge between emergency response and development programming. An imbedded community governance programme under JPLG, through the use of community scorecards, supported local stewardship and accountability of public health services while also sparking community dialogue on development issues.

In partnership with the Ministry of Education and implementing partners, 64,000 out-of-school children were provided with access to education through advocacy and by creating awareness on community responsibilities for children's right to education. UNICEF Somalia worked with community education committees on in-school management, funds mobilization and forging partnerships with education authorities.

More than 4,700 children (50 per cent girls) participated in child-to-child clubs in schools, campaigning for out-of-school children to enrol, thereby reducing violence in schools and promoting social cohesion within communities. Child protection committees supported more than 7,300 children by creating awareness of child rights violations.

Gender mainstreaming and equality

UNICEF Somalia seeks to apply a gender equity lens in the design of all of its programmes and as such ensures that, to the extent possible, interventions address inequalities and provide equal access to services. As part of the United Nations Gender Theme Group, UNICEF Somalia has contributed to the development of the United Nations Gender Strategy and is part of the task force supporting the Ministry of Women and Human Rights' Development in the development of the National Gender Strategy.

UNICEF Somalia supported social mobilization campaigns across Somalia that resulted in the enrolment of more than 3,000 additional girls in either formal or alternative basic education (approximately 42 per cent of new enrolments). UNICEF Somalia also supported the development of a specialized course for educational leadership and administration to increase the number of female head teachers in Somaliland, which has enrolled 50 female teachers. In Puntland, 30 women were trained in pastoralist areas to increase the number of female teachers in remote communities. UNICEF Somalia worked with government partners to strengthen the Education Management Information System units and improve the collection of gender-disaggregated education data.

For interventions that required home visits, special emphasis was given to selecting female community mobilizers; at the end of 2015, 170 female community mobilizers were regularly supervised to conduct home visits. WASH interventions in schools and health facilities took into

account the special needs of women and girls with separate and lockable latrine facilities. Separate facilities create a more conducive environment for girls to want to attend schools.

UNICEF Somalia has a gender focal person. While this focal person manages the sectoral programme portfolio, support on gender issues is available to all sections. No specific budget has been allocated towards the management of gender issues.

Environmental sustainability

UNICEF Somalia has continued to promote green technology in its programme implementation in Somalia. For example, wherever possible, UNICEF Somalia has used solar power for cold chain refrigeration and drinking water pumps and replaced chlorofluorocarbon-based cold storage equipment. For vaccine storage, 147 solar direct drive refrigerators were procured in 2015 to replace the kerosene-based equipment. To date, only an estimated 15 per cent of kerosene-based equipment remains and is in the process of being replaced. For water pumping, 49 solar direct drive pumps were installed, which provide sustainable water for 115,236 people.

In 2016, UNICEF Somalia plans to expand this approach to extract water from deeper wells using solar power. To date, the technology has only been used for wells up to 100 meters in depth.

An environmental impact assessment of the ongoing European Union-funded project for small town water supply systems in Somaliland was completed in 2015. The assessment made recommendations in a number of areas including health and safety to mitigate construction risks, proper planning and design considerations to address environmental impacts of construction and sound groundwater management approaches to address overuse of the resource.

Effective leadership

Statutory committees supported the achievement of office objectives, with the following meetings in 2015: 11 Country Management Team (CMT) meetings; five Joint Consultative Committee meetings; four Property Survey Board meetings; and weekly Programme Review Committee. CMT staff composition was expanded to ensure enhanced staff participation. Video conferencing facilitated this.

UNICEF Somalia's priorities, including specific outputs, are defined in the Annual Management Plan. Zonal Management Team meetings increased effective management of zonal priorities, contributing to overall office priorities for which indicators are monitored quarterly in CMT meetings.

The Risk Committee reviews feedback received via TPM, including organizational profiles of government and NGO partners operating in inaccessible areas. Decisions on extending or adjusting partnerships with high-risk partners and requisite follow up by staff, TPM or United Nations partners were addressed. The 2014 internal audit report was presented in March. It identified gaps in office governance structures, including the CMT, calling for HACT implementation and the devolution of accountability to the implementation level. Ten of 22 agreed audit actions were closed by July, and a November submission to the Office of Internal Audit and Investigation provided evidence for closure of the remaining 12.

All offices have regularly tested their business continuity plans (BCPs). Internet access at home for critical national staff at the zonal level was provided to facilitate business continuity during

increasing threat level periods that require staff to work from home.

UNICEF Somalia continued its active role in country-level coordination structures: the United Nations Country Team; Operations Managers Team; Human Resources Working Group; Security Management Team; Programme Management Team; Senior Management Group; Human Rights Due Diligence Task Force; and as United Nations co-lead of the Peace and State Building Goal 5 Working Group addressing social services within the New Deal Compact. Key achievements within United Nations coordination fora included consensus to implement HACT, establishment of a United Nations Risk Working Group and launch of the UN Cares programme.

Financial resources management

UNICEF Somalia engages with approximately 204 NGO partners and 19 government partners. In 2015, UNICEF Somalia rolled out full implementation of HACT to attain greater assurance. Notably, 60 audits were commissioned of high-value partners (75 per cent of all disbursements made in recent years). UNICEF Somalia began spot checks with eight partners at their offices in Somalia and Nairobi. The office strengthened financial resources management by reviewing risk observations on partners at the weekly Risk Committee meeting, in some cases deciding to block partners until the conclusion of review/investigation to prevent commitment of additional resources to potentially high-risk partners.

UNICEF Somalia continued to use monthly CMT meetings to monitor office indicators. Due to the decentralized nature of operations, oversight over financial resources is spread between chief of field office, zonal heads of sections and operations managers. Key indicators, such as direct cash transfers (DCTs), are monitored closely ensuring advances do not exceed established thresholds. Status of payments is discussed to ensure no invoices are delayed excessively.

DCTs are given due consideration, which ensures that justification is provided monthly for all DCTs outstanding for six to nine months. DCTs outstanding for more than six months currently amount to US\$3.1 million, a considerable reduction from early January when this figure stood at US\$6.6 million. The CMT ensures that standard operating procedures (SOPs) on financial procedures are updated to manage emerging risks and deal with bottlenecks in payment processes.

In addition to being discussed in the CMT, the programme coordination unit meets monthly with section chiefs to discuss grant utilization. Utilization against all available funds in 2015 reached 92 per cent. Regular resources, other resources and other resources emergency were utilized at 99.9, 92 and 91.8 per cent, respectively.

Fundraising and donor relations

UNICEF Somalia's budget of US\$196.5 million for humanitarian and development programming was 74 per cent funded, at just more than US\$150.1 million (including regular resources).

The humanitarian appeal of US\$111.7 million was only 46 per cent funded, affecting the ability of UNICEF Somalia to address structural vulnerabilities and strengthen resilience at the household level. Receipts of US\$51.4 million demonstrate a 22 and 30 per cent reduction from 2014 and 2013, respectively. Humanitarian funding levels continued to signal a return to pre-2011 funding levels, despite the fact that residual effects mean that needs remain far above pre-famine times. While famine in Somalia is no longer an active consideration, UNICEF has sought to ensure that Somalia not slide back into crisis and that resilience building takes centre stage.

The Country Programme budget of US\$84.8 million for development efforts was exceeded by 18 per cent. Programme receipts were, however, not equal across the board, with UNICEF Somalia's health and education programmes receiving significantly more than others due to their flagship programmes (i.e. JHNP and the Go-2-School initiative). All donor income is from public sector donors, but the office expects to further develop its private sector engagement in 2016.

The biggest bilateral humanitarian contributors (in no particular order) remain: Canada, Japan, the United States Agency for International Development (USAID), the United Kingdom Department for International Development (DFID) and the European Commission's Humanitarian Aid and Civil Protection Department (ECHO), while Finland, the Netherlands, Sweden, DFID, USAID and GFATM are some of the biggest development contributors.

In 2015, 78 out of 80 quality donor reports were submitted on time.

Donor engagement is predicated on mutual understanding, transparency and trust. UNICEF operates in the spirit of partnership rather than a 'donor-recipient' relationship. Frequent and proactive engagement, especially with donors in Nairobi and Somalia, is the cornerstone of UNICEF's donor relations. UNICEF continues to closely engage donors in strategic dialogue. Dialogue on shifting to better quality multi-year funding rather than conditioned shorter-term support is ongoing.

Evaluation

UNICEF Somalia developed a new SOP for the Integrated Monitoring and Evaluation Plan (IMEP). The SOP outlines the processes and procedures for planning, implementing, disseminating and using research and evaluations across the office and externally. The SOP and accompanying checklists ensure that finalized research and evaluation products are of high quality and strategic relevance to the country programme, government counterparts, programme implementing partners and, ultimately, Somali children.

The CMT approved a total of 22 IMEP studies at the beginning of the year. Given the complex operating environment, delays were generally caused by issues of access, security concerns by potential consultants and the general calibre of available experts. Overall, 18 per cent of studies were completed, and 9 per cent were cancelled due to security concerns. The remaining studies are ongoing.

Four evaluations were approved by the CMT: evaluation of the sustainability of solar powered water supply systems; sexual reproductive health final project evaluation (started in December 2015); evaluation of the youth for education programme; and evaluation of the C4D programme. All are expected to be completed in 2016. The office continued to update the management response in Global Evaluation Report Oversight System for the 2014 evaluation on regional supply hub mechanism.

Efficiency gains and cost savings

Memoranda of Understanding with four United Nations agencies sharing UNICEF Somalia premises in Baidoa and Galkayo, in regards to office space and accommodation, generated savings of approximately US\$210,000 in 2015.

More than 75 trips to the Hargeisa zonal office were undertaken via Addis Ababa using

commercial flights, instead of the United Nations Humanitarian Air Service, generating savings of US\$23,000.

A reduction in inventory by 26 per cent from 2014 resulted in an increase in inventory velocity, leading to reduced storage costs.

The office rationalized the applicable daily subsistence allowance rates for visitors, as well as the room rates for guest houses in Somalia, to recover a significant portion of the office's investment in its own guest houses and defray charges paid to other United Nations agencies and private entities on memoranda of understanding for guest house arrangements.

A negotiated reduction of electricity costs in Mogadishu has generated savings of US\$2,000 per month from May through December 2015 (US\$14,000 in total). These efforts have been in furtherance of a green policy in the use of equipment.

Supply management

In 2015, UNICEF Somalia's total procurement value was estimated at US\$43.7 million, 22 per cent of the Country Programme budget of US\$196.5 million (regular resources, other resources regular and other resources emergency). This includes a local procurement component of US\$17.2 million, with procurement services totalling US\$37,754 carried out on behalf of the Government of Somalia and an additional US\$2.4 million for goods and services procured for the GAVI Alliance.

UNICEF Somalia held regular consultations with authorities across all sectors. In Puntland, UNICEF Somalia worked with the Ministry of Finance and succeeded in doubling the validity days of the tax exemption from 10 to 20 days, thereby reducing the lead-time for the clearance of supplies through the ports. The supply and logistics team in Somaliland worked with a range of ministries, as well as national and international NGOs, to strengthen logistics processes. The Federal Government of Somalia was supported to expand its cold chain by installing two cold rooms in two districts at the cost of US\$71,681. The total construction contracts amounted to US\$506,631.20.

Towards capacity development, UNICEF Somalia conducted 40 assessments of implementing partners to review their capacity to hold, manage and distribute supplies to beneficiaries. This resulted in the transfer of US\$27.8 million worth of stocks to partners. The year 2015 similarly saw strengthened collaboration with key government partners, as evidenced by UNICEF Somalia's provision of technical inputs for the establishment of national supply management agencies and support to national supply managers to expand and develop their national supply management teams. In coordination with the MoH, a set of supply chain management assessment tools was introduced to enhance the effectiveness of the public health supply chains across the country.

Security for staff and premises

Terrorism and armed conflict in Somalia remain the greatest challenge for international actors. The year 2015 has shown that tactics employed by non-state entities (NSEs) have evolved with a shift of geographical activities to include not only Central South Somalia but also other regions. The suicide attack that killed four UNICEF Somalia staff in Garowe on 20 April is evidence of this shift. With the possibility of NSE activities in other locations, many areas of previously low to medium risk have changed to a high level of projected risk. Conventional and asymmetric warfare and tactics are evident as NSEs demonstrate adaptability and capacity to

conduct well-planned operations countrywide.

A high volume of security threat information related to United Nations and humanitarian personnel persisted, including an increase in hostile surveillance of United Nations compounds. The use of heavy goods vehicles to deliver high-yield explosive devices is a new development, also evidenced in 2015. As NSEs continue to directly target United Nations compounds, convoys and staff, UNICEF Somalia must be extra vigilant to ensure staff safety.

AMISOM military operations restarted in July 2015, and have increased pressure in Central South Somalia. The primary objective of operation 'Jubba Corridors' was to dislodge NSE strongholds in Bay, Bakool and Gedo regions. Although AMISOM made gains, there were losses that demonstrate the ability of NSEs to carry out high-profile, large-scale military actions against troops. The loss of AMISOM bases in Leego (Lower Shabelle) in June and Janaale (Middle Shabelle) in September are graphic examples.

The safety and security of staff and assets remain key challenges as UNICEF Somalia expands into areas previously considered inaccessible. Recognizing potential for programme expansion, the security team will be restructured to take advantage of programmatic opportunities as they arise. Detailed risk assessments and trainings are key elements of expansion. Measures to facilitate continued programme delivery include the purchase of armoured vehicles.

Human resources

Three programme budget reviews were conducted to address staff capacity. Migration to e-recruitment for national positions, competency-based interview training of 17 panel members and a revised Somalia salary scale contributed to UNICEF Somalia's capacity to attract qualified national professional staff. Deteriorating security, however, affected its ability to attract qualified international professionals, which led to repeated recruitments. Despite efforts to expand the pool of female candidates, the gender balance remained at 66 per cent male and 34 per cent females, while geographical diversity is 64 per cent programme countries and 36 per cent donor countries. The impact of Garowe was also felt in terms of increased staff turnover, at 15 per cent in 2015 versus 9 per cent in 2014.

Improved performance management was facilitated through the training of 23 additional staff members, enhancing the quality of performance evaluation reports, the completion of e-courses and compliance monitoring through the CMT. Overall, 71 per cent of learning targets were achieved, including staff trained for the Immediate Response Team for global deployment.

