Executive Summary

In 2016, the Federal Government of Somalia designed the country’s first National Development Plan (NDP) in 30 years. UNICEF ensured that child-focused data, with attention to gender and minorities, were incorporated into the Plan, along with a multisectoral nutritional approach coherent with the Scaling Up Nutrition (SUN) movement. In addition, social protection and resilience were highlighted as key elements in supporting heightened access to basic services.

All programmes implemented amounted to US$155.9 million. A key focus for UNICEF Somalia in 2016 was on reducing child morbidity and mortality through the delivery of the essential package of health services (EPHS). In partnership with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA), UNICEF supported improved availability of health services for 5.7 million people, including 900,000 children, in 47 targeted districts. More than 80,000 mothers were reached by community health workers, trained with UNICEF support on interpersonal communication, to strengthen community mobilization and improve access to health facilities. UNICEF, through its implementing partners, enabled the treatment of some 91,000 severely malnourished children under 5, nationwide. More than 30,000 mothers participated in support groups promoting child nutrition, which increased demand for nutrition services, and 350,000 people listened to radio/television programmes reinforcing key health messages. Nearly 440,000 additional people accessed sufficient safe water, double the annual target.

Somalia remained polio-free, marking two years since its last case in August 2014. As principal recipient of the Global Fund for AIDS, Tuberculosis and Malaria, UNICEF distributed more than 625,000 long-lasting insecticidal nets (LLINs), protecting 1,125,000 people (202,500 children under 5) from malaria. More than 100,000 people were tested for HIV/AIDS, and antiretroviral therapy was provided to more than 2,600 adults and children.

UNICEF Somalia and the World Food Programme (WFP), with the Federal Government, secured funding to develop a social protection policy and preliminary identification and registration systems. UNICEF successfully advocated with the World Bank to include a child poverty chapter in its upcoming Somalia poverty profile, which UNICEF has drafted, incorporating projections of the potential poverty impact of child-focused social protection programming in Somalia, to be published in March 2017.

UNICEF-supported community-based reintegration programmes reached 973 children (15 per cent girls) released from armed groups/forces. Almost half of these children graduated from programmes providing vocational training and psychosocial support. UNICEF supported 38,000 children (45 per cent girls) to access learning materials and facilitated the enrolment in informal and formal education of 66,000 out-of-school children (44 per cent girls), including pastoralist community children and those affected by emergencies. As the grant agent for the Global Partnership for Education, UNICEF also facilitated financial incentives for 3,600 teachers and supported national school census activities to produce education statistical yearbooks for evidence-based education sector planning.
A robust implementation of the harmonized approach to cash transfers (HACT) included 35 commissioned audits (30 completed) and almost 450 programmatic assurance visits conducted, including one quarter by third-party monitors. An enterprise risk assessment identified key programme risks and developed mitigation strategies to be implemented in 2017. Continuous supply monitoring and logistics support reduced timelines and waste. Finally, staff association-led office retreats were held with zonal committees to implement recommendations in 2017 and beyond.

UNICEF worked closely with numerous partners in 2016. A key strategic partnership was developed with WFP and the Food and Agriculture Organization (FAO) that involved close collaboration on the development of a joint results framework for the resilience programme. Also with WFP, using the innovative SCOPE platform—a WFP-developed biometric system that enables population registration and enhances planning, implementation and monitoring—UNICEF worked to implement and scale up the response to address alarming food insecurity and malnutrition levels in Somalia and reintegrate Somali returnees from Dadaab, supporting up to 5,000 refugee households. Worsening drought conditions are affecting most of Somalia, with potentially catastrophic implications; supporting the drought response will be a key UNICEF priority in 2017.

An overall shortfall in 2016, which affected all sectors, was the lack of a nuanced equity analysis to address the intergenerational dimensions of inequality among children. Systemic exclusion of minority groups, embedded in Somali sociocultural norms and government policies and budgets, perpetuates inequalities that affect every aspect of children’s rights. Other gaps included limited uptake of community-led total sanitation (CLTS), with only 39 communities certified as open defecation free (ODF), despite ongoing advocacy and communication for development (C4D) efforts. Although nearly 150,000 children received birth certificates, birth registration remains a significant challenge, and UNICEF will work to strengthen this by supporting the development of an electronic certification system in 2017. In education, challenges related to reaching the urban poor and rural communities, where inequities are highest, resulted in shortfalls in projected school enrolment, a key issue to be addressed moving forward.

**Humanitarian Assistance**

The humanitarian situation continued to deteriorate, and Somalia remains in a state of chronic humanitarian emergency. More than 320,000 children under 5 are acutely malnourished, with 50,000 affected by severe acute malnutrition (SAM). Five million people, or 40 per cent of the population, are food insecure. There are 3.2 million people in need of water, sanitation and hygiene (WASH) services, and 3 million children remain out of school. More than 1 million people are internally displaced and more than 30,000 refugees have returned from the Dadaab refugee camps in Kenya. Fighting in Gaalkacyo (Lower Shabelle region) and the withdrawal of Ethiopian troops from Bakool, Hiiraan and Galgadud has created instability and displaced nearly 150,000 people. Drought continues in Puntland, Somaliland and South-Central regions. Malnutrition rates remain above emergency thresholds in internally displaced person (IDP) sites, and Somalia is plagued by disease outbreaks, including measles and acute watery diarrhoea (ACUTE WATERY DIARRHOEA)/cholera, with 13,700 cases reported in 2016, 161 per cent higher than in 2015.

In 2016, UNICEF Somalia supported drought-affected communities through the provision of water vouchers and integrated mobile health and nutrition services. Some 91,000 severely malnourished children under 5 were treated, with 93 per cent recovery rates. Assistance was provided to flood-affected households in Belet Weyne, the most-affected area, and efforts were scaled up to contain the acute watery diarrhoea/cholera outbreak through an integrated response. UNICEF also supported displaced populations, returnees from Dadaab and
communities affected by conflict and clan fighting. The response focused on preventing mortality and morbidity through the provision of an integrated package of curative and preventive nutrition interventions and primary healthcare services. Eradication of polio remained a top priority, and efforts were made to immunize all children, combined with emergency measles vaccination campaigns to prevent outbreaks. UNICEF Somalia increased access to safe water, promoted emergency sanitation and maintained immediate response capacity through nine supply hubs across the South-Central regions. UNICEF supported disengagement and reintegration of children associated with armed groups, monitored and reported on grave violations, while preventing and responding to incidents of gender-based violence. UNICEF provided comprehensive gender-based violence services, reaching 4,200 gender-based violence survivors (more than 90 per cent female) with psychosocial support, clinical assistance, security and legal aid. UNICEF also worked to improve access to emergency education.

UNICEF Somalia received US$35.7 million against the 2016 Humanitarian Response Plan. The following interventions were successfully implemented:
- Treatment of 91,296 children under 5 with severe acute malnutrition;
- Vaccination of 723,798 children under 1 against measles and 2,425,662 children under 5 against polio;
- Provision of emergency life-saving health services in high-risk areas to 460,012 women and children under 5;
- Provision of sustained access to water to 439,306 people and to 550,339 through temporary means;
- Provision of means to practice good hygiene and household water treatment to 52,666 people;
- Access to education in emergencies for and provision of teaching and learning supplies to 38,080 school-aged children;
- Monitoring and reporting on violations affecting 2,462 children;
- Provision of a package of gender-based violence services to 4,293 survivors.

WFP and UNICEF supported the reintegration of Somali returnees from Dadaab, providing emergency unconditional cash-based transfer assistance packages, using the innovative SCOPE biometric platform, for up to 5,000 refugee households (representing some 35,000 people, including 20,000 children) to help them settle into their locations of return. UNICEF is also engaged in durable solutions initiatives for internally displaced persons, returnees and vulnerable host communities and, with partners and the Government, supported the development of a Kismayo area-based action plan that will be expanded to regions in 2017.

In 2016, UNICEF-led clusters coordinated a network of 130 partners for WASH and nutrition, 70 partners for education and nearly 50 partners for child protection. A network of Somalia-based regional cluster focal points supported continued access to information, coordination and the implementation of interventions.

The nutrition cluster reached 259,690 people with life-saving services and supported capacity-building efforts targeting cluster focal points and partners.

WASH cluster partners supported 1,884,450 people with temporary or sustainable access to safe water; 218,000 people with access to sanitation facilities; and 553,000 beneficiaries with essential life-saving items.

The education cluster supported 92,000 school-aged children with access to education-in-emergencies and rolled out education-in-emergencies training for cluster partners.
In 2016, the child protection sub-cluster reached 96,463 people, including through prevention and referral services. The sub-cluster also assisted 2,020 unaccompanied and separated children and provided 4,493 gender-based violence survivors with access to a package of medical, legal, psychosocial and material services.

The Somalia page on the Early Warning Early Action portal was updated in 2016 and all actions are on track.

**Emerging Areas of Importance**

**Climate change and children.** In Somalia, climate change manifests itself through excessive water causing floods or drastic reduction of water due to lack of rain. In both cases, children, particularly the girl child, bear the brunt of the effects. Women, girls and boys cover long distances to reach water sources, carrying heavy containers. During droughts, schools close as children and teachers are displaced, together with other community members, in search of water. The price of water can spike from US$5 to US$30 per barrel in some of the worst-affected regions. With little water available for drinking and personal hygiene, diarrhoea and skin diseases are common. Prolonged drought conditions result in the wasting of animal assets. This affects milk production and subsequently the nutritional status of the children. During floods, most water supply and sanitation facilities are either submerged or washed away by floodwaters. Children are exposed to contaminated floodwaters, and open defecation can become the norm. Outbreaks of acute watery diarrhoea/cholera are common among the worst-affected children. Women and girls face more difficulty by waiting until dark before relieving themselves.

While the effects of La Niña were slight in 2016, the effects of El Niño were stronger, with drought in the north of the country and flooding in the south, resulting in the rise of acute watery diarrhoea through mid-2016. While UNICEF Somalia’s climate change efforts remain nascent, specific steps towards increased climate accountability are underway to limit the impact of climate change on children. The WASH programme has supported the construction of sand or sub-surface dams to obstruct the flow of groundwater at the bed of seasonal rivers and store water below ground level. Through shallow wells equipped with solar pumps, water is extracted to meet drinking water needs for humans and livestock. For Somalia, a semi-arid country, these structures are critical to storing seasonally available water for dry periods.

In addition, UNICEF Somalia and its partners have installed more than 100 solar-powered water supply systems since 2006 and are increasingly replacing diesel-run generators with solar-powered systems, thereby reducing the carbon footprint of water infrastructure. An evaluation undertaken in 2016 confirmed the high performance of solar-powered water supply systems and their effectiveness towards sustainable community water supply. Specific recommendations for technical system improvements included extended service contracts and coordination among non-governmental organizations (NGOs) administering duplicate efforts. Service contracts will now automatically extend for at least two years after initial water systems are commissioned.