Following analysis of the 2014 Global Staff Survey, the Staff Association developed an office improvement action plan. The Garowe attack significantly increased stress and anxiety, and management and the Staff Wellbeing Committee coordinated psychosocial support for staff and families in all locations. To increase access to emergency medical care, UNICEF Somalia facilitated visas for dependents of Somali staff into Kenya and expanded health insurance billing arrangements with facilities inside Somalia. UNICEF has recruited a staff counsellor for UNICEF Somalia to support staff in continuing to process the Garowe event, as well as other issues that might impact staff well-being.

Fifty staff members completed online courses and/or participated in face-to-face training on HIV/AIDS; two UN Cares focal points were trained; UN Cares booklets were distributed to staff; and access to antiretroviral medications increased. Ethics and Integrity training, which is a global UNICEF priority, was completed by 206 staff.

Effective use of information and communication technology

Information sharing was much improved across geographically dispersed offices with the introduction of Microsoft Office 365 products such as OneDrive and SharePoint. One example of the effective use of SharePoint is the sharing of field trip reports for programmatic assurance purposes. Maintenance of backup files/folders was another useful feature of Microsoft Office 365 tools. This has, however, required much more Internet bandwidth for satisfactory performance and therefore has increased operational costs to some extent. Fortunately, installation of fibre links in Hargeisa, Mogadishu and Baidoa helped to bring the connectivity costs down by US\$100,000.

Video conferencing was used to conduct meetings with offices inside Somalia where travel was not always possible due to security constraints. In 2015, the video service was extended to four partner ministries in Mogadishu.

The use of the RapidPro web-based platform and mobile phones was rolled out for real-time monitoring. Work is currently underway to test supply monitoring through the use of SMS. Government counterparts have raised the issue of security and confidentiality when using a third-party SMS aggregator.

The BCP documents were updated for all offices in Somalia. Two data recovery plan tests were conducted for each office this year. The BCP was tested twice in Nairobi. More BCP tests will continue in zonal offices in 2016. The inter-agency Information and Communication Technology Working Group for Somalia was reactivated and met three times in 2015, and an annual rolling work plan was drafted for the Working Group. MOTOTRBO digital radios are being installed in Mogadishu as a group effort by the Information and Communication Technology Working Group.

Programme components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Improved and equitable access to and utilization of quality, high-impact mother and child health and HIV interventions results in reduced child mortality and morbidity

Analytical statement of progress:

UNICEF Somalia continued to support the scale-up of an evidence-based package of interventions aimed at reducing maternal and child morbidity and mortality in Somalia. One of the main approaches to achieve this included the scale-up of the EPHS across selected regions of the country. At present, EPHS is being implemented in 43 districts and providing free services to more than 5.2 million people (41.6 per cent of the total Somali population). Its implementation across different regions of Somalia has resulted in addressing inequity and critical gaps in access to quality health care for which various systemic and structural constraints were major barriers. Through support from GAVI Alliance, the Global Fund to Fight Aids, Tuberculosis and Malaria and Essential Package of Health Services scale-up, UNICEF Somalia continued to provide leadership in the strengthening of the health systems integrated with community-based, promotion, preventive and curative health interventions to increase the resilience of communities. The community continues to be an important focus of service delivery and a 'close-to-client' approach is being adapted in a phased manner to ensure the involvement of the community through the rollout of the community health care delivery and resilience programmes in selected regions of the country. This has led to a significant increase in the number of

children under 5 years accessing the EPHS child health package. The strengthening of immunization systems remained a priority, and the polio outbreak was declared over after almost 35 rounds of national immunization days had significantly increased awareness and access to polio immunizations among the Somali population. The inactivated polio vaccine was introduced into the Somali EPI schedule. Delays in polio immunization campaigns occurred due to delayed fund transfers. However, the coverage in Puntland and Central South Zone was still more than 95 per cent. Coverage was lower than the target (84 per cent) in Somaliland due to poor finger marking. Scaled-up measles prevention and control efforts initiated in 2014 continued in 2015 and showed some positive results, including a decline in the number of measles cases, although the number of measles cases remains unacceptably high and a nationwide measles campaign is being conducted in phases across all three zones of Somalia. Efforts were made to strengthen routine immunization, and the One EPI Improvement Plan was developed in collaboration with Somali health authorities and WHO, and implementation has started. C4D is central to the programme and has been strengthened through the completion of the C4D Strategy for Maternal, Neonatal and Child Health (MNCH) and is utilizing the district and regional social mobilization network developed as part of the polio response to address demand-side bottlenecks for adoption of key maternal and child survival behaviours in collaboration with the WASH and nutrition programmes. With the Somali health authorities' endorsement of the Behaviour Change Strategy for MNCH, it is expected that there will be increased health-seeking behaviour for children. HIV prevention efforts have focused on counselling and testing through voluntary counselling and testing sites, although stigma remains high. Targeted LLIN distribution continued as part of a revised malaria prevention strategy.

OUTPUT 1 (Joint with nutrition) Women and children have access to the EPHS in at least nine regions

Analytical statement of progress:

Scale-up of the EPHS continued to all nine targeted regions funded through the JHNP and at present covers 43 districts against the target of 49 districts, providing free services to more than 5.2 million people (41.6 per cent of the total Somali population). The services are implemented by 16 implementing NGOs in 11 referral health centres and hospitals, 134 maternal and child health centres (MCHCs), 202 primary health units, 60 mobile teams and 32 OTP centres. The EPHS is based on cost-effective and results-oriented interventions and is recognized as the main flagship programme in the Somali health sector. Although the EPHS scale-up in the targeted districts has contributed to addressing inequity and reducing critical gaps in access to quality health care, its implementation at the field level continues to be faced with various challenges. The poor physical infrastructure of health facilities and the scarcity of an adequately skilled health workforce in different parts of Somalia are major hurdles that implementing partners have continued to face in 2015. The security incident involving UNICEF Somalia staff in Garowe in April 2015 slowed down field activities and resulted in some delays in extending partnership agreements with EPHS partners in Puntland. In Somaliland, progress was impeded due to delays by the zonal working group not being able to complete the selection of EPHS implementing partners in the remaining districts of Sanaag and Togdheer regions. In Central South Somalia, despite security constraints and political instability, implementing partners were able to overcome these challenges to a large extent through structured interventions involving health authorities and using the experience gained during the initial phases in 2014. The MoHs in the three zones carried out monitoring and supervision activities, albeit with reduced frequency than originally planned, and ensured compliance with the National Health Policy and sub-sectoral health strategies. The Somali health authorities have taken a leadership role in the selection of EPHS implementing partners and have ensured that this was done in a transparent and conflict-sensitive manner, as per mutually agreed SOPs. In addition, UNICEF Somalia has

commissioned targeted TPM to ensure greater programmatic assurance. Progress has been made to improve supply chain management by training of the MoH and implementing NGOs and to improve the availability of EPHS medicines and supplies in 2015.

OUTPUT 2 Immunization coverage is scaled up nationally

Analytical statement of progress:

Despite bottlenecks in funds transfers to implementing partners that resulted in the postponement of campaigns, most of the country achieved remarkable polio vaccination coverage. Somaliland data was somewhat lower than expected primarily because there was poor finger marking. During the three national, two sub-national, and additional hard-to-reach campaigns reaching more than 2.1 million children under 5 years multiple times, the number of missed children was generally low. Central South Somalia had the highest refusals at 3 per cent, primarily because that there was some disruption in social mobilization activities in the south due to the unavailability of implementing partners. Nonetheless, evidence-based social mobilization activities managed to raise the awareness from less than 50 per cent in 2014 to more than 90 per cent in 2015 in accessible areas of Somalia. The transmission of polio was interrupted in October 2015 with no case reported after 11 August 2014. However, there will be continued vigilance to ensure that there is no recurrence of wild poliovirus in Somalia. Vitamin A coverage was good in Puntland but was below expectations in the Northwest Zone (NWZ) and Central South zones.

Cold chain infrastructure strengthening and the training of cold chain handlers and managers, as well as mid-level manager training and monitoring, resulted in some improvements in routine immunization, as demonstrated by the HMIS pentavalent 3 and measles coverage data. However, no independent coverage evaluation was carried out to document this. In addition, synergies with the nutrition programme are being developed with 150 nutrition OTP centres intended to provide EPI services targeting areas that are difficult to access in Central South Somalia. Equity issues identified in 2014 that highlighted low immunization in nomadic communities following the identification of five polio cases among nomadic communities resulted in a three-pronged strategy to track more than 1,800 nomadic groups to orient their elders on immunization. This has already reduced the proportion of unimmunized children by half (from more than 40 per cent to less than 20 per cent) as per WHO non-polio acute flaccid paralysis data between the first half of 2014 and 2015.

A measles campaign was also conducted in response to more than 7,000 suspected measles cases in 2015 in Puntland and Central South Somalia. In Puntland, the regional and zonal level administrative data shows coverage of 85 per cent, compared with 91 per cent in the Central zone. In an effort to minimize the negative impact on the environment, 224 solar direct drive refrigerators were procured in 2015 to replace the kerosene-based cold chain equipment and other chlorofluorocarbon-based equipment as a priority. Two thirds of these have already replaced the obsolete equipment with green technology; the rest are currently being transported for installation.

A legacy and transition plan is being prepared for the polio assets to adapt and produce results for the broader immunization and health portfolio in a scenario where the reducing Global Polio Eradication initiative funding will be supplemented by funds from GAVI Alliance and other sources to support EPI results and mother and child health outcomes.

OUTPUT 3 Capacity and resources to implement and monitor scale-up of community-based treatment services for children are available in selected districts of the country

Analytical statement of progress:

In 2015, UNICEF Somalia's investment in community resilience contributed to improving the well-being and resilience of Somali women, men and children. The UNICEF Community Health Strategy was implemented jointly with WASH and nutrition programmes and in collaboration with the MoH and two implementing partners. The health section implemented integrated community case management for malaria, diarrhoea, malnutrition and pneumonia in the Hiran and Bay regions of Central South Somalia, respectively. The integrated community case management approach included health, nutrition and WASH promotion, prevention and curative activities. The project targeted 38,752 direct beneficiaries from 33 hard-to-reach villages of the Baidoa district in the Bay region and 43,373 direct beneficiaries from 21 hard-to-reach villages of Belet Weyne district in the Hiran region. A total of 220 trained community health workers (CHWs) were provided with the necessary tools and materials to support the community-based work, and 75 community development committees were created and continued to provide oversight and locally promote good governance for the delivery of WASH, health and nutrition services to communities. In Central South Somalia, more than 14,500 households in target areas regularly accessed basic information and services through CHWs, providing preventive, promotional and curative services in health, nutrition and sanitation and hygiene. In Somaliland, the data is lower than expected because of the resistance of authorities to allowing CHWs to provide treatment. The referral system was endangered by the weaknesses in the linkages between the CHW network and the health facilities, mainly due to the distances to be travelled. The main challenge reported by the implementing partners was that some of the children referred with danger signs did not reach the health facilities they were referred to. Overall, a uniform national policy and guidelines for integrated community case management remain lacking in Somalia.

OUTPUT 4 Households have improved knowledge and practice of essential child health, nutrition and WASH behaviours in selected districts of the country

Analytical statement of progress:

In 2015, UNICEF Somalia supported the finalization of the Behaviour Change Strategy for MNCH that has been endorsed by the Somali health authorities. The strategy employs a life cycle and four-pronged approach to shifting social norms, promoting positive behaviours among communities and households and creating demand for high-impact interventions for children. The strategy will guide coordinated implementation of behaviour change interventions. A C4D framework has been developed to guide partners on the incorporation of C4D into the EPHS scale-up. The programme focused heavily on capacity building for the different categories of implementation structures across the zones, which included: regional and district social mobilizers and community mobilizers. A total of 22 regional and district social mobilizers, 131 District Social Mobilization Coordinators and 3,616 community mobilizers were trained on interpersonal skills, budgeting, planning, reporting and on programmatic areas such as measles, polio, inactivated polio vaccine, etc. This has contributed to raising awareness on polio from 37 per cent to 93 per cent (WHO independent monitoring data, August 2015). Moving forward, the gains made under polio through the social mobilization network will be enhanced through capacity building so social mobilizers can support other programmes, especially as the emphasis is on using the bottom-up approaches for behaviour change interventions. One of the challenges to the utilization of health services is the poor communication between clients and health workers. In a bid to address this gap, 245 health workers from 65 health facilities were trained on interpersonal communication and conducted 4,068 health education sessions. A client satisfaction survey conducted at health facilities, where health workers were trained, showed that 65 per cent of clients appreciated the improved communication of the health

workers. Increasing knowledge and changing behaviours and attitudes towards MNCH remains a priority; however, implementation to address the gaps remains fragmented. A multi-pronged C4D approach, including the use of prominent religious and community leaders, working with schools through child health clubs and madrasas and community theatre, were used to address MNCH issues; a total of 320,000 people were reached and 85 schools are reaching 10,500 pupils. However, the main challenges for C4D are the inadequate supportive supervision at district and community levels where change in individual and social norms begins, as well as the inability to report impact results as this requires a survey that is planned for 2016.

OUTPUT 5 Declared health emergencies are responded to according to Core Commitments for Children in Humanitarian Action (CCCs)

Analytical statement of progress:

In Somalia, access to essential health services remains limited in conflict-affected areas and areas affected by floods, drought and displacements. Humanitarian interventions in these areas prioritized basic and high impact health services that were also linked to other WASH and nutrition activities. Life-saving MCH services, including emergency immunization, facilitated timely and quality assistance and addressed the acute needs of vulnerable people in key 'newly accessible' areas that were freed by AMISOM and the Somali National Armed Forces after many years of control by anti-government entities. Humanitarian interventions targeted areas with the most vulnerable populations, including communities in newly accessible areas in Bay, Bakool (Waajid and Xudur), Hiran, Middle Shabelle and Lower Shabelle, in Central South Somalia. In Central South Somalia, UNICEF Somalia provided life-saving supplies and health commodities to address the critical needs of 180,000 vulnerable Somalis, including 37,500 children under 5 years and 8,300 pregnant women in areas that were previously under the control of anti-government entities but became accessible during the year.