**Refugee and migrant children.** WFP and UNICEF have engaged in a strategic partnership to implement an augmented response to address the alarming food insecurity and malnutrition levels in Somalia. This partnership now includes the reintegration of Somali returnees from Dadaab. WFP and UNICEF provide emergency unconditional cash-based transfer assistance packages for up to 5,000 refugee households (around 35,000 people of whom 20,000 are children) to help them settle into their locations of return. The assistance is being implemented using the SCOPE biometric platform, which imports bio-data of refugees onto a database. E-transfer cards are issued for volunteer returnees and topped up with cash values in two wallets or interventions: one for WFP food vouchers and the second with
UNICEF cash entitlements. The WFP food assistance entitlements can be used to buy food items at vetted retail shops in Somalia, where households can also redeem the UNICEF cash entitlements. SCOPE technology offers the possibility of sharing data and information among partners and the creation of multiple 'wallets' (or interventions) by different partners on a single card. The joint management of beneficiaries and transfers amplifies management oversight of transfers, and systems allow automatic detection of potential duplication among different actors, increasing impact, cost efficiency and overall effectiveness. Via use of SCOPE, in July and August, UNICEF successfully distributed hygiene kits to 4,573 households (27,438 internally displaced persons) at health clinics in Bossaso. UNICEF and WFP also responded jointly to the drought in Puntland, with the provision of food and water vouchers through SCOPE. Opportunities to expand the use of SCOPE beyond emergency response will be explored for 2017.

In 2016, as part of the situation analysis, UNICEF commissioned a study (‘Going on Tahriib’) on the topic of youth migration and its devastating effects on families in Puntland and Somaliland, where young people regularly embark on the hazardous journey to Europe via Ethiopia, Libya and the Sudan, facilitated by a network of human smugglers. UNICEF will endeavour to incorporate the findings of this important study into its programming for 2017.

Summary Notes and Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABE</td>
<td>alternative basic education</td>
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<tr>
<td>AMISOM</td>
<td>African Union Mission in Somalia</td>
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<td>ART</td>
<td>antiretroviral therapy</td>
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<td>AWD</td>
<td>acute watery diarrhoea</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CBW</td>
<td>community-based workers</td>
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<td>CCC</td>
<td>Core Commitments for Children in Humanitarian Action</td>
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<td>CEC</td>
<td>community education committee</td>
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<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>DHIS2</td>
<td>District Health Information System 2</td>
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<td>EPHS</td>
<td>Essential Package of Health Services</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>ESA</td>
<td>Education Sector Analysis</td>
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<td>ESSP</td>
<td>Education Sector Strategic Plan</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>HACT</td>
<td>Harmonized Approach to Cash Transfer</td>
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<td>HMIS</td>
<td>Health management information system</td>
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<td>IDP</td>
<td>internally displaced person</td>
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<td>IMAM</td>
<td>integrated monitoring of acute malnutrition</td>
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<td>IMWSC</td>
<td>Inter-Ministerial WASH Steering Committee</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>IYCF</td>
<td>infant and young child feeding</td>
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<td>JPLG</td>
<td>Joint Programme on Local Governance</td>
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<td>LLIN</td>
<td>long-lasting insecticidal net</td>
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<tr>
<td>LLIN</td>
<td>long-lasting insecticidal net</td>
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<tr>
<td>NDP</td>
<td>National Development Plan</td>
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<tr>
<td>NGO</td>
<td>non-governmental organization</td>
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<td>ODF</td>
<td>open defecation free</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
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<td>SAM</td>
<td>severe acute malnutrition</td>
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<tr>
<td>SMS</td>
<td>short message service</td>
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<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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Capacity Development

C4D interventions focused on the promotion of positive behaviours across all programme sectors to build and reinforce the individual and collective capacity of dislocated populations, marginalized communities and vulnerable populations to respond to day-to-day life, conflict, disease outbreaks and natural disasters. Community capacity has been enhanced to reduce the stress and shocks of these events while simultaneously fostering re-inclusion in social networks to buffer the negative effects of these shocks. As a key component of the next Country Programme, a standalone C4D unit has been created within the programme team.

C4D capacity strengthening was conducted at service provider and community/beneficiary levels. Enhanced capacity of health workers, social workers and civil society organisations (CSO) partners enabled the promotion of essential behaviours among target populations. Community action strengthened community capacity to change negative behaviours and ensure they can positively contribute to their own development.

Slow but steady success has been achieved in key sectors. For example, in WASH, 39 communities have been declared open defecation free (ODF). The establishment of 2,800 mothers support groups saw the promotion in nutrition of children and women leading to more mothers accessing nutrition outreach services. Furthermore, enhancing the capacities of 287 health workers on interpersonal communication skills helped promote essential family practices.

Engagement of female genital mutilation/cutting champions such as a former traditional birth attendant who used to perform female genital mutilation/cutting has created strong advocates against the practice. Prominent personalities such as the First Lady of Puntland helped to bring to light the issue of female genital mutilation, facilitating more open discussion with community members and their leaders. Strengthening government capacity for service delivery, regulation and policy/legislation development has also enhanced the protective environment for women and children. UNICEF-supported research has shown impact regarding changing attitudes and norms, leading to increased reporting of abuses and reduced female genital mutilation prevalence rates.

Evidence Generation, Policy Dialogue and Advocacy

Direct support to the Government yielded considerable results in the design of Somalia’s first National Development Plan in 30 years. UNICEF also supported consultations across new Federal Member States, civil society and private sector partners, resulting in key child-focused data and analysis being incorporated into the Plan. In the same process, prioritization was given to gender and social inclusion, flagship programmes, resilience as a pillar to bolster nutrition programming, social protection interventions and the Convention on the Rights of the Child.

Lessons learned from previous programme cycles confirm that social exclusion of children is predominantly linked to clan membership and deep-rooted historical grievances, with also significant economic and demographic influences. Therefore, the country office generated evidence and engaged in policy dialogue and advocacy with a nuanced incorporation of clan dynamics. A mapping of minority groups is now incorporated into programme planning to, inter alia, ensure that NGO selection and supply chain networks are reviewed for conflict.
In March this year, 108 boys (44 in Galkayo and 64 in Puntland) were detained for association with Al-Shabaab, with 10 placed on death row. All 44 children in Galkayo were released and the 26 under-15 children detained in Puntland were airlifted to a UNICEF supported reintegration programme in the south to receive reintegration assistance. UNICEF urged senior government authorities to treat all the former child soldiers as victims in need of protection and not as criminals. UNICEF further supported the visit of the Special Representative of the UN Secretary-General for Children and Armed Conflict to advocate with the Puntland authorities for the release of all children and for the Government to treat all those under age of 18 years old as children in line with the Convention on the Rights of the Child.