Emphasis was placed on increasing access to emergency immunization through cold chain capacity strengthening, and UNICEF Somalia implemented emergency vaccination campaigns across Somalia in conjunction with continuing polio immunization activities in all newly accessible areas. UNICEF Somalia and partners supported Somali authorities to provide assistance to the increasing numbers of people fleeing the conflict in Yemen, including medical screening, emergency measles and polio vaccinations and first aid services at points of entry. Somalia experienced floods in the last quarter of 2015 due to the El Niño weather phenomenon, putting an estimated 900,000 people in the Shabelle and Jubba basins at high risk. Early warnings have spurred UNICEF Somalia and partners into action – UNICEF Somalia provided cholera and inter-agency health kits to partners to assist more than 230,000 people. UNICEF Somalia has been actively involved in supporting the health cluster through participation in the cluster's various technical and governance bodies and by playing a major role in inter-agency assessment missions. The evolving security situation, funding shortages, lack of technically competent partners, continuing military offensives by the Somali National Armed Forces and AMISOM and supply route blockages have significantly challenged emergency interventions.

OUTPUT 6 National policies, sector plans, capacities and coordination mechanisms for accelerated maternal and child health survival strengthened

Analytical statement of progress:

Maternal and child health continued to be at the centre of dialogue in the health sector and significant progress has been made in ensuring that relevant stakeholders are engaged. The Somali National Health Policy was finalized and endorsed for implementation in all three zones by the Health Advisory Board. Sector coordination mechanisms were reoriented at the

beginning of 2015 to make them fully country-led and country-owned by the respective zonal health authorities, though challenges remain in ensuring that the content of the discourse remains evidence-based and action-oriented. The emergence of the interim regional administrations in Central South Somalia has provided a unique opportunity for the health sector to further engage with a wider set of representatives and stakeholders. However, capacity gaps within the MoHs of these interim administrations has made the task quite time consuming and onerous for other stakeholders, including the Federal Government of Somalia. A holistic review of the Somali health system was conducted in September 2015 and will form the initial basis for the development of the next health sector strategic plans in 2016 and will feed in to the National Development Plan. The discussions around the Somali New Deal Compact and the Peacebuilding and Statebuilding Goals were well articulated within the health sector with the Health Sector Coordination Group serving as the sub-working group of Goal 5. However, funding challenges have prevented the expansion of the EPHS through the New Deal Compact, even though the health project was one of the first to be endorsed for the funding pipeline through the United Nations Multi-Partner Trust Fund's funding window. Even though Somalia remains a non-Country Coordinating Mechanism country for GFATM, progress was made in aligning the GFATM governance mechanism within the broader health sector by setting up the GFATM Steering Committee, which provides oversight of the principle recipients and reports to the Health Sector Coordination Committee. The set-up of an inter-agency coordination committee for immunization remains a priority for 2016.

OUTPUT 7 Use of equity-focused and evidence-based data to plan, monitor and evaluate programmes that protect children's health and nutrition status.

Analytical statement of progress:

Through technical support and capacity development of the Somali health authorities, UNICEF Somalia continued to reinforce HMIS data collection, analysis and dissemination. Jointly with WHO, UNFPA and the Somali health authorities, a 'delivery team' approach for the collection and use of data at zonal and regional levels is being implemented. All EPHS-supported districts have developed a revised outreach plan to focus on reaching hard-to-reach children with immunization and other essential MNCH services; this is in line with the One EPI Improvement Plan implementation action plan. Technical and financial support was provided to national and regional HMIS officers within the MoHs; however, ineffective coordination across levels resulted in a lack of regular and effective supportive supervision for the lower levels of the health system. This is one of the main reasons for challenges related to the completeness and timeliness of reporting by health facilities, especially in Central South Somalia. Other reasons include the lack of capacity of health workers at the facilities to enter data and produce summary reports for transmission to the regional and national levels. Workshops on HMIS that target MoHs and NGOs, as well as timely disbursements of funds, should improve reporting rates, completeness, timeliness and the quality of data. Data collection tools were distributed across Somalia and new ones are being printed to prevent shortages. Implementing partners are also supported to improve the quality of HMIS through regular supportive supervision and mentorship of health facility staff. Real-time monitoring of health supplies was piloted in a phased manner, focusing on the Northwest Zone and South Central zone. Although the initial results are quite promising, there is a need for continued engagement with implementing partners and Somali health authorities to ensure greater 'buy-in' from all stakeholders and a need for scaling this up to all regions within Somalia.

OUTPUT 8 Women have access to high-impact interventions for reduction of maternal mortality and morbidity

Analytical statement of progress:

In 2015, UNICEF Somalia supported sustained and improved reproductive and maternal health outcomes for Somali women and facilitated the provision of essential health care for pregnant women and newborns, which was a significant contribution to the availability of quality sexual and reproductive health care in target areas. UNICEF Somalia provided midwifery and obstetrical kits to MCHCs and supported the capacity building of health staff (150 midwives, 240 nurses and five doctors), enabling the delivery of round-the-clock quality antenatal, delivery and postnatal services. In particular, the monthly field support supervision and the in-service training for health cadres, including for the management level, has been critical to improving the update of ANC. Community demand for and timely utilization of health services were improved through support to CHWs specifically linked to health centres. Traditional birth attendants were vital actors at the community level and played a key role in the screening and referral of pregnant women. The integration and coordination of all these activities contributed to improved sexual and reproductive health care at the health centre level, and human resources were expanded to be able to provide the above services over extended health facility opening hours. So far, 105 health facilities have been strengthened to ensure the provision of 24-hour-per-day, seven-days-per-week Bemoc services. Data consistently shows that women's attendance of ANC services is higher than the number of births at health facilities, which indicates bottlenecks in pregnant women's continued utilization of health services. This is attributable to home deliveries due to socio-cultural preferences, lack of emergency transport for pregnant women who live far from the facilities and facilities that were only open during the daytime. The relatively low number of women delivering in health facilities in Somalia is also a result of persisting socio-cultural norms that continue to negatively impact the health of women, including the delay in making the decision to seek safe delivery services for varying reasons.

OUTPUT 9 Targeted male and female children and adults infected or affected by HIV receive prevention, care, treatment and support services

Analytical statement of progress:

HIV service delivery is implemented through nine NGOs in 82 health facilities (hospitals, MCHCs and tuberculosis sites) in Somalia in collaboration with the MoH and national stakeholders. For instance, the scale-up of voluntary counselling and testing in tuberculosis sites is the result of a collaborative effort between WHO, UNICEF and World Vision. Out of the 27,903 people tested for HIV, about 2 per cent were found HIV positive at voluntary counselling and testing sites, compared with the 0.6 per cent national average from Spectrum estimations. Somaliland has the highest testing levels, followed by Central South Somalia and Puntland. Twelve regional hospitals are currently offering antiretroviral therapy (ART). Treatment retention is performing well, with 2,440 people living with HIV and AIDS on ART at 12 months (79 per cent). The number of people living with HIV and AIDS who are on treatment is still low because there are many patients on pre-ART with CD4 counts of more than 500. Testing and treatment approaches are yet to be approved. The 12 ART sites (four in each zone) did not report any stock-outs of antiretroviral medications during the reporting period. In order to improve access and quality of HIV service delivery, UNICEF Somalia – through seven local NGOs – has conducted community outreach for up to two days using a standardized HIV toolkit (behaviour change communication toolkit and mango tree job aids) targeting key populations. The HIV prevention interventions focus on creating awareness on how to prevent HIV, as well as decreasing HIV and AIDS stigma and providing referral to voluntary counselling and testing. Key populations include: *khat* (tea) sellers, internally displaced persons, uniformed service people, truck drivers and people living with HIV in the Somali 'hot spots' across the country. Despite the HIV prevalence within the population, ANC clinic attendance has decreased from 0.9 per cent in 2009 to 0.28 per cent in 2014. The scale-up of HIV services has faced significant constraints

related to a number of factors, including: 1) implementation constraints: low access to HIV service delivery, high stigma and low awareness, BCC activities not implemented in CSZ due to security issues and the sudden withdrawal of key implementing partners for management issues; 2) programmatic challenges: change of definition of indicators, low capacity in ART sites to collect proper data on patients and to provide accuracy in data reporting, longer-than-anticipated development of new programme cooperation agreements (PCAs); and 3) the tragic Garowe attack, which affected field operations.

OUTPUT 10 Children under 5 years and male and female adults living in malaria-endemic areas have access to appropriate malaria prevention, diagnosis and treatment services

Analytical statement of progress:

In 2015, UNICEF Somalia continued to provide malaria prevention and treatment services in line with national malaria stratification that indicated Central South Somalia as endemic, with Puntland and Somaliland prone to epidemics. In endemic areas, the programme continued to provide LLINs distributed routinely and through mass campaigns. In 2015, the programme procured a total of 1.4 million LLINs. However, logistics constraints prevented the early arrival of these LLINs, which are now being distributed. As a result, only 550,000 LLINs were distributed in the three zones. LLIN utilization is key to ensuring protection against malaria. In collaboration with national NGOs, local authorities, the media and with support from UNICEF C4D technical experts, UNICEF Somalia maintained a social mobilization campaign through radio, television spots and focus group discussions to encourage populations to sleep under LLINs every night.

The Somalia Malaria National Strategy's main objective is to ensure at least 80 per cent of suspected malaria cases are diagnosed and treated within 24 hours of fever onset. In collaboration with WHO and health authorities, national diagnostic and treatment guidelines are in place and are used widely within the public sector. Sustained malaria prevention and treatment efforts over the past few years have resulted in fewer cases of malaria being diagnosed. Thus, only 155 cases have been diagnosed in Somaliland, and 2,452 cases have been diagnosed in Puntland. In Central South Somalia, a total of 53,068 cases have been diagnosed and treated, bringing the total number of diagnosed and treated cases to 55,675, exceeding the annual target of 48,866, resulting in more than 100 per cent achievement. UNICEF Somalia continued to support health authorities across Somalia on routine entomological surveillance and strengthening of national HMIS for better malaria data reporting, which will enable more up-to-date stratification and provision of adequate malaria services. Indoor residual sprays, drugs and reagents have been pre-positioned to respond to increased malaria cases in case of El Niño weather events or any outbreak. Malaria case management is largely limited to the public sector, leaving the private sector to deliver more than 72 per cent of health services. This is a major bottleneck to coverage of malaria services. UNICEF Somalia has initiated the selection of a consultant to map the private health facilities for their engagement in malaria control and elimination and other health services.

OUTPUT 11 HIV-infected pregnant women and their children have improved access to prevention of mother-to-child transmission of HIV (PMTCT) services

Analytical statement of progress:

Integration of PMTCT services into the EPHS programme of primary health care was rolled out in Somalia in 2015 with the aim of doubling PMTCT coverage by 2017. Integration of PMTCT into the EPHS programme has been operationalized at health facilities with functional ANC and maternity services. The criteria selection for continuing and scaling up PMTCT services are as follows: 1) HIV burden (greater than 1 per cent) and/or high risk factors/hot spots; and 2) focus

on EPHS-covered regions. PMTCT services (HIV Testing & Counselling and referral to ART) are currently available in 46 health facilities (hospitals and MCHCs) in Somalia. The MoH has an active role in supervision, co-facilitating the PMTCT training and directly implementing the programme in some MCHCs in Puntland. The HIV testing of pregnant women has now become routine with higher numbers being captured during ANC visits and fewer at delivery. For instance, according to a report on the period ending 30 June 2015, the indicator of PMTCT testing was achieved by 112 per cent. The PMTCT training of health staff that was done in 2014 contributed significantly to the achievement of this target. The revision of the PMTCT guidelines and PMTCT training of health staff done in 2014 contributed largely to the improvement of the coverage and the quality of the PMTCT services. The PMTCT guidelines are clear on starting all pregnant women found HIV positive on ART (Option B+) to reduce the risk of mother-to-child transmission. Despite the low detection rates of HIV-positive pregnant women, there was an improvement in the ART coverage for pregnant women from 60 per cent in 2014 to 84 per cent in 2015. However, the referral system between MCHCs and hospitals is still poor and poses a challenge to the follow up of HIV-positive pregnant women and their children. Another challenge is the low ANC coverage at 24 per cent in Somalia and the lack of the early infant diagnosis. In 2015, UNICEF Somalia supported the MoH to finalize the early infant diagnosis guideline for subsequent implementation. Trainings and procurement of diagnostic equipment for early infant diagnosis is underway. In order to increase demand and reduce 'lost to follow up' on treatment, UNICEF Somalia will engage community groups to increase demand and follow up of lost cases as per the newly endorsed Community Health Strategy.

OUTPUT 12 Health authorities and relevant stakeholders' capacity for management and coordination of HIV and malaria activities is strengthened

Analytical statement of progress:

In 2015, UNICEF Somalia continued to build the capacities of health authorities and stakeholders to improve management and coordination. For instance, UNICEF Somalia continued the incentive payments to the health authorities and coordinators of HIV and malaria programmes. Support was provided to the HIV and malaria programmes of the MoH, as well as AIDS commissions, to support regular coordination meetings, supervision of activities and enhanced partnership and management of stakeholders within their respective zones. For instance, both malaria and HIV authorities reported to UNICEF Somalia for quarterly review meetings conducted with stakeholders and quarterly supervisions conducted at different project sites.

Capacity building activities have been implemented at all levels, from the senior management of the MoH to the health workers at facility and community levels. UNICEF Somalia sub-contracted WHO to provide direct technical assistance to the MoH at all levels, including support to training, clinical mentoring, on-the-job coaching, development of job aids, surveillance and studies including the Malaria Indicator Survey and Integrated Bio-Behavioural Survey, as well as supervision to project sites.

Retention and follow up of trained health facility staff remained a challenge in the Somalia context, which has been characterized by high staff turnover both at the programme management level and also at facilities. To address this gap, the MoH malaria and HIV programmes are following up on the trainees with ongoing supportive supervision, coaching and refresher training. For example, in 2015, the malaria programme supported a training of health workers at the facility level for 125 personnel. These included 60 doctors, nurses and auxiliary nurses, as well as 65 laboratory technicians from Central South Somalia, covering the Merka, Afgoye, Baidoa and Benadir Districts. The training package includes aspects such as

malaria case management, prevention in pregnancy, community education and malaria data recording and reporting.

In order to sustain and improve the delivery of diagnostics and treatment in the public sector, the training on the malaria curricula was integrated into the existing training curricula at medical schools. Furthermore, capacity building will be expanded to include the rollout of integrated community-based management of childhood illnesses to ensure better coverage of malaria interventions. Opportunities will be given wherever possible for Somali participation in regional trainings provided through Roll Back Malaria, WHO and other sources.