### Partnerships

Upstream, UNICEF partnered with government ministries and other sector actors to strengthen sector coordination, management, legislation and policy development. For example, the UNICEF-supported Inter-Ministerial WASH Steering Committee (IMWSC) continued to be the key coordination forum for the policy development process and strategic direction of the WASH sector. A draft WASH policy has been developed with the support of UNICEF in collaboration with IMWSC, and regional and state consultations are ongoing to ensure buy-in.

To support sector analysis, UNICEF Somalia, with the Ministry of Health, WFP and the Nutrition Cluster, took the technical lead in undertaking a national bottleneck analysis of integrated monitoring of acute malnutrition (IMAM) services to generate understanding of key determinants affecting effective coverage and quality nutrition services. Furthermore, the United Nations Network of Somalia SUN was established, bringing synergies of United Nations support to SUN; UNICEF and WFP are co-chairs. Finally, for nutrition, UNICEF partnered with the Food Security and Nutrition Analysis Unit to produce an important survey on infant and young child feeding (IYCF) practices to inform the sector’s programming and strategy moving forward.

In education, strategic partnerships were strengthened with Save the Children and the Africa Education Trust. UNICEF built upon its partnership with United Nations Educational, Scientific and Cultural Organization (UNESCO) to improve teacher training under the Educate a Child programme. The relationship with the Norwegian Refugee Council was developed to reach marginalized adolescents and youth.

Of the US$47.2 million that UNICEF disbursed to civil society organizations in 2016, US$22 million (47 per cent) was disbursed to local NGOs. UNICEF Somalia already implements a significant part of its programme through local NGOs, exceeding the 25 per cent target cited at the World Humanitarian Summit.

### External Communication and Public Advocacy

UNICEF’s role as the leading voice for children was demonstrated by the first Situation Analysis of Children in Somalia since 2008. The high-level launch was done together with the Minister of Women and Human Rights Development and supported by the United Nations, NGOs and youth. The UNICEF-commissioned report ‘Going on Tahriib’, implemented by the Rift Valley Institute, became a much needed evidence-based advocacy tool, opening wide discussions on issues of youth migration.

In 2016, 14 press releases, 69 human interest stories, nine videos and some 300 professional quality photographs were produced. The partnership with the Somaliland
Journalists’ Association resulted in six video/text reports on health, education, WASH and child protection that were disseminated among Somali media. These reports and stories appeared in international and national media 70 times, including Reuters, the British Broadcasting Corporation, Voice of America, Newsweek, Xinhua and Goobjoog News (Somali) and Hiiraan online (Somali). A renowned Somali writer, together with writers around the world, contributed to the Tiny Stories campaign to mark UNICEF’s 70th anniversary. Special events such as 16 Days of Activism, World Toilet Day and World Refugee Days were highlighted using social media. Social media was also utilized to raise the visibility of donors such as the European Union and the Directorate-General for European Civil Protection and Humanitarian Aid Operations, with 1 million people (cumulatively) reached.

In social media, Facebook recorded more than 53,000 new likes, and Twitter now records 11,700 followers (5,000 new followers in 2016). The website had more than 67,100 new and 27,100 returning visitor sessions.

Blogging and photography training for more than 40 Somali youth led to the publishing of more than 100 blog posts on their personal social media sites. These focused on issues concerning their lives and that of their families and communities, including education, female genital mutilation and migration. It is anticipated that these youths can be a positive force to support child rights advocacy.

**South-South Cooperation and Triangular Cooperation**

Federal government representatives participated in a sanitation learning session in South Africa, where a paper, ‘CLTS Implementation in Fragile States: The Experience of Somalia’, was presented. WASH staff visited different CLTS programme locations in Kenya as part of a capacity-strengthening exercise. After years of upstream advocacy and CLTS programming, in 2016, 39 communities were declared open defecation free in Somalia.

Representatives from three ministries of health attended training on the District Health Information System (DHIS2) tool in Uganda to support data collection, analysis and reporting for regional- and national-level health data. The system is currently customized to fit into the Somalia health sector data needs for roll-out in 2017. An exchange with Ugandan district health management teams and health facilities on a health management information system (HMIS) helped respond to shared challenges in the application of HMIS. Notably, this system will enable age disaggregation on key health indicators to improve data for decision-making for children. It will provide online reporting of health sector data leading to timely reporting for the first time in Somalia. Its automatic visualization features will enable the immediate use of data for decision-making by all policymakers irrespective of their data analysis skills.

UNICEF Somalia also partnered with the African Union Peace and Security Department to enhance the protection of children in Somalia. With the help of UNICEF global funding and the Child Soldiers’ Initiative, a child protection officer continues to be deployed with the African Union Mission in Somalia (AMISOM). The deployment of the child protection officer represents strategic engagement between UNICEF and AMISOM to mobilize technical assistance for the realization of children’s rights, especially those caught up in the ongoing conflict, and provide pre- and in-service child protection training for AMISOM troops, including capacity strengthening for the Somalia National Army.

**Identification and Promotion of Innovation**

WFP and UNICEF provided unconditional cash transfers for 5,000 household returnees using the SCOPE platform. SCOPE is a WFP-developed system that enables the registration of populations into an e-system and captures data such as household size, telephone numbers and biometric data. E-transfer cards are issued in an emergency defined
by key criteria, with households informed through mass communications. The e-transfer cards are credited for certain items (cash or food/water items, etc.), and participants redeem their goods/services at a vendor by scanning their fingerprint. SCOPE card machines log the interaction and store data for when, where and what goods are accessed. The system enables joint agency targeting and implementation, facilitated by the creation of multiple interventions by different partners on a single card, avoiding duplication and improving efficiency and effectiveness. SCOPE also facilitates refined monitoring of service delivery and reach.