OUTPUT 13 Child health is prioritized within evidence-informed strategic plans and policies related to malaria and HIV with leadership role of the Government

Analytical statement of progress:

Malaria and HIV programmes are implemented in line with the national strategic plan and national policies. In this regard, UNICEF Somalia supported the development of national strategies and policies, the development of national frameworks and guidelines of treatment, prevention and behavioural change, and communications materials in consultation with MoH, AIDS commissions and key stakeholders, in order to enhance the delivery of HIV and malaria programmes.

For example, the development of the National HIV Strategic Plan for the period of 2015–2019 was completed and endorsed by the Government in 2015. Furthermore, UNICEF Somalia supported the development and validation of the first National Early Infant Diagnosis Guidelines by June 2015. The current National Strategic Plan for Malaria expired by the end of 2015. The update and review of the expiring National Strategic Plan for Malaria was launched in 2015, and several consultations have been made throughout the year. An international consultant is currently finalizing the National Strategic Plan for Malaria for the period of 2016–2020.

In addition, the Somalia Malaria Indicator Survey and Malaria Communication Strategy have been completed and are awaiting validation and endorsement. Furthermore, UNICEF Somalia strengthened the partnership with other United Nations agencies, stakeholders and the Government to maximize resources and achieve higher impact with existing policies, frameworks and strategies. To this end, UNICEF Somalia collaborated with the UNDP Community Conversations programme to implement ongoing BCC activities in Puntland and Somaliland. The HIV BCC strategy was developed, and UNDP BCC training tools were adapted and printed for use by trainers and peer educators. Because of this partnership, 91 per cent of populations in Puntland and Somaliland were reached with key messages.

OUTPUT 14 HIV and malaria GFATM grants performance efficiently managed and value for money maximized

Analytical statement of progress:

In July 2015, UNICEF Somalia entered into a new agreement with GFATM for the period 2015–2017. The New Funding Model grant for malaria and HIV builds on the achievements of the previous rounds. The grant will focus on addressing key gaps in malaria interventions, including vector control, malaria case management and health systems strengthening and prioritizing interventions related to the integration of services and systems, which should result in a more cost-effective HIV programme with high impact.

Given the high-insecurity context in Somalia, the tragic incident in Garowe in April, and the very

fragmented health system, the performance of interventions supported by GFATM was good. The HIV grant performance based on the donor report submitted in February 2015 was rated as meeting/exceeding expectations for the period of July–December 2014. The malaria grant performance based on the donor report submitted in February 2015 was rated as inadequate but demonstrated potential for the period of October–December 2014. Results for January–June 2015 were submitted in October 2015, and the donor has not yet submitted a performance rating.

The financial utilization rate of the grants was remarkable despite the challenges. As of 31 October 2015, the closing HIV Round 8 grant and malaria Round 10 grant achieved a utilization rate of 98 per cent and 96 per cent, respectively. The New Funding Model is currently being implemented, and the first report is due on 28 February 2016. The initiation of the New Funding Model grant was delayed with the adoption of the revised global SOP for PCAs and the development of project documents, which enhanced due diligence processes. Currently, an accelerated work plan is being negotiated with implementing partners to maximize the impact and achievement of results. In 2015, while developing project documents, UNICEF Somalia prioritized the integration of global HIV and malaria services into the Somalia flagship programme, EPHS. The integration of these services into the existing EPHS programme not only expands the services but also achieves high-level value for money in reaching expanded beneficiaries with existing resources. Furthermore, in 2015, GFATM selected UNICEF Somalia among the first seven pilot countries to implement a risk assurance system to ensure value for money and maximize investment efficiency.

OUTCOME 2 Improved and equitable access to and utilization of quality, high-impact mother and child nutrition interventions results in reduced child mortality and morbidity

Analytical statement of progress:

In 2015, UNICEF Somalia supported the treatment of 89,019 severely malnourished children under 5 years across the country, with a 91.8 per cent recovery rate, 0.6 per cent death rate and 5.1 per cent defaulter rate. The treatment outcome indicators were well within Sphere standards. The number of children provided with therapeutic nutritional support during this period represents approximately 59 per cent of the overall UNICEF Somalia target for 2015 of 150,000. Strengthened partnerships, a timely managed quarterly supply planning and distribution process, and the timely pre-positioning of essential nutrition supplies as evidenced by a significant reduction in supply stock-out rates to 0.5 per cent, enabled the programme to reach more than half of all children and women in need of life-saving nutrition services. Nevertheless, there are still substantial bottlenecks to accessing SAM treatment for many families, as evidenced by findings from recent Semi Quantitative Evaluation of Access and Coverage monitoring surveys conducted by UNICEF Somalia in four districts (both EPHS and non-EPHS districts) of Central South Somalia. The coverage surveys revealed sub-optimal case coverage of SAM treatment with an estimated 46 per cent median point coverage observed across the four districts.

Integration of nutrition services into the health system continued to be supported, especially in districts rolling out the EPHS programme. Improved availability of EPHS services was ensured in seven out of the nine target regions (43 districts against the target of 49 districts), enabling access to free services to a catchment population of more than 5.2 million people (41.6 per cent of the total Somali population). Although demand creation and improving the knowledge and practices of essential nutrition behaviours remain the key foci of the programme, coverage of community-based Basic Nutrition Services Package services is still very low and there are significant bottlenecks to improving coverage in a systematic fashion due to access constraints.

Within the framework of the joint UNICEF, WFP and FAO resilience strategy, the UNICEF Somalia-supported nutrition programme increased efforts to provide integrated community-based nutrition, health and WASH services. The overall aim is to increase demand for services and allow for a more holistic approach to management of nutritional deprivation, while enabling communities to withstand, adapt to and recover from shocks, thereby enhancing the resilience of vulnerable households and communities. In the Gedo region alone, about 13,137 households are accessing integrated community-based nutrition, health and WASH services on an ongoing basis. A key constraint in the measurement of progress on the number of infants born within the last 24 hours in a facility who were breastfed within one hour of birth is lack of reliable and updated statistics on key infant and young child nutrition (IYCN) indicators for Somalia. Furthermore, reporting of community-based Basic Nutrition Services Package services remains relatively weak. To address this gap, UNICEF Somalia recently signed an agreement with FAO to conduct a national IYCN assessment in Somalia. The assessment is expected to provide updated quantitative and qualitative information on key IYCN indicators.

Strengthening the evidence base for decision making and identification of bottlenecks for the attainment of optimal BNSP coverage remain key elements of the programme. UNICEF Somalia supported the development of a web-based mNutrition dashboard information management platform and a bottleneck analysis system for the nutrition sector based on four quality improvement domains: supply, demand, quality and enabling environment. The dashboard-based reporting system will facilitate enhanced analysis and accountability that will in turn enable the provision of higher quality services for malnourished children and their mothers. Reporting on indicators on improvement in the quality of nutrition service provision remains constrained given that the mNutrition dashboard system, which is envisaged to systematically analyse and report on these indicators, is still under development, and the enabling environment domain is yet to be enabled.

Efforts to strengthen the enabling environment for the nutrition programme continued in 2015. UNICEF Somalia supported capacity strengthening of the nutrition units in the MoHs across the country. The scoping assessment for the nutrition sector Human Resource Development Plan was finalized, and a report was prepared. Findings from the scoping exercise will inform the development of a capacity development plan for the nutrition sector. In support of the Government's political commitment to the global SUN effort, UNICEF Somalia supported advocacy efforts and the establishment of the SUN Inter-Ministerial Committee in Puntland in February 2015. Plans to launch the SUN initiative in Somaliland are at an advanced stage. The Federal Government of Somalia renewed its commitment to SUN. UNICEF Somalia also facilitated active participation of government representatives in various regional and global SUN initiatives.

Furthermore, UNICEF Somalia has contributed to the reduction of child mortality from 155 deaths per 1,000 live births in 2011 to 137 deaths per 1,000 live births in 2015. Nevertheless, the tragic Garowe incident and attack on UNICEF Somalia staff in April 2015, in which UNICEF Somalia lost four staff members, increased the security level. Subsequent programme criticality reviews carried a significant operational impact, notably with regards to staff and partner movements and monitoring. This slowed the implementation of activities under outputs 2.2 and 2.3, as most of the activities under these outputs were classified as programme criticality level 2.

OUTPUT 1 Children and women have improved and sustained access to and utilization of quality basic nutrition services

Analytical statement of progress:

UNICEF Somalia achieved a geographic coverage of approximately 76 per cent across Somalia in 2015. Conflict-related access constraints, blockage of supply routes by anti-government elements in response to the AMISOM military offensive and delays related to risk mitigation and PCA processes negatively impacted the overall geographic coverage attained during 2015, especially in CSZ, where the humanitarian situation remains dire. Despite these challenges, UNICEF Somalia supported the treatment of 89,019 severely malnourished children under 5 years across the country, with a 91.8 per cent recovery rate, 0.6 per cent death rate and 5.1 per cent defaulter rate. The treatment outcome indicators were well within Sphere standards, and more than 90 per cent of nutrition centres met the standards in 2015. The average reporting rate achieved was 84.2 per cent.

UNICEF Somalia nutrition supply chain management has shown great improvement through a well-managed quarterly supply planning, distribution and pre-positioning process established in early 2015. The percentage of nutrition centres reporting stock-outs of essential nutrition supplies was 0.5 per cent. However, leakage of ready-to-use therapeutic food into the markets is still a challenge. In order to enhance the security of this pipeline and minimize leakages, UNICEF Somalia has integrated ready-to-use therapeutic food monitoring into the quarterly market monitoring assessments that are being conducted by UNICEF Somalia's TPM contractors on a regular basis in the major markets across Somalia. In addition, UNICEF Somalia has been working closely with its partners to promote community awareness of the use of ready-to-use therapeutic food.

Semi-Quantitative Evaluation of Access and Coverage monitoring surveys were undertaken in four districts of CSZ to ascertain the performance of the SAM treatment programme and to identify the key determinants to coverage and access to treatment services at the district level. The coverage surveys revealed sub-optimal case coverage of SAM treatment with a median point coverage estimate of 46 per cent observed across the four districts. The main barriers affecting the uptake of SAM treatment services included distance between communities and OTP service delivery points, poor community awareness about malnutrition and its treatment, and poor community mobilization and sensitization.

Delays in extending partnership agreements with EPHS partners in Puntland and timely completion of the selection of EPHS implementing partners in remaining districts of Sanaag and Togdheer regions constrained implementation of coverage monitoring surveys in the NWZ and NEZ in 2015.

The focus on strengthening quality of care will continue, and attention will be paid to improving reporting and adherence to treatment and discharge protocols to ensure that performance at nutrition centres continues to meet Sphere standards. While more than 90 per cent of nutrition centres are performing within Sphere standards, developing the capacity of nutrition partners at all levels and addressing constraints and bottlenecks to adequately and effectively cover and support demand creation for services remain a key priorities. UNICEF Somalia will take advantage of strengthened information for decision making generated through the mNutrition dashboard system to further strengthen quality improvements for the programme.

To ensure a full package of Basic Nutrition Services Package services, UNICEF Somalia has been strengthening the integration of immunization services at OTP sites. This component of the programme will be further strengthened in 2016.

OUTPUT 2 Households with improved knowledge and practice of essential nutrition behaviours

Analytical statement of progress:

Demand creation and improving the knowledge and practices of essential nutrition behaviours remains a key focus of UNICEF Somalia. UNICEF Somalia has continued to support the rollout of the five-year Infant and Young Child Feeding Strategy for Somalia. One of the key objectives has been to improve the low rates of early initiation of breastfeeding (within one hour of birth) and to improve the quality of complementary feeding for children aged 6 to 23 months of age. With significant improvements in coverage of health facility deliveries in EPHS districts, it is expected that the rates of early initiation of breastfeeding will also improve.

Within the framework of the joint UNICEF, WFP and FAO resilience strategy, UNICEF Somalia is moving forward on the integrated community-based approach to public health. Community-based public health workers (health, nutrition and hygiene), including the 142 currently in Gedo, were supported to provide preventive and promotion services in target communities. As a result, 13,137 households are accessing integrated community-based nutrition, health and WASH services on an ongoing basis, which has contributed to enhancing the resilience of vulnerable households. Eighty-one community development committees are being supported in Gedo region to increase ownership and demand for integrated services. While coverage of infant and young child feeding promotion and counselling services is relatively high at the facility level in the northern regions, the programme has low coverage at the community level across all zones, which is a significant bottleneck to improving IYCN indicators in the country. UNICEF Somalia will continue to expand coverage of both facility- and community-based infant and young child feeding services to ensure that infants derive the most out of the protective benefits of breastfeeding. UNICEF Somalia is working in partnership with Save the Children to develop innovative food-based approaches to improving IYCN in the Hiran region. Nutrition-related C4D activities are focused on advocacy, promotional activities and strengthening the interpersonal communication capacity of health workers and community-based workers. Building on the experience of the private sector engagement in Somaliland for social marketing of diarrhoea treatment kits, UNICEF Somalia and Population Services International continued to scale-up the social marketing of micronutrient powders (Super Fariid), through fast moving consumer goods. The social marketing of micronutrient powders was launched towards the end of 2014. Its success has exceeded expectations: the original 2015 target of 755,000 sachets, which was estimated during the design phase, was reached by May 2015. Additional supplies were procured and distributed in the market. In addition, 150,351 diarrhoea treatment kits were distributed through fast moving consumer goods channels. A key constraint in measurement of progress on this output is lack of updated statistics on key IYCN indicators for Somalia. Furthermore, reporting of community-based Basic Nutrition Services Package services remains relatively weak. To address this gap, UNICEF Somalia recently signed an agreement with FAO to conduct a national IYCN assessment in Somalia. The web-based mNutrition dashboard information management platform and bottleneck analysis system currently under development will also facilitate improved reporting of community-based services.

OUTPUT 3 Enabling environment including human resource capacity and management systems for sustainable service delivery and effective leadership, governance and coordination established at all levels

Analytical statement of progress:

Efforts to strengthen the enabling environment for the nutrition programme continued in 2015. UNICEF Somalia supported the institutional capacity development of the nutrition units in MoHs across the country, enabling the units to fulfil their leadership and oversight roles on nutrition service provision and to conduct monitoring and supervision activities to ensure compliance with

national health policies and strategies. A key bottleneck to strengthening the leadership of the nutrition units in the three zones has been the lack of prioritization of nutrition staff in capacity building initiatives such as the MoH Leadership and Management Development Plan.