A norms change programme called Community Cares that aims to reduce stigmatization of survivors of sexual and gender-based violence, has increased reporting of abuses contributing to improved social norms around sexual and gender-based violence. The programme, researched by Johns Hopkins University, recommended scaling up, accompanied by a greater focus in the methodology on how a reduction of stigmatization is directly linked to an increase in reporting of abuse. This programme contributes to refining ‘measurable’ prevention programmes, making it possible to measure the impact of the programme on the wider community.

Finally, interactive radio broadcasts and short message service (SMS) platforms, developed with the Africa Voices Foundation, gathered opinions from more than 30,000 audience members concerning key health topics (immunization, the spread of water-borne diseases, etc.). While the data itself was analysed and used by the programmes, the SMS respondents' details (including demographic) were also captured in RapidPro, allowing for potential future data gathering from a range of people across Somalia, which is particularly critical given security constraints related to collecting data in person.

**Support to Integration and Cross-sectoral linkages**

In response to the expected return of approximately 70,000 refugees from Dadaab in 2016, UNICEF’s emergency and social protection teams paired up with the WFP to implement a cash-based response to support households during their first six months in Somalia. The two teams are working closely with planning, monitoring and evaluation colleagues and cluster leads to develop comprehensive, interactive maps of basic social services across southern Somalia. The emergency and social protection partnership is expected to further evolve in 2017, with analytical and technical engagement on building social protection systems in fragile contexts and prolonged crises.

Nutrition services have been fully integrated with the extended package of health services, enabling 5.7 million Somalis (45 per cent of the population) to access the integrated package of health and nutrition services. In Dollow district IDP settlements, a package of nutrition, WASH and health services targeted 42,053 people, of which 8,411 were children under5 and 3,364 were pregnant or lactating women. UNICEF closely coordinated with partners in Middle Shabelle and Lower Juba to enhance preparedness levels to deal with acute watery diarrhoea outbreaks through the scale-up of integrated nutrition, health and hygiene promotion activities to prevent the exacerbation of nutritional risks associated with acute watery diarrhoea outbreaks.

UNICEF provided extensive technical support to the Government on the development of the resilience chapter of the NDP, particularly with the multisectoral approach to malnutrition and food insecurity. In response to this policy priority, UNICEF has taken a lead role in the development of the Joint Resilience Programme with WFP and FAO. It addresses malnutrition through a combination of nutrition-specific and nutrition-sensitive interventions in 10 districts across Somalia and is expected to start in 2017. Programme design was guided by principles of results-based management and risk-informed programming, including conflict risk.
Service Delivery

A significant component of UNICEF’s programme in Somalia is downstream service delivery, supporting systems to deliver interventions to hundreds of thousands of children across sectors. A focus is on delivering essential supplies and strengthening logistics systems, as well as equipping and training front-line workers to deliver services. To ensure accurate tracking of progress, especially in an insecure environment that makes access challenging, UNICEF Somalia has adopted a multifarious approach to monitoring, including triangulating information from different sources. UNICEF Somalia manages a network of independent third-party monitors who access programmes where staff cannot. This provides invaluable feedback enabling troubleshooting of issues and adjustment of programmes, inter alia related to adequacy of supplies and impact of cultural sensitivity. Supportive supervision by staff also helps partners to identify and solve service delivery issues.

In 2016, partner reporting was strengthened by introducing standard partner reporting tools, better aligned with annual workplans. By working closely with partners, implementation of these tools is improving partner monitoring capacities and accountability. UNICEF Somalia has promoted innovative use of technology, including RapidPro for monitoring and reporting stock levels in the health, HIV and nutrition sectors. UNICEF staff and partners receive stock monitoring alerts and can act accordingly. RapidPro has also been used to gather citizen feedback on health and WASH issues, and through a call centre modality information is gathered on perceptions around UNICEF’s service delivery from families across Somalia to inform programming, planning and communication strategies.

Particularly in the health sector, work to deliver an expanded package of health services has established a robust service delivery system, with UNICEF working to gradually transfer the management of some components to health authorities. This handover will empower and capacitate authorities to oversee select business areas, including supply management, information management, coordination and financial management.

Human Rights-Based Approach to Cooperation

Aligning legislation to the Convention on the Rights of the Child included passage of juvenile justice and sexual offence legislation (Puntland) and alternative care policies (Somaliland/Puntland). Consultations fostered civil society engagement towards preparing the Government’s first submission to the Committee on the Rights of the Child in 2017.

At the same time, strengthening accountability mechanisms for the realization of children’s rights included improved monitoring and reporting of grave child rights violations. More than 4,193 grave violations were recorded, affecting 557 girls and 2,911 boys. Most suffered recruitment and use violations or abduction into armed groups.

A total of 75 community declarations of zero tolerance and total abandonment of female genital mutilation/cutting marked a reduction in social acceptance of practices harmful to children. As a result of advocacy and awareness-raising efforts, 518 girls did not undergo female genital mutilation/cutting; 1,007 religious leaders were engaged/mobilized to end female genital mutilation/cutting; and 5,215 female genital mutilation/cutting community dialogues were conducted. In Puntland, a fatwa prohibiting female genital mutilation/cutting was released with female genital mutilation legislation pending approval in Parliament.

UNICEF supported the enrolment of 12,596 out-of-school children in formal education (39 per cent girls) through mobilization campaigns conducted with the Government, partners and communities. More than 500 community education committees (CECs) were trained, resulting in communities building extra classrooms and latrines and providing incentives to
teachers with their own resources. The establishment of child-to-child clubs in 529 schools offered a platform for children to have a voice in the school community.

**Gender Equality**

Sociocultural factors/norms perpetuate inequalities. Data underlines how child outcomes in Somalia are gender differentiated and how specific limitations faced by women and girls, or specific gender norms that define male and female expectations in the Somali context, constrain demand and supply for services and the enabling environment that then affects outcomes for children. A review of the programme budget confirmed 7.7 per cent was dedicated to gender programming. A gender audit is being undertaken, including how to improve sex- and age-disaggregated data.

UNICEF worked with communities to prevent gender-based violence and respond to victims’ needs. The Community Cares programme helped communities say “no” to violence against women and girls by bringing community members together to build awareness about human rights, fairness, tolerance and justice. Through dialogue, proposed solutions were translated into actions to stop violence, while empowering survivors.

Fewer than one in five primary school teachers in Somalia are women, and less than half (40 per cent) of girls in Somaliland attend primary school. Only 23 per cent of girls attend school in rural Somaliland, compared with more than 54 per cent in urban/peri-urban areas. Figures are worse in South-Central regions, where girls’ participation in education in rural areas is even lower, and less than 10 per cent of primary school teachers are female. In Puntland, 14 per cent of primary school teachers are female. Recognizing the power of professional role models for young girls and the urgent need for gender-sensitive policies in the classroom, UNICEF, through the Global Partnership for Education, elevated 45 female teachers in the educational system through intensive training. Beyond practical skills on school management and leadership techniques, the course boosts morale and builds confidence among the emerging cadre of well-equipped female teachers.

Campaigns to eradicate female genital mutilation/cutting have accelerated abandonment of the practice. Engaging religious leaders impacted former circumcisers to lead anti-female genital mutilation/cutting committees. More than 50 campaigns meant that parents and relatives of more than 970 young girls committed to protect their daughters from mutilation. The programme included income-generating schemes to support former cutters to provide for their families.

**Environmental Sustainability**

Climate change adaptation through resilient development, particularly early warning systems, cuts across the current programme portfolio. Resilience is a central goal and principle that underpins UNICEF’s work. Programming for resilience infuses all programme goals and activities. It implies supporting and sustaining development indicators throughout shocks and stresses. This is especially relevant working in a context of fragility: high vulnerability, frequent occurrence of shocks and stresses—both natural phenomena such as floods and droughts and conflict and poverty (chronic stressors). Programming for resilience, or ‘resilient development’ involves: addressing preparedness and response capacity so that systems can quickly respond to shocks as they occur; and addressing vulnerabilities and inequities so the possible impact of stresses or shocks are less severe. Risk-informed programming is also critical to managing risk. Planning should consider vulnerabilities or sector deprivations, together with recurring shocks and stresses relevant to the programming environment.
Consequently, UNICEF Somalia focuses its programme work upstream and downstream. Upstream, UNICEF supports government capacities to provide inclusive, relevant, transparent and accountable service delivery (building systems that are conflict sensitive and in due course also adaptive and scalable). Downstream, UNICEF supports household and community capacity to contribute to the health, education and protection of children in Somalia and be better protected against shocks. Finally, a solid social protection system, such as the cash-transfer programme that UNICEF is supporting, aims to address chronic and acute stresses such as poverty and household-level shocks.

Climate change mitigation is also in place in WASH programming where an evaluation of the sustainability of solar-powered water supply systems showed a promising 77 per cent national functionality rate, with Somaliland at 91 per cent and Puntland at 56 per cent. The study recommended improved NGO coordination through national committees and regional bodies to coordinate implementation with federal and regional governments. Coordination included issues of system monitoring, biannual site visits for troubleshooting and technical maintenance, and training of water point operators on basic maintenance.

**Effective Leadership**

Country office priorities are defined in the annual management plan. The zonal management team meetings increased effective management of zonal and office priorities, for which indicators were monitored in monthly country management team (CMT) meetings. Staff well-being, safety and security remain a standard agenda item to review compliance. The country management team participated in an enterprise risk assessment to identify key risks affecting the Country Programme to develop mitigation strategies.

Statutory committees supported office objectives through the following: country management team (10); joint consultative committee (4); property survey board (12 across Somalia); and programme cooperative agreements review committee (weekly). A risk committee, chaired by the Representative, reviews insight from staff and third-party monitoring, including organizational profiles of partners, on a weekly basis. Decisions on engagement with high-risk partners and requisite follow-up are therein addressed.

In addition to commissioning micro-assessments to better understand financial/programmatic management capacity of partners, UNICEF shares information with other United Nations partners bilaterally and in the United Nations Risk Working Group. UNICEF obtains assurance through programmatic visits by staff and third parties and by using donor-deployed monitoring platforms. UNICEF does financial spot checks on partners and scheduled audits. All 22 audit action areas from the 2014 internal audit report, received by the office in March 2015, were closed by the Office of Internal Audit and Investigations.

All Somalia offices have regularly tested business continuity plans. Internet access at home for critical national staff at the zonal level has now been provided to facilitate business continuity during increasing threat level periods that require staff to work from home.

UNICEF continued its active role in country-level coordination structures: the United Nations Country Team; the Operations Managers Team; the Human Resources Working Group; the Security Management Team; the Programme Management Team; the Senior Management Group; the Human Rights Due Diligence Taskforce; and United Nations co-lead of the Peace and State Building Goal 5 Working Group, addressing social services within the New Deal Compact.
**Financial Resources Management**

The country management team systematically reviewed key management indicators, including due consideration to the status of direct cash transfers. Direct cash transfers of more than six months currently amount to US$1.2 million, a reduction from 2015 (US$3.1 million). Outstanding direct cash transfers over nine months were US$61,268, compared with more than US$2.1 million in 2015.

Out of 89 planned spot checks, 73 were completed by mid-December. Of these, 30 were completed by a third-party firm.