Some traction was gained in 2015 in regards to wider capacity development work. The scoping assessment for the Human Resource Development Plan for the nutrition sector was finalized, and a draft report was prepared. Findings from the scoping exercise will inform the development of a capacity development plan for the nutrition sector.

In support of the Government's political commitment to the global SUN effort, UNICEF Somalia supported advocacy efforts and the establishment of a SUN Inter-Ministerial Committee in Puntland in February 2015. UNICEF Somalia also facilitated the active participation of government representatives in various regional and global SUN initiatives. While high-level executive political commitment to the SUN effort has been achieved, progress towards the development of a policy framework and multi-sectoral strategy has been slow, owing to weak institutional capacities in the sector ministries and civil society, with divided attention to other equally competing political and humanitarian priorities. Dedicated technical assistance will need to be resourced to support the government SUN focal point to develop the policy framework for SUN and a multi-sectoral strategy in 2016.

Supply chain analyses for nutrition were integrated into various assessments across the office, including the Logistics Indicators Assessment Tool LIAT (assesses the effectiveness of the supply chain at the facility level) and the Logistics System Assessment Tool (LSAT) (assesses scale, complexity, bottlenecks and issues in the supply chain system). Summary analysis reports from these assessments are expected to be available from early 2016.

Strengthening the evidence base for decision making and identification of bottlenecks for the attainment of optimal Basic Nutrition Services Package coverage remain key elements of the programme. UNICEF Somalia supported the development of a web-based mNutrition dashboard information management platform and bottleneck analysis system for the nutrition sector, based on four quality improvement domains: supply, demand, quality and enabling environment. The dashboard-based reporting system will facilitate enhanced analysis and accountability, which will in turn enable the provision of higher quality services for malnourished children and their mothers. Approximately 88 per cent of nutrition cluster partners have been trained and have started to use the system to report data for the OTP. Furthermore, UNICEF Somalia is collaborating with FAO/ Food Security and Nutrition Analysis Unit and the MoHs to implement a national IYCN assessment. The assessment is expected to be completed in early 2016 and will provide updated quantitative and qualitative information on key IYCN indicators.

OUTPUT 4 Declared nutrition emergencies are responded to according to the CCCs

Analytical statement of progress:

UNICEF Somalia continued to fulfil its cluster-lead agency role to ensure an effective coordination system and response. The national and regional nutrition cluster coordination mechanisms continue to be active. A review of the nutrition service rationalization plan was undertaken by the nutrition cluster and its partners in 12 regions of Central South Somalia over the period of May–June 2015. The updated rationalization plan will optimize geographic coverage, while minimizing overlap in services, and will facilitate the delivery of consolidated services that economise available resources and strengthen accountability to affected communities.

UNICEF Somalia worked closely with the nutrition cluster to enhance the cluster level of preparedness for emergencies in the country and ensure that joint nutrition and WASH emergency preparedness and response/contingency plans developed for each zone were being translated into action. UNICEF Somalia supported the nutrition cluster to undertake contingency/preparedness planning workshops in the Gedo region that brought together about 30 nutrition cluster actors working in the region, including the Government, NGOs and United Nations agencies. UNICEF Somalia also supported the nutrition cluster to undertake contingency planning in other highly vulnerable regions and nutrition-in-emergencies trainings across the country in order to strengthen response capacities for nutrition emergencies in Somalia.

Strategic pre-positioning of emergency nutrition supplies, including BP5 compact food supplies, enabled a quick response to various emergencies in each zone. In Central South Somalia, humanitarian nutrition response to acute emergencies was supported in Guriceel, Bulo-Burte, Burhakaba, Wajid, Tayeglow, Xudur and Kismayo. Through sustained air bridge support, 86 metric tons of essential nutrition supplies were delivered in newly accessible and conflict-affected areas to meet the needs of an estimated 43,053 children.

Given the early warning information about an El-Niño event during the 2015 Deyr rainy season, which was expected to cause flood hazards and disease outbreaks, including acute watery diarrhoea, UNICEF Somalia strengthened the preparedness capacity of its partners and pre-positioned essential nutrition supplies in flood-prone areas to facilitate a timely response should the nutrition situation deteriorate. Furthermore, UNICEF Somalia and partners continued to work with authorities to provide assistance to the increasing numbers of refugees and returnees fleeing the conflict in Yemen and seeking safety in Somalia. This support includes nutritional screening and referral of children with SAM to existing OTP sites and stabilization centres, especially in Puntland and Somaliland.

OUTCOME 3 More communities use sustained WASH services and are empowered to stop harmful sanitation and hygiene behaviours.

Analytical statement of progress:

UNICEF Somalia continued to provide WASH services to disaster-affected populations and to create an enabling environment for sustaining equitable access to WASH. To ensure sustainable access to at least 15 litres of potable water per day in Somalia, UNICEF Somalia used a mix of approaches that resulted in an estimated 1,520,434 people gaining access to improved water supplies between 2011 and 2015 (this figure excludes an average of 450,000 people gaining access to water through temporary means, including chlorination of unprotected shallow wells and support to the operation and maintenance of water schemes). The 2015 KAP survey reported an increase in access to improved water sources, from 30 to 45 per cent since 2011, across the sector. To ensure sustainability, UNICEF Somalia has established and trained 477 community water committees and 43 public-private partnership companies since 2011. The progress made in the area of water coverage can be sustained and strengthened in 2016 if supply chain/procurement delays are addressed and stronger monitoring and quality assurance mechanisms are established in collaboration with the Ministry of Water Resources and implementing partners. UNICEF Somalia will also continue to work closely with rights holders at the household level and duty bearers (at the community, water authority or ministry levels) to ensure that the sustainable systems developed are maintained.

To improve household sanitation, UNICEF Somalia has been at the forefront of supporting and

advocating for sustaining ODF communities. UNICEF Somalia supports empowering people to realize that, as a community, they must take on the responsibility for the safe disposal of their waste and ensure that everyone practices good hygiene. A total of 123 villages/communities have declared themselves as ODF since the beginning of 2015, bringing the total since 2011 to 373. However, no village has been verified as sustaining ODF, due to the lack of proper understanding of implementing partners of the CLTS process and the continued expectation of communities that subsidies will be provided. In addition, access constraints across the country make the implementation of CLTS activities very difficult. An advocacy workshop facilitated by the CLTS Foundation was held in September, where NGO and government partners learned from the experiences of Zambia and Kenya on achieving ODF communities. In 2016, the objective will be to achieve one ODF village in each zone. It is anticipated that once this is achieved, replication and scale-up will be possible.

Based on the 2015 KAP survey, the incidence of diarrhoea in children under 5 years stands at 23 per cent. This has not changed significantly over the last few decades, is not much different for urban compared with rural children, and is only somewhat lower for children of wealthier families and more educated mothers. The incidence of diarrhoea is highest in Central South Somalia where most conflicts and natural disasters have had an impact. The continuing high incidence of diarrhoea has persisted in the urban areas of Somalia, despite the rise in the use of improved water. In the wake of repeated emergencies in Somalia, UNICEF Somalia, using pre-positioned supplies, provided a total of 302,322 people with the means to practice good hygiene and household water treatment (through the provision of soap, buckets, jerry cans and water purification chemicals).

To promote an enabling environment for sustained use of WASH services and empower communities to stop harmful sanitation and hygiene behaviours, UNICEF Somalia continued to support government counterparts to develop policy and regulatory frameworks. Technical and financial assistance was provided to government line ministries for policy development and the development of the Inter-Ministerial WASH Steering Committee in all three zones. In Central South Somalia, this Steering Committee holds meetings every fortnight that are chaired by the Federal Ministry of Planning and International Cooperation. Meetings have been initiated in Puntland and Somaliland with promising results from all involved ministries. The development of a WASH policy through the Inter-Ministerial WASH Steering Committee has been initiated by the Federal Government with UNICEF Somalia support.

Implementation of WASH activities has progressed despite the security dynamics in Somalia. The volatile security situation is making the delivery of assistance to people in need extremely difficult and dangerous. Access to many areas remains severely constrained. The implementation of WASH projects in these locations is ongoing, but is often delayed. The lack of technically qualified partners has also impacted the speed of project delivery. A number of potential partners are now classified as high risk, and this, coupled with the prevailing inaccessibility, makes monitoring and risk assurance assumptions for future planned projects challenging. The sourcing of supplies or skills outside of the country increases the project implementation costs due to transportation and freight charges. In addition, the limited capacity of the Federal Government makes the scaling up ODF approach a challenge.

OUTPUT 1 An additional 2.1 million people in urban and rural areas have sustained access to improved safe water supply by 2015

Analytical statement of progress:

In 2015, UNICEF continued to work with government counterparts and partners to ensure access to safe drinking water at both community and institutional (school and health facility) levels.

In 2015, a total of 316,845 people were reached through the development or rehabilitation of sustainable water supply systems. To ensure sustainability, management committees were trained in the operation and maintenance of facilities in the communities. The construction, rehabilitation and/or upgrading of water supply systems benefited 24,289 children in 64 schools and 39,967 people who utilize 41 MCHCs.

The implementation of activities under this output was constrained due to a number of challenges. Due to the deadly attack on UNICEF Somalia in Garowe on 20 April, UNICEF Somalia activities, including assessments and monitoring, slowed down mid-year. The weak capacity of partners/contractors to deliver water supply projects at pace affected the timely delivery of results. Furthermore, a number of previous UNICEF Somalia partners are now classified as high risk. The weak capacity of available alternative partnership options makes planning of further projects slower. Supply chain/procurement delays have also greatly impacted the completion of water supply projects. Agreements with implementing partners were sometimes extended more than once while awaiting delivery of required materials and supplies. The sustainability of water supply systems is problematic in Somalia with very high operation and maintenance costs, frequent breakdowns, weak supply chains, lack of frequently used consumables and insufficient numbers of skilled mechanics to conduct essential repairs. The sourcing of supplies outside of the country increases costs. Finally, low funding at the beginning of the year and the introduction of the revised global PCA guidelines that enhanced due diligence processes caused some delays in terms of engaging partners and the subsequent implementation of planned activities. It should be noted that more than 80 per cent of the results achieved involved projects started in 2014.

Going forward, UNICEF Somalia will prioritize capacity building for counterparts and partners in conjunction with advocacy for key strategies and will strengthen remote monitoring practices by third-party monitors. UNICEF Somalia will also seek to further engage in joint planning, assessment and monitoring of WASH projects in collaboration with all partners. In order to speed up project completion, UNICEF Somalia will, to the extent possible, maintain long-term agreements for supply procurement. UNICEF Somalia will put more emphasis on community-based management to ensure the sustainability of rural water supply schemes. In urban areas, UNICEF Somalia will continue to support the establishment of strong public-private partnerships, water utility companies and water user committees through a pro-poor water provision approach. Innovations in water collection and abstraction practices (sub-surface dams, rain water harvesting, solar power) will be prioritized. Finally, UNICEF Somalia, as the WASH sector lead, will actively support strengthening WASH sector coordination mechanisms at all levels in order to maximize the impact of scarce resources, avoid duplication and ensure the quality of water supply infrastructure throughout the country.

OUTPUT 2 Additional households, in 685 peri-urban and rural communities, have knowledge and able to alleviate harmful hygiene and sanitation practices and norms that impact on their health

Analytical statement of progress:

UNICEF implements a human rights-based approach to household sanitation in Somalia by empowering people to realize that as a community they must take on the responsibility for the safe disposal of their waste and ensure everyone has good hygiene practices.

A total of 123 villages declared themselves ODF during the reporting period. This brings the total to 373 since 2011. To complement this, as the sector and cluster lead, UNICEF Somalia has been involved in building consensus and political will, mobilizing support and creating an enabling environment for the sustainability of the ODF approach. In June 2015, the MoH of the Federal Government of Somalia issued a circular advocating for the use of the CLTS approach to eliminate open defecation in Somalia, thereby banning subsidy-based household latrine construction. The MoHs in Somaliland and Puntland had already issued similar circulars in 2014.

Following a review of CLTS in 2014, a number of changes were made in 2015 to ensure better pre-triggering: positioning community members as teachers and not facilitators; separate triggering with children; and developing and using community maps and monitoring charts by leaders. As a result, a cadre of CLTS facilitators has been trained. A total of 108 facilitators were trained by CLTS master trainers in the first half of 2015. In total, 195 facilitators are now available across the country.

In September 2015, UNICEF Somalia and the CLTS Foundation organized an advocacy workshop for government and NGO partners to find a way forward for the ODF approach. Government officials made commitments to prioritize the elimination of open defecation.

In 2015, UNICEF Somalia was able to reach more than 1.5 million people through a five-week hygiene campaign (which was held between Global Handwashing Day on 15 October and World Toilet Day on 19 November), which included the use of SMS to deliver hygiene messages to households, group demonstration of handwashing with soap in schools and MCHs, and community mobilization events.

The weak governance and coordination of sanitation at national, regional and district levels is a major bottleneck hampering the successful rollout of the ODF approach to reach the 685 targeted communities in Somalia. Minimal progress has been made towards the establishment of district verification committees for ODF villages. Despite the MoH circulars, some partners are still engaged in household latrine construction. To address all these challenges, UNICEF Somalia will fast-track CLTS capacity building activities at the beginning of 2016 and try to diversify its partner portfolio to improve the quality of service delivery. UNICEF Somalia will work with the MoH to improve sanitation coordination mechanisms, including the establishment of district-level verification committees for ODF villages. As a medium-term strategy, UNICEF Somalia will roll out CLTS where populations are sedentary. Use of women's groups and religious leaders as entry points will be prioritized.

In 2016, UNICEF Somalia will also strengthen C4D activities by building the capacity of hygiene promoters and by tapping into the health sector CHW network.

OUTPUT 3 Emergency-affected people access life-saving WASH interventions within the first 96 hours to reduce morbidity and mortality.

Analytical statement of progress:

The humanitarian crisis in Somalia is among the most complex protracted emergencies in the world. Since the beginning of the Deyr rainy season in October, flooding has affected 144,000 people and nearly 60,000 people have been displaced. This comes amid an already fragile humanitarian situation with an estimated 4.9 million people in need of assistance, of which 1,014,000 people are in crisis. Approximately 308,000 children are acutely malnourished, with

some 56,000 of these children severely malnourished and at risk of death without essential support. Acute watery diarrhoea and measles continue to threaten the lives of Somalis. More than 1.1 million internally displaced persons in overcrowded settlements have limited access to basic services and are at high risk of contracting diseases.

Using pre-positioned WASH emergency supplies at nine strategically placed regional supply hubs in SCZ or at UNICEF warehouses in NEZ and NWZ, 448,812 people accessed means to practice good hygiene and household water treatment through the provision of soap, buckets, jerry cans and water purification chemicals. In addition, 71 per cent (30 of 42) of the emergencies were responded to within the first 96 hours. Some 511,476 affected people accessed safe water through temporary means, including chlorination of unprotected shallow wells and support to the operation and maintenance of water schemes. Another 127,542 people gained access to sanitation facilities through UNICEF Somalia support. The adoption of the new UNFPA population figures resulted in a 19 per cent increase (from 855,000 to 1,014,000) in the number of people in crisis and emergency compared to the previous estimate. As a result, the overall progress on some of the indicators appears to be off track.

The development of district contingency plans for 17 districts across Somalia is ongoing and will be completed in the first quarter of 2016. A total of 94 participants drawn from the state disaster management agencies from the regions and key cluster partners have been trained as community animators and facilitators on the development and activation of contingency plans.

Due to the ongoing military offensive in CSZ, emergency response continued to be a major challenge. The roads out of the regional supply hubs were often blocked, which meant that transportation of WASH supplies was only possible through use of flights or escorted convoys, resulting in delayed response.

In addition, some regions remain inaccessible and support to the regional or district WASH cluster focal point has only been possible remotely. Following the attack on UNICEF Somalia in Garowe, the development of district-level contingency plans was put on hold pending a change in the strategy, which resulted in the overall delay in the project.

Going forward, UNICEF Somalia will continue to pre-position emergency supplies at various hubs to ensure authorities and partners in high-risk areas are prepared to deliver emergency response. Pre-positioning, when access is possible, will be essential, and timely funding will be critical. UNICEF Somalia will also continue to advocate for more funding and for the establishment of comprehensive and long-term approaches and durable solutions for people affected by emergencies in Somalia.

OUTPUT 4 Enabling environment and management systems for sustainable service delivery established and in use with clearly defined roles and responsibilities at all levels.

Analytical statement of progress:

UNICEF Somalia is working with the federal, regional and local authorities in Somalia to develop policies, standards, systems, plans and protocols so that investments in WASH can be sustainably secured. The master plan for water supply service delivery in Borama town has been successfully completed. The formulation of the WASH policy by the Federal Government MoH has been initiated. Efforts to assess three small-town water supply schemes in Baidoa, Dollow and Merka are in the final stages of completion.

UNICEF Somalia continued to support sector coordination and capacity building of government counterparts and implementing partners, as well as strengthening of strategic partnerships and linkages between the public and private sector, resulting in the formation of 12 public-private partnership companies and the training of 126 community water management committees.

UNICEF Somalia continued to support the Inter-Ministerial WASH Steering Committee in Mogadishu, Garowe and Hargeisa. Within the Somalia New Deal Compact, WASH is not clearly defined. Water supply is seen purely as an investment in infrastructure under the Peace and State-Building Goal 4, and sanitation and hygiene are only briefly mentioned under Goal 5. UNICEF Somalia participated in both the Goal 4 and Goal 5 working groups throughout the year to ensure proper consideration was given to WASH in the deliberations. Although the donor participants are fully convinced of the need to recognize water as not just an infrastructure input and the need to consider sanitation and hygiene as a health issue, further work needs to be done in 2016 to convince government partners.

A four-day WASH integration course was developed based on the WASH-in-emergencies training from the 2013 RedR consultancy and adapted for Somalia. A set of eight short practical videos both in English and in Somali were developed for the course on topics such as CLTS, hand pumps, cluster coordination, water turbidity, jar tests for coagulation/flocculation, pH tests, chlorine tests and cholera prevention. The WASH integration course is available online to enable safe learning for WASH professionals in remote areas.

To ensure the increased functionality of water supply schemes, UNICEF Somalia supported two repair centres in Puntland and the construction of the Burco repair centre in Somaliland. These centres support the repair of community water points in the surrounding regions.

There were a number of challenges under this output, including limited counterparts in areas under government control. As a result, policy review and development is taking longer than expected. Funding limitations contributed to slower progress, and the capacity of sub-national structures to provide oversight to WASH service provision was limited. Although the zonal water authorities are fully committed to developing the WASH sector, the enabling environment is lacking. While service providers and government authorities accept their responsibility to provide safe and sustainable WASH systems, the ministries continue to struggle with weak financial and technical capacity, as well as lack of necessary policies, concise development and implementation plans. For the public sector to be able to play a regulatory and oversight role, UNICEF Somalia will prioritize capacity development of the Government in 2016.

OUTCOME 4 850,000 children and young people (from 5 to 24 years old) have access to quality education opportunities

Analytical statement of progress:

In 2015, progress was made towards the expansion of enrolment, though this progress was uneven across region, gender and age cohorts, and challenges remain. The latest gross enrolment data demonstrates a 15 per cent increase in Puntland to 56 per cent (a 12 per cent increase for girls) over the 2011 baseline of 41 per cent, but there has been no increase in gross enrolment in Somaliland, which remains static at 44 per cent. Although data is still not available for Central South Somalia, in the Banadir region, the school census shows that 36.3 per cent of primary school-aged children are in school (39.4 per cent male and 33.3 per cent female). A full school census is underway across the entire country that will enable UNICEF Somalia to report on the full progress of this outcome by the end of the current country programme.

Somalia still has some of the worst education indicators in the world. Gender disparity continues, as girls only make up one third of lower primary school enrolment. Education funding across all areas of Somalia is low, and human and technical capacity to effectively and efficiently manage education services is lacking. Moreover, all three education ministries experienced a change in leadership with the change of all three education ministers in the first half of 2015, which inevitably slows down progress for a period of time.

Capacity development was seen in the form of teacher training for 126 teachers for a period of two months. The longer-term certificate programme was postponed to 2016. The Education Management Information System school census was conducted for the 2014–2015 academic year, and data collection started for the 2015–2016 academic year. While Central South Somalia only covered the Banadir region until 2014–2015, census coverage expanded to 10 regions for 2015–2016, contributing to conflict-sensitive policy development and planning.

The Somali education system continues to be the victim of conflict. Attacks on the Ministry of Education, Culture and Higher Education in Mogadishu, as well as specific threats against education facilities in Garowe and Mogadishu, seriously impacted ministries, partners and UNICEF Somalia's capacity to plan, implement and monitor education interventions in 2015. UNICEF Somalia's own capacity was particularly affected by the attack on 20 April in Puntland, which resulted in the loss of UNICEF Somalia staff, including two key education team members. Apart from the emotional impact of these events, the loss of these staff significantly slowed down progress towards project implementation.

Nevertheless, despite these challenges, some progress was achieved in the following education outputs, including: enrolment; the establishment and training of community education committees and child-to-child clubs; the construction and refurbishment of facilities; the development of alternative education opportunities for children; youth employment; capacity building for education institutional and management leadership; and emergency education.

OUTPUT 1 Equitable access to quality formal basic education

Analytical statement of progress:

UNICEF Somalia's contribution to increasing primary school access for children in Somalia is off track due to a delay in the Educate a Child programme. Nevertheless, an additional 84,789 children, including 37,990 girls, were enrolled in 2015.

A total of 858 community education committees were established across Somalia in 2015 to sustain and build on the momentum for increased enrolment and retention. The 646 child-to-child clubs established in 2015 have contributed to increasing enrolment through social mobilization. In addition, 50 of the clubs tackled conflict issues within their communities in Puntland, demonstrating the link between education and peacebuilding.

Although the overall target for additional classrooms is 565, as the Educate a Child programme was delayed, only 314 classes have been completed to date, including 70 rehabilitated classrooms, 20 newly-constructed permanent classrooms and the remainder comprising temporary learning spaces in Central South Somalia. The tender documents for the Educate a Child classroom construction are almost ready, and it is expected that targets will be met in 2016.

A financial incentive system to support retention and motivation of teachers under the Global

Partnership for Education programme is in operation across Somalia, with 3,355 teachers (16 per cent female). This includes 880 head and deputy head teachers (4 per cent female) receiving incentives. Although preparations are in place for the procurement and distribution of textbooks, this activity will be completed in 2016.

In addition to community participation in the community education committees, community representatives participated in assessments for the Educate a Child project in the Joint Review of the Education Sector held in Puntland and Somaliland in March 2015 and in Mogadishu for the Federal Government in December 2015.

With the support of the Peacebuilding, Education and Advocacy Programme, a curriculum framework reform was completed in all zones on the basis of inputs from a countrywide consultation process facilitated by Somali youth. Ministry officials and education sector stakeholders from all three zones were trained on conflict-sensitive and risk-informed education planning during the education causality analysis in preparation of the situation analysis.

OUTPUT 2 Out-of-school children realize their right to education through innovative and diverse delivery of basic education

Analytical statement of progress:

This output is largely on track to meet the target of 125,000 children, half of them girls, and 141 classes to be established by the end of this Country Programme.

The 2015 Annual Management Plan target was revised at mid-year to 15,000 children (50 per cent girls) to be reached through non-formal education. However, especially given the constraints and restrictions since the 20 April Garowe attack, only 10,139 children have been reached through both the pastoralist and alternative basic education programme.

The lack of achievement is mainly due to the Educate a Child programme being delayed and the lack of any significant other funding to support this output. Nevertheless, in the last quarter of 2015, UNICEF Somalia met its CSZ target for the construction of temporary learning spaces, and expectations for achieving planned results by the end of the country programme are positive.

OUTPUT 3 Unemployed and vulnerable youth are empowered through access to alternative education programmes

Analytical statement of progress:

UNICEF Somalia's research identified the exclusion of youth, politically, socially and economically, as both a driver of conflict and an impediment to sustainable livelihoods achievement. In mitigating this, UNICEF Somalia and partners are empowering youth through education and training for employment in both Puntland and Somaliland.

UNICEF research identified youth political, social and economic exclusion as both a driver of conflict and an impediment to sustainable livelihoods achievement. In mitigating this, UNICEF and partners are empowering youth through education and training for employment in both Puntland and Somaliland. There has been no funding for youth education in Somaliland.

Overall, progress towards the target of 8,100 youth in youth education programmes by the end of the programme is not on target. Previous activities, including youth internships and literacy

training, were discontinued in mid-2015 in agreement with the Government due to the unlikelihood of raising the funds in this Country Programme as agreed with the Government in the mid-year review. Currently, the achievement is 1,620 youth (853 female) following the youth education programme in seven centres. This course includes life skills education, peace education, numeracy, literacy and vocational skills training. Other youth are also benefiting from the centres being used for other projects funded by other agencies.

OUTPUT 4 Education authorities and school management strengthened in leadership skills and commitment to the provision of quality education for all

Analytical statement of progress:

UNICEF Somalia is pursuing a multi-pronged approach to the establishment and strengthening of teacher management information systems in all three ministries; strengthening of education management information systems; curriculum reform across Somalia; the preparation of school development plans with broad community participation; capacity building of education staff in all three ministries for school supervision; and monitoring and support for sector coordination.

A database of teachers to facilitate planning, supervision and performance management of teachers is part of the education strategy. In Central South Somalia, a simple database on teachers is in operation, and work is advancing to migrate this to a more advanced system with biometric features. The databases are operational in both northern regions, with 3,915 teachers (505 females) already in the system in Garowe, and 5,152 teachers (not gender disaggregated) in the Hargeisa teachers' profile database.

Research has shown that education can contribute to both the escalation and reduction of conflict. Having a relevant, conflict-sensitive curriculum is a key starting point if education is to contribute to peace and development. To this end, curriculum reform has been implemented and has achieved progress with the completion of a curriculum framework in all three zones that incorporates peacebuilding elements and promotes social cohesion. Curriculum writing and syllabus development has started in these regions in the second half of 2015 and is due to be completed in 2016. UNICEF Somalia is contributing to ensure the writers are versed in peacebuilding, promotion of social cohesion, conflict sensitivity and gender awareness.

Progress in regional education officer monitoring of schools will not be achieved as per the original indicators and targets. There are only 11 regional education officers in Central South Somalia to carry out school monitoring. The Government will not recruit any district education officers due to the lack of funding for salaries. In Puntland, UNICEF Somalia is not regularly funding regional education officers to undertake school monitoring. In Hargeisa, monitoring of all schools took place in late 2014, but the data collated is yet to be reported back to schools. Due to this challenge, school supervision was not completed in 2015. In agreement with the ministries, the targets have been adjusted, and school supervision will be a priority in 2016.

Although progress towards this output is on track, it is clear that there is much work to be done to improve quality assurance of schools. The annual school census exercise is underway in November and December 2015 across the country.

Education sector coordination meetings with UNICEF Somalia co-leadership are on course in all three regions. There have been 12 such meetings in Hargeisa and Garowe but fewer in Mogadishu due to security issues.

OUTPUT 5 Zonal and regional authorities and partners are prepared to support emergency-affected primary school-age children with access to child-friendly temporary learning spaces including essential learning and recreational materials

Analytical statement of progress:

More than 28,000 children (45 per cent girls) have benefited from support during emergencies, mainly in Central South Somalia. Unfortunately, in 2015, funds were not available to carry out more work on preparedness, including training and disaster risk reduction. With support from UNICEF Somalia, the cluster system is operating effectively, and a rapid assessment funded by UNICEF Somalia is underway to address the lack of information, which negatively affects the clusters' ability to plan well. Despite constraints, contingency plans for drought, conflict and floods have been developed by the clusters in Central South Somalia with representation from the regions and with the Education Sector Coordination Working Group for Education in Emergencies in Puntland and Somaliland, which includes provision for returnees from Yemen. The main bottleneck with this output is the shortage of funds for education in emergencies.

OUTCOME 5 Girls and boys affected by armed conflict and other emergencies are better protected from violence, abuse and exploitation

Analytical statement of progress:

A major milestone in 2015 was the public ratification, and the depository notification of the Convention on the Rights of the Child on 31 October 2015, which will support the realization of child rights in Somalia. This lays the foundation for UNICEF Somalia efforts in 2016 and onwards to support the Government to deliver on its promise to protect children's rights.