In 2016, UNICEF Somalia reported on its environmental footprint. The impact from air travel alone, prompted the office to reinforce internal controls for travel. To reduce office costs, UNICEF Somalia actively promotes a wider use of Skype and teleconferencing when face-to-face participation is not required. With security in mind, UNICEF Somalia installed voluntary counselling and testing facilities in key government ministries for regular meetings with zonal offices and/or UNICEF Somalia Support Centre to minimize travel.

Timelines for accounts processes were met, with timelines for processing payments and posting liquidations improved. Three training sessions on financial processes and controls, including HACT/FACE, were conducted for staff. Reconciliation of accounts payable/receivable and optimization of banks and cash were prioritized. Finance transaction processing and vendor management was moved to the Global Shared Services Centre as per the roll-out schedule.

As part of the UNICEF Division of Financial and Administrative Management global bank rationalization exercise, the office switched to Standard Chartered Bank. The Division of Financial and Administrative Management is still working on processes to set up the Bank Communications Management system for UNICEF Somalia to fully incorporate the new initiative. By March 2017, all transactions in Nairobi, as well as in Somalia, will be processed through Bank Communications Management.

Total utilization in 2016 closed at 96 per cent.

**Fund-raising and Donor Relations**

The budget of US$208,915,735 was 45 per cent funded, at just over US$93,938,151 (including regular resources). Funding for the UNICEF Humanitarian Response Plan was US$35.7 million, US$14.6 million less than in 2015. Development funding also saw a drastic downturn with receipts in 2016 down US$43.9 million.

Balancing the reality that funding levels are returning to pre-famine levels with the equal reality that disproportionate population numbers are still extremely vulnerable—especially given the serious and worsening drought situation—UNICEF Somalia is adapting itself through re-prioritization and cost-reduction measures.

Relationships with traditional donors have been maintained, albeit with smaller funding envelopes from some. Efforts to engage different types of donors are gaining momentum. UNICEF Somalia and the German Development Bank have just entered a three-year partnership in the health sector in their first engagement. UNICEF Somalia also continues to strengthen UNICEF National Committee engagement, with visits to the Committees and missions to Somalia by National Committee representatives. A trip by the Swedish Committee for UNICEF to Hargeisa resulted in additional pledges. Efforts to find alternative support through the Somali private sector and the Somali diaspora are ongoing. The establishment of the Resource Mobilization Task Force under the leadership of the
Representative has enhanced coordinated and concerted efforts in resource mobilization in the context of reduced donor funding. The push to increase multi-year funding continues with concerted advocacy at country and headquarter levels.

Diligent contribution management, including systematic grant monitoring through weekly reports and management meetings, helped optimize the use of funds. All 85 reports were submitted on time.

**Evaluation and Research**

A dedicated cross-sectoral research committee is in place to support the planning, implementation and monitoring of evaluations, studies and research, including the rationalization of integrated monitoring and evaluation plan products and technical inputs into the terms of reference and reports at various stages. The integrated monitoring and evaluation plan was tracked via PRIME with updates provided to the CMT on a quarterly basis. In summary, three evaluations and 47 per cent of studies were completed in 2016. Two of the three evaluation management responses were completed, with the third management response in final draft form.

Adjustments to policy, programming and advocacy are occurring because of the work in 2016. A feasibility study for the Milk Matters project analysed patterns in livestock management and milk production among pastoralist, agro-pastoralist and internally displaced/urban populations and identified significant hygiene concerns, such as failure to boil milk before consumption and unsatisfactory cleaning of milk-handling equipment.

C4D programming now incorporates core hygiene messages into community trainings. The evaluation of the youth education programme, administered in four cities to provide education combined with peacebuilding, suggests that the Programme most directly influenced the youth’s ability to develop sustainable livelihoods and that conflict reduction was a ‘by-product’. The joint resilience programme with WFP and FAO will incorporate these findings into programme design in 2017. The evaluation of the sustainability of solar-powered water supply systems recommended technical system improvements through extended service contracts and coordination among NGOs administering duplicate efforts, and therefore contracts, will now automatically extend for at least two years after initial water systems are commissioned. An IYCF evaluation demonstrated that barriers to child and maternal health are still largely due to negative perceptions and beliefs regarding health behaviours. The UNICEF-supported *Kalkaal* Health Radio Show will target breastfeeding practices in upcoming episodes.

**Efficiency Gains and Cost Savings**

Official trips to Hargeisa were undertaken using commercial flights instead of United Nations Humanitarian Air Service, generating savings of US$65,000, and US$31,000 was saved by using European Union and United Nations Support Office in Somalia flights for official trips to other locations in Somalia from Nairobi.

UNICEF Somalia rationalized the applicable daily subsistence allowance rates for visitors and room rates for guest houses in Somalia to recover some of the investment made by the office in its own guest houses and to defray charges paid to other United Nations agencies and private entities on memoranda of understanding for guest house arrangements. In addition, cost recovery from permanent residents in Mogadishu from 2014 is expected to generate approximately US$60,000.

By leveraging the combined volume of transactions of all participating agencies, the United Nations common arrangement for unconventional money transfers continues to generate
savings of more than US$580,000 per annum.

The common information and communication technology arrangement with the UN Office in Nairobi, the UNICEF Regional Office and KCO has reduced costs for the management of the local area network, the telephone/PABX system, the Central Uninterrupted Power Supply System and the Internet link. By moving the wide area network connections from VSAT to fibre optic in Mogadishu and Baidoa and shutting down the VSAT in Galkayo, the office is saving US$81,000 annually on connectivity costs.

**Supply Management**

In 2016, UNICEF Somalia’s total procurement value was estimated at US$38,201,421 of the total Country Programme expenditure of US$155.9 million. This includes a local procurement component of US$21,782,231 and procurement services of goods and services worth US$2,666,959 for the GAVI Alliance.