UNICEF Somalia strengthened advocacy to end violence against children by implementing the global Children, Not Soldiers campaign and supporting the Government's efforts to implement two key action plans: the first on ending the recruitment/use of children in conflict and the second on ending the killing and maiming of children. For more than four years, children associated with armed groups were held in centres where their rights were grossly violated. Through the joint advocacy efforts of UNICEF Somalia, the Country Task Force on Monitoring and Reporting Mechanism and the Office of the Special Representative of the Secretary-General on CAAC, these children were released and handed over to a UNICEF-supported reintegration programme. This was done in line with the SOPs on the reception and handover of children, which were agreed upon by the Government and the United Nations in 2014. The release of these children demonstrates the Government's commitment to fulfilling its obligations under the action plans and the agreed SOPs.

Substantial progress has been made towards building the capacity of implementing partners (NGOs and the Government) to deliver on CAAC programmes, in line with the benchmarks of the CCCs. Capacity building support through partnership with the Romeo Dallaire Child Soldiers Initiative, UNICEF and the African Union Commission supported AMISOM to strengthen compliance and accountability through the deployment of a child protection advisor. A study tour to Uganda's Child Protection Unit as part of South-South cooperation for members of Somalia's Ministry of Defence Child Protection Unit was also supported.

The year 2015 saw an increase in the number of partners involved in responding to emergency GBV interventions and strengthening the GBV programme with the UNICEF Somalia-supported community-based structures. Capacity building of key child protection actors to enhance the protection of children gained substantial momentum in 2015 and resulted in increased service

delivery response for children.

Despite the challenging operating environment, UNICEF Somalia made substantial progress in expanding and strengthening the network for monitoring and reporting both in terms of scale and geographical coverage. Overall, the majority of the violations monitored and verified in 2015 related to recruitment and use (33 per cent) followed by abduction (32 per cent), killing and maiming (27 per cent) and sexual violence (6 per cent), while attacks on schools and hospitals and denial of humanitarian access were relatively low at 2 per cent. This data provided evidence for both programming response and advocacy.

Substantial progress was made towards the achievement of humanitarian response targets through service delivery in line with the CCC benchmarks. Nevertheless, progress in mine-risk education was constrained, with very limited community- and school-based mine risk education interventions supported. Overall, UNICEF Somalia reached 18,176 children, who make up 42 per cent of the child protection sub-cluster's target of 42,800, with a range of emergency child protection services, including support to CAAC, provision of emergency GBV support, response to separated and unaccompanied children and mine risk education. Given the nature of the current context in Somalia, more than 90 per cent of emergency interventions were supported in Central South Somalia, and 10 per cent of emergency assistance focused on response to the refugee influx from Yemen in NEZ and NWZ. Dialogue continues on strengthening the information management system, primarily on separated and unaccompanied children and MRM.

Through its emergency response and its role as the sub-cluster lead for child protection, UNICEF Somalia established close partnerships with a range of protection actors and strengthened child protection coordination at the national level in Nairobi and at the regional level in Mogadishu, Garowe and Bosaso. As a result, child protection needs assessments and child protection responses were delivered in a coordinated manner, as was capacity building for child protection in emergencies actors. The child protection sub-cluster coordinated the humanitarian funding mechanisms with the protection cluster. Limited progress was made in expanding mental health and psychosocial support at the field level, although this structure remains functional at the national level.

OUTPUT 1 Evidence generated by improved monitoring and reporting on grave child rights violations based on United Nations Security Council Resolutions 1612, 1882 and 1888 used to inform advocacy and response mechanism in ensuring boys, girls and young people associated with armed force/groups are released, reunified with families and benefit from sustainable socio-economic reintegration assistance in selected conflict areas

Analytical statement of progress:

The continuing conflict in Somalia has continued to result in grave child rights violations. In February 2015, heavy fighting was reported in the Guriceel district of Galgaduud region between Ahlu Sunna Waljama'a and the Somalia National Armed Forces over control of the town. In July, AMISOM and the Somalia National Armed Forces resumed the joint military offensive under Operation Jubba Corridor against anti-Government elements in the Central South regions of Bay, Bakool, Gedo, Hiran and Lower Shabelle, which resulted in the temporary displacement of 6,800 persons and caused a number of casualties among children (33 killed and 20 injured).

In 2015, the Country Task Force on Monitoring and Reporting documented 2,510 grave violations affecting 1,913 boys and 392 girls. The majority of the violations related to recruitment

(820), followed by abduction (805), killing and maiming (686), sexual violence (161), attacks on schools and hospitals (23) and denial of humanitarian access (15).

During the reporting period, the Task Force continued to provide support to the Federal Government of Somalia on the implementation of the signed action plans and SOP. On 29 March 2015, the Ministry of Defence nominated six officers to serve as military child protection unit focal persons for the regions (Banadir, Belet Weyne, Middle Shabelle, Lower Jubba, Galgaduud and Bay). In June, UNICEF Somalia, in collaboration with the UNICEF Eastern and Southern Africa Regional Office, the African Union's Commission Peace and Security Department and the Somalia Ministry of Defence, organized a study tour as part of South-South partnerships with the Uganda People's Defence Force. This enabled members of the Somalia National Armed Forces child protection unit to undertake a mission to Uganda, one of the African countries that has been successful in the implementation of the Action Plan and SOPs. The study tour was held between 9 and 13 June 2015.

As a result of continued advocacy by the Country Task Force on Monitoring and Reporting and with the support of the Special Representative to the Secretary-General on CAAC, the Federal Government finally agreed to release all children placed at the Serendi Rehabilitation Centre and implement the SOP on the reception and handover of children formerly associated with armed groups signed with the United Nations in 2014. On 15 and 16 September, a total of 64 children were handed over to a UNICEF-supported NGO partner for the community reintegration programme. Out of this number, 29 children were reunited with their families; the rest could not go home immediately due to security concerns and were therefore enrolled in an interim care centre.

In 2015, UNICEF Somalia and three main partners (one international and two local NGOs) supported 740 children with reintegration support that focused mainly on vocational skills training and access to school support. The programme is taking place in four different locations: Mogadishu, Belet Weyne, Baidoa and Afgoye.

UNICEF Somalia supported NGOs to implement community- and school-based mine risk education in the most-affected communities with a focus on encouraging safe behaviours and reducing risk. Due to ongoing conflict, large quantities of explosive devices continue to be abandoned or stored, causing children to be at increased risk.

OUTPUT 2 During emergencies, women, children and families have access to protection interventions in line with CCCs

Analytical statement of progress:

UNICEF Somalia has worked tirelessly to ensure that all eight core commitments for child protection are addressed in emergencies. The main focus has been on Central South Somalia and Puntland. In CSZ, child protection and GBV coordination mechanisms and programmes for GBV, MRM, CAAC, mine risk education and unaccompanied and separated children are in place. In Puntland, five out of eight benchmarks have been met; Benchmarks 2 (MRM), 7 (CAAC) and 8 (mine risk education) are not valid for that particular zone. For Central South Somalia, all eight benchmarks have been met. Limited funding impacted mine risk education work. Somaliland has successfully implemented Commitments 1 (coordination), 4 (unaccompanied and separated children) and 6 (psychosocial support).

All child protection programmes integrate psychosocial services for child beneficiaries and support families with psychosocial support services. Multiple NGOs that have been trained on

identification, documentation, tracing and reunification (IDTR) are providing services for unaccompanied and separated children throughout Central South Somalia. Child-friendly reception centres are set up in Bosaso and Berbera, mainly to respond to the needs of returnee/refugee children and women arriving from Yemen. Children received psychosocial support, and identified unaccompanied and separated children were provided with IDTR services and access to essential services as required. UNICEF Somalia is currently leading the IDTR Task Force at the national level. Systems to respond to the situation of unaccompanied and separated children need to be further strengthened across Somalia as this would improve the scope and quality of the IDTR services provided.

UNICEF Somalia led El Niño preparedness and response planning, international and national child protection organizations were trained on child protection-in-emergencies, stocks have been pre-positioned, and monitoring of the situation of unaccompanied and separated children by the IDTR Task Force is ongoing.

UNICEF Somalia worked with UNICEF Headquarters to support the testing of Primero, the new information management system, which is to be launched in early 2016.

Of the eight child protection working groups (CPWGs) that were established in 2011, seven are functioning. The CPWG in Dhobley has been merged with the protection cluster as the need for a separate working group was reduced. Members of all functioning working groups were trained on coordination skills, child protection information management systems, child protection in emergencies and case management. In Central South Somalia, the CPWG has coordinated IDTR services for children deported from the Kingdom of Saudi Arabia and conducted child protection rapid assessment in 10 regions affected by armed conflict and drought. In Somaliland, the CPWG actively participated in the development of the Child Protection Policy, the Child Protection Act and the IDP Policy. In Puntland, the CPWG contributed to the FGM Policy and the Sexual Offence Act. Improved coordination and collaboration between the Government and international and national NGO service providers, as well as capacity building and information sharing, has enhanced coordinated protection services for children affected by humanitarian situations.

OUTCOME 6 Improved access to justice, social services and a minimum package of preventive and protective processes for Somali children, realized through a functional child protection system linked with comprehensive community based child protection mechanisms

Analytical statement of progress:

Progress has been made across the country in regards to this outcome. Notably, there has been tangible progress in relation to Indicator 1, 'Existence and operationalization of regulatory/policy frameworks addressing identified child protection priorities'. The Federal Government ratified the Convention on the Rights of the Child with three reservations but has not yet ratified the optional protocols. The ratification is a significant step towards ensuring that the rights of Somali children are protected. It also provides an important point of reference upon which the various governments in Somalia must domesticate the principles contained in the convention in national legislation. Furthermore, it provides a strong framework of accountability for the Government to ensure that the rights of Somali children are protected systemically through all areas of governmental operation.

In relation to Indicator 2, 'Framework for the development of a national child protection system in place', the priorities of the different authorities across the country have resulted in varying progress on some interventions. For example, birth registration has continued to progress in

Somaliland with the continuation of the pilot registration by the MoH, Ministry of Interior and Federal Affairs and UNICEF Somalia. The Government of Puntland has expressed an interest in progressing civil registration and has agreed to borrow from the progress and lessons learned in Somaliland's civil registration programme. However, the expected commencement of birth registration in Puntland was not realized in 2015. Civil registration is currently still not a priority of the Federal Government of Somalia, and therefore no progress has been made in Central South Somalia.

Revision of domestic legislation to support children's access to justice and the protection of children's rights has commenced in all three zones. Somaliland has seen progress in the process of enacting the draft Child Rights Law, while Puntland developed a draft Juvenile Justice Law. Central South Somalia has held consultations on the development of a Juvenile Justice Law. In relation to Indicator 3, 'Abandonment of FGM as harmful practice in selected targeted communities', there have been some unanticipated challenges. Progress was expected in 2015 on the initiative to support total abandonment of FGM and cessation of early marriage. However, while progress has been made in the effort to enact legislation in Central South Somalia and Puntland for total abandonment of FGM, the issue has stalled in Somaliland. An election campaign cycle has begun in Somaliland, and elected officials have indicated that it is politically too risky to support the creation of policy and legislation regarding FGM and early marriage. In addition, there has been a lack of consensus between religious leaders in Somaliland regarding both issues, with an undefined Sunna version of FGM and the marriageable age of 15 supported by a number of key religious leaders. More advocacy must be undertaken in order to codify total abandonment of FGM or the create a marriageable age of 18 in Somaliland, as there is a real risk of legislation being enacted to legalize some forms of FGM and to create a marriageable age less than 18. In Puntland, government authorities have led the process of enacting Juvenile Justice Legislation and have produced a draft law, into which UNICEF Somalia provided technical input. Puntland authorities have also expressed a desire to create a child rights law in early 2016. The Federal Government has also commenced work in the form of consultations regarding a proposed juvenile justice law.

The development of social work education has been stalled due to the concerns of international universities regarding the prevailing security situation in the country. The year 2015 was particularly challenging in terms of the security situation, as highlighted by the attack on UNICEF Somalia staff in Garowe, which continues to challenge the recruitment of an international university to support this initiative.

Alternative care consultations occurred across Somalia in 2015. This resulted in the development of alternative care policies in Puntland and Somaliland, while the consultation process in Central South Somalia will continue into the first few months of 2016.

The child protection committees continued to provide a front-line protection response for children and their families in Somalia. Improvement in the recruitment criteria and capacity building of the committees has contributed to strengthened linkages between the Community-Based Child Protection programme and child protection mechanisms. In the three zones, local councils have prioritized child protection in the development agenda and have each appointed child protection focal persons. The planned assessment of the Community-Based Child Protection programme did not take place due to a lack of capacity in the few organizations that expressed interest.

OUTPUT 1 A functioning child protection system with a minimum set of legislations, policies and capacity for service delivery established

Analytical statement of progress:

A major accomplishment in all three zones has been on alternative care policy development. The process has progressed in Puntland and Somaliland with policies endorsed by the Government; in Central South Somalia, consultations will continue into the first quarter of 2016.

In the area of birth registration, in Puntland, an inter-ministerial coordination committee on birth registration was formed and chaired by the Ministry of Interior and Foreign Affairs and its Birth Registration Focal Unit to oversee the implementation of the proposed pilot birth registration initiative. In Somaliland, the development of the birth registration strategy and draft regulations, coupled with plans to expand pilot birth registration to six districts from two districts, are evidence of positive progress supported by UNICEF Somalia.

The strengthening of child protection systems is progressing with some key pieces of legislation aimed at protecting and the providing requisite services for children still in their final stages. At the same time, key government and non-government institutions are being capacitated to provide much needed services for children.

A number of stakeholders have noted the low number of trained social workers in the region as a concern. Plans were made to partner with an international academic institution to provide professional training for social workers, but this did not happen due to security concerns in Somalia.

The development of SOPs for the child protection and GBV working groups and the placement of trained social workers are initiatives that have helped to enhance child protection services and response through the formal and informal child protection systems.

OUTPUT 2 Laws, regulatory frameworks and services are put in place to adequately address children's access to justice

Analytical statement of progress:

Regulatory frameworks and services put into place during the reporting period to adequately address children's access to justice included the ratification of the Convention on the Rights of the Child with reservations against articles 17, 21 and 22. The three optional protocols have not yet been ratified, but they are expected to be ratified in 2016. The Federal Government has also held consultation workshops on how to domesticate and implement the Convention on the Rights of the Child. These consultations were conducted for civil society, Ministry of Women and Human Rights Development, the Ministry of Justice, the Office of the Attorney General, the Office of the Solicitor General, lawyer associations and district and regional courts from Banadir region.

The Federal Government has recognized the importance of negotiating the way forward in relation to working with the regional administrations to ensure that legislation created both by the Federal Government and regional administrations are complementary, and that conflicts do not arise in legislation. The Government has initiated a process of consultations aimed at developing a clear policy to guide all parties on what each level of government's responsibilities will be regarding the legislative development process.

The Government of Somaliland has agreed to bind itself informally to the principles of the Convention on the Rights of the Child, as it has repeatedly indicated that if the international community recognized it as a sovereign state, it would ratify the Convention. Somaliland has

also made advances in terms of the development of child-friendly legislation with the finalization of the draft Children's Act, which is expected to be presented for approval and enactment in early 2016. Work has also commenced on amending the Juvenile Justice Law to ensure that the diversion of children away from the formal justice system can occur at the earliest point of contact, rather than the present requirement, which involves a judge diverting a child.

The ratification of the Convention on the Rights of the Child directly impacts Puntland as a Federal State of Somalia. The Government of Puntland commenced work on the domestication of the Convention principles into its own legislation with the drafting of the Puntland Juvenile Justice Law. The Government also announced its intention to develop a Children's Act, as done in Somaliland.

After two years of development, the United Nations Integrated Strategic Framework was finalized and has been partially funded. The Framework will support comprehensive mapping and development of laws/policies, structures and services within the justice sector. It will also ensure that United Nations agencies, funds and programmes work in a coordinated fashion on all matters pertaining to the justice sector and that child protection will be mainstreamed into all United Nations initiatives within the justice sector.

Furthermore, the Puntland draft FGM/C Law has been validated with stakeholders and policy makers. However, the submission was postponed in order to first ensure wider support for total abandonment of the practice. Hence, public advocacy and lobbying with Parliament and line ministries continued in 2015 in order to build alliance for total FGM/C abandonment.

OUTPUT 3 Community-based mechanisms and processes are established and strengthened to ensure that girls and boys, including youth are protected from abuse, violence, exploitation and neglect

Analytical statement of progress:

The child protection committees and child protection advocates continued to provide protection and response to violations through community engagement and referrals for children and their families in Somalia. The committees identified and assisted boys and girls affected by various types of violations including rape, domestic violence, corporal punishment and child labour injuries, as well as children being subjected to harmful practices such as FGM/C, child and forced marriages, child abuse, trafficking and clan militia. The committees also made referrals for specialized services, including psychosocial support, medical care and family reunification for children rescued from the clan militia and child trafficking and Children living and working on the street. .

The above has some impact on the Youth for Change programme as the Ministry of Youth and Sport The programme is continuing successfully across Somalia, with 600 children and adolescents receiving rehabilitation and reintegration services. The next phase of the programme will commence as soon as funds are released to UNICEF Somalia from UNDP, which has received joint funding from the donor, the Government of Japan.

OUTPUT 4 Social acceptance of practices harmful to children in targeted locations reduced and improved access to services for GBV survivors

Analytical statement of progress:

GBV is widespread across Somalia. Despite the availability of GBV Information Management System data across Somalia, consolidated data is unavailable due to stringent data sharing

protocols that prevent agencies from accessing consolidated GBV data from across the country. Uncertain national statistics and data on the scope and magnitude, decades of conflict, insecurity, environmental shocks and widespread harmful practices including FGM/C and child/early/forced marriages put women and girls at particular risk of GBV in Somalia. The inter-agency GBV Survey conducted all across the country is expected to yield much needed information to support better programming in 2016. Children and internally displaced persons are more at risk of sexual exploitation due to limited security in the IDP settlements, the generally poor living conditions, lack of options which force people to undertake risky livelihood practices to survive, and limited protection. GBV-related service provision has greatly improved, and women and children who experience various forms of GBV received care and support through a package of services. Safe houses are functioning, providing shelter and temporary accommodation for survivors. Coordination linkages have improved, positively impacting the referral pathways. Capacity building of partners in the GBV Information Management System has improved reporting and documentation, which has improved access to data. While there has been improvement in addressing sexual violence, FGM/C and child marriages are deeply entrenched in Somalia. Policy and legal frameworks to support the abandonment of all forms of FGM has been strengthened with the dissemination of *fatwa* (a religious decree) outlawing all forms of FGM/C in Puntland and leading to improved policy and legislation frameworks. Plans are underway to issue *fatwa* in Central South Somalia, which will also create an enabling environment for endorsement of the anti-FGM/C policy and legislation. Religious and traditional leaders' engagement in advocating for the abandonment of FGM and child marriage have created an enabling environment for community members to publically discuss FGM/C, which is favourable for total abandonment by the wider community. Public discussions on FGM/C in Somalia are no longer a taboo; community members and leaders, including prominent Sheikhs, are actively advocating for the abandonment of the practice even in the Friday prayer sessions. Community dialogues have contributed to positive behaviour change in relation to the abandonment of FGM/C. Overall, 100 communities have declared abandonment of the practice, and an additional 100 communities engaged in dialogues have committed to declaring abandonment by the end of 2015.

OUTCOME 7 UNICEF's positioning and programming across all sectors and country zones are context-sensitive and evidence-based

Analytical statement of progress:

UNICEF Somalia provided leadership on a broad set of tasks ranging from strategic guidance and planning to management of cross-sectoral programmes focused on building systems and capacity for governance and reducing vulnerability, while ensuring programme quality, effectiveness and impact through assurance activities. UNICEF Somalia set the stage for the next Country Programme by undertaking a situation analysis that has been validated and endorsed by a representative group of government officials, donors, United Nations and NGO partners. To ensure that the situation analysis reflected both the current state of play and emerging trends that impact children, UNICEF Somalia commissioned local and international experts to conduct dynamic and action-oriented research on topics ranging from voluntary migration to usage and quality of private sector health facilities. This analysis provoked questions and identified gaps that will be further studied through a Multiple Indicator Cluster Survey in 2016.

UNICEF Somalia continued to focus on crosscutting programmes that address the underlying causes of poor governance and service delivery and build resilience to shocks both natural and man-made. Through the UN Joint Programme on Local Governance and Decentralised Service Delivery, UNICEF Somalia provided extensive technical assistance and capacity building of

partner ministries and municipalities in Somaliland and Puntland, which led to the elaboration of a government-led strategy for rolling out decentralization in Somaliland, supported harmonized planning systems between national and local governments, and managed successful service delivery pilots in education and water. Support to ministries and local governments was accompanied by a successful civic education programme and increased social accountability through community scorecards. Under its resilience programme, UNICEF Somalia worked in six districts in the Gedo region of Central South Somalia to prepare communities to predict, address and overcome shocks, such as natural disasters. The programme also reinforced public health, education, child protection and governance systems, recognizing their pivotal role in helping communities overcome hardship. Under its social protection programme in Somaliland, UNICEF Somalia established the basic architecture for a social protection system and child grant pilot. This programme is closely linked to resilience and local governance programming but focuses primarily on household- rather than community-level vulnerability and poverty.

UNICEF Somalia also continued programme effectiveness and accountability efforts, some of which were rolled out in 2014 and further enhanced in 2015. Devolution of core business processes continued. Notably the review of PCAs valued below US\$200,000 were approved, managed and monitored at the zonal level. Zonal monitoring plans, monitored at monthly Zonal Management Team meetings and quarterly CMTs were bolstered by TPM efforts focused on inaccessible areas. In addition to developing capacity for zonal offices and partners to adopt the global guidelines for cooperation with civil society organizations and processing PCAs for 140 implementing partners, UNICEF Somalia undertook an extensive programme of micro-assessments and organizational profiling of a large percentage of its partners. Furthermore, UNICEF Somalia provided training on HACT for relevant UNICEF Somalia staff and partners, both in Nairobi and zonal offices. UNICEF Somalia's audit programme covered 75 per cent of all disbursements – a significant achievement in promoting programme effectiveness. UNICEF Somalia also implemented financial and quality controls through the use of both staff-led and third-party monitoring of its programme activities, often in partnership with key donors. Information gathered from monitoring visits, were used to inform improvements in UNICEF Somalia programming.

OUTPUT 1 Capacity of sections, zonal offices and local authorities built, enabling them to integrate resilience, peacebuilding and good governance into the delivery of their programmes

Analytical statement of progress:

Mainstreaming peacebuilding and conflict sensitivity throughout the programme is ongoing. UNICEF staff in Somalia and implementing partners received foundational training in conflict sensitivity and peacebuilding, strengthening their capacity to implement fit-for-context programming in fragile and conflict-affected settings. The possibility of a peace and conflict impact analysis will be explored to gauge UNICEF Somalia's capacity to conduct conflict-sensitive programming following the training. Ministry of Education officials received training on risk-aware and conflict-sensitive education programming.

The three programme activities under the Peacebuilding, Education and Advocacy Programme were informed by an extensive conflict analysis and designed according to a peacebuilding-focused results framework. In 2015, two extensive case studies highlighting achievements were produced. In addition, previously existing sector activities under the resilience programme, which are informed by implementation-based learning, have been progressively integrated. Prototype testing for the implementation of a community scorecard in CSZ was completed in 2015.

UNICEF Somalia undertook a situation analysis, which has been validated and endorsed by a representative group of government officials, donors, United Nations and NGO partners. To ensure that the situation analysis reflected both the current state of play and emerging trends that impact children, UNICEF Somalia commissioned local and international experts to conduct dynamic and action-oriented research on topics ranging from voluntary migration to usage and quality of private sector health facilities.

Technical assistance and capacity building for the Ministry of Interior and Foreign Affairs in the two northern zones led to the elaboration of a Government-led expansion decentralization strategy in Somaliland. Support to harmonized planning systems between central and district levels was provided, and technical working groups are operational in Puntland and Somaliland, supporting policy and regulatory development for decentralized service delivery. Capacity assessment of social affairs departments is underway and will be completed in 2016.

Four service delivery model pilots in education and water management are being successfully implemented in Somaliland. Five service delivery models in Puntland (health and water management) were stopped due to security and capacity constraints. Third-party verification provided evidence on improved service delivery in the pilot districts. It also outlined problems related to still-existing capacity gaps of local governments in the area of budget management.

The civic education programme was implemented in Somaliland. Public meetings in seven district councils were conducted. Five civil talks with youth and women's groups were organized and shown on television, discussing government roles in service delivery, and 13 schools organized civic corners where children were supported to understand their roles and responsibilities as citizens. Schoolchildren in several areas worked on one-minute films to influence local government to strengthen child welfare systems. Social media was used to reach a wider population with messaging on rights and responsibilities. Civic education programmes in Baidoa and Banadir districts started, targeting more than 230,000 citizens. The selection of partners for other areas is postponed until next year. Community scorecards as social accountability mechanisms were introduced in two districts of Somaliland – Borama and Burao.

OUTPUT 2 UNICEF Somalia has contributed to social policy development for women, children and communities by building longer-term resilience and laying the foundations of a social protection framework for Somalia

Analytical statement of progress:

Social protection workshops were held in all three zones and Nairobi, sharing study findings and introducing social protection. These workshops included broad participation of government representatives, civil society, the United Nations and the private sector. Furthermore, UNICEF Somalia supported two leading technical officers from Somaliland to attend a two-week training course in Thailand, led by the Economic Policy Research Institute.

UNICEF Somalia hosted Peacebuilding and State Building Goals 5 Social Protection subworking group meetings every two to three months throughout 2015. The social protection definition, which was included as a 2015 Peacebuilding and State Building Goals 5 milestone, has been agreed, and a concept note further defining social protection has been developed.

Social protection framework studies were completed and validated in all zones by the end of 2014. A further concept note on building social protection systems and piloting a child grant in Somaliland received endorsement from the Government and was fully funded in mid-2015. UNICEF Somalia is currently supporting partners in Somaliland to implement this system and a

child grant, which will form the main components of the social protection 2016 annual work plan.

Although the cash transfer milestone of 30,000 households was achieved in 2014, the cash programme shrank in 2015, with a total of 10,200 households receiving monthly support during the year. This reduction is consistent with UNICEF Somalia's shift towards long-term transfer activities (e.g. minimum of one year) to provide for increased predictability and improve the impact of cash transfer programming. The current New Deal compact Action Plan contains child-friendly interventions (including social worker workforce and child-focused social protection systems) following concerted efforts by UNICEF Somalia.

OUTPUT 3 UNICEF Somalia runs an integrated planning, monitoring and evaluation and knowledge management support system to manage risk and improve quality of programming across sectors and zones.

Analytical statement of progress:

A new SOP for IMEP was developed and approved by the CMT in 2015. The progress of the IMEP was presented every quarter to the CMT. By the end of 2015, the status of the IMEP was such that seven had been completed (32 per cent), two had been cancelled (9 per cent) and 13 were carried over to 2016 (59 per cent). Funding delays, security and technical issues have been identified as key drivers of delay in research implementation and will inform the formulation of the 2016 IMEP. Three new studies presented to the CMT were approved in December 2015. A terms of reference for the research committee (Committee on Studies, Surveys and Evaluations) was developed and is under discussion for establishment in 2016.

A quarterly monitoring plan was integrated in PCAs, compliance with HACT requirements is progressing, TPM has been introduced, monitoring training was conducted and real time monitoring is being rolled out.

All activities referred to are subject to TPM with TPM terms of reference being submitted with every PD. Of the 137 unique implementing partners to whom funds were disbursed in 2015 (between January and September), risk ratings for all 137 have been entered into the Virtual Integrated System of Information, with 48 per cent subjected to a valid micro-assessment in the last five years, and 71 of 137 indicated as high risk, by default. Of the 66 implementing partners subject to a valid micro-assessment, 16 were micro-assessed as low risk, 28 as medium risk, 15 as significant risk and seven as high risk. Of the 137 unique implementing partners, 51 have been subject to third-party profiling. Out of the 137 implementing partners, 23 have been subject to both micro-assessment and third-party profiling; 71 have been subject to either micro-assessment or third-party profiling; and 43 have been subject to neither micro-assessment nor third-party profiling. The Risk Committee is in place, and HACT is being rolled out.