UNICEF Somalia held regular consultations with government partners across all sectors. In Puntland, the supply and logistics team worked with the Ministry of Education to launch direct cash transfer tenders and award contracts for the rehabilitation and construction of 32 school facilities at a total cost of US$968,938.99 and also donated two rubhalls to the Ministry of Health. Towards capacity strengthening, UNICEF Somalia organized three workshops on contract management and warehouse and inventory management, reaching 120 partners across Somalia.

In 2016, collaboration with key government partners continued across all of Somalia. UNICEF spent US$152,625 on the purchase of equipment for the ministries of health, trained 50 government personnel in supply chain management and forecasting and quantification methods with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

<table>
<thead>
<tr>
<th>SNr</th>
<th>Description</th>
<th>Value (US$)</th>
<th>Total (US$)</th>
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<tbody>
<tr>
<td></td>
<td>Values of supplies and services procured (grand total)</td>
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<tr>
<td>1</td>
<td>Programme supplies including vaccines</td>
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<td>Local</td>
<td>2,603,904</td>
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<td>b</td>
<td>Off shore</td>
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<td>2</td>
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<td>b</td>
<td>Off shore</td>
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<td>3</td>
<td>Services (programme and operational)</td>
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<td>a</td>
<td>Programme</td>
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<td>b</td>
<td>Programme supplies, transportation, cargo handling, etc.</td>
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<td>c</td>
<td>Operations</td>
<td>4,512,936</td>
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<td>4</td>
<td><strong>Programme supplies - donation in kind</strong> (total)</td>
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<td>830,142</td>
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<td>5</td>
<td><strong>Procurement services for partners</strong> (total)</td>
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<td>Government of Somalia</td>
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<td>b</td>
<td>GAVI Alliance</td>
<td>2,666,959</td>
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<tr>
<td>c</td>
<td>Others</td>
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<tr>
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<th><strong>Supplies in UNICEF-controlled warehouses</strong></th>
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<tr>
<td>Total value of supplies received during 2016</td>
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<td>Total value of supplies dispatched from warehouses in 2015</td>
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<th><strong>Current value of inventory as of 31 December 2016</strong></th>
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<td>Regular programme supplies</td>
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<tr>
<td>Pre-positioned supplies</td>
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<td><strong>Total value of inventory as of 31 December 2016</strong></td>
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<td>8</td>
<td>Construction</td>
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<td>Operations</td>
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<td>b</td>
<td>Programme</td>
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</table>

**Security for Staff and Premises**

In 2016, there was significant turnover in security staff that saw all international security advisers in Somalia change. All positions were filled by temporary staff until mid-year when a new field security adviser was appointed in May for Garowe, a new senior security adviser was appointed in June in Mogadishu, and a new field security adviser was appointed in August for Hargeisa. The Mogadishu and Baidoa field security advisers will be replaced in early 2017. While not optimal, this situation was used as a development opportunity for national staff members to gain experience in different areas and in a variety of roles. This has significantly boosted resilience in the security team and local staff association capability across the country team.

Alignment of security processes across all zones was completed by August, and a standardized approach to initial security briefings and weekly security briefs in zone offices was adopted, as was a process to help staff plan field missions with more security input. A
plan to integrate the efforts of security and emergency teams on programmatic access was formulated and will be developed and implemented in early 2017.

The compounds on Airport Road in Mogadishu and in Baidoa have been exposed to additional risk in 2016. Projects to provide a higher standard of overhead and sidewall protection in both these facilities were initiated in the third and fourth quarters of 2016 and will be completed in the first quarter of 2017.

Although security telecommunications are satisfactory for most purposes at this stage, the replacement of satellite telephones and a shift to digital radios in 2017 should be considered to maintain compliance with the Minimum Operating Security Standards and to ensure reliable communications with missions in the field and for security incident management.

**Human Resources**

One programme budget review was conducted to address programme and staffing structures. Despite efforts to expand the pool of female candidates, gender balance remains at 66 and 34 per cent for males and females, respectively, while geographical diversity is 58 and 42 per cent programme and donor countries, respectively.

The transition to the Global Shared Services Centre was also successfully completed for human resources in October. With many transactions and processes shifted to Budapest, staff are successfully using MyCase to submit changes directly to the Centre for processing.

In April, the new Talent Management System was rolled out with training provided to supervisors and all human resources staff at the UNICEF Somalia Support Centre (USSC) and zonal offices to fully utilize the new recruitment system. The new performance management system, Achieve, was introduced at UNICEF Somalia as part of the regional roll-out for the Eastern and Southern Africa Regional Office. Approximately 99 per cent of staff completed the required performance plan for 2016. Performance management activities were promoted at each all-staff meeting to encourage managers and staff to maintain an active dialogue around performance.

Following analysis of the 2014 Global Staff Survey, an Office Improvement Action Plan was developed by the Staff Association. A major activity that emerged from the Plan was the staff retreat, which was completed during the months of August and September 2016. The retreat yielded some important issues and actions, including related to information and knowledge management, career development and building a sense of trust in the office, which the zonal committees will implement through 2017. For 2016, a total of 541 e-learning courses were completed by staff across all offices. Throughout the year, the Staff Counsellor carried out 515 individual counselling sessions (326 staff reached) and 74 individual and group counselling sessions in direct support for staff following 15 critical incidents (142 staff reached).

**Effective Use of Information and Communication Technology**

UNICEF Somalia continued to build on past accomplishments to enhance operations efficiency in programme management through strengthened information and communication technology infrastructure. Significant achievements were realized during the period under review. UNICEF Somalia extensively utilized video/audio teleconference technologies to facilitate coordination between USSC and zonal offices. The office also activated the Application Performance Management service on the firewall of four zonal offices, including on the shared firewall with the Regional Office. The Application Performance Management service categorized applications based on business criticalities and ensured applications perform well even if the wide area network links are congested. Business continuity plans
were reviewed and completed, with functional tests taking place. Internet links for zonal offices were upgraded using fibre-optic links from local Internet service providers, resulting in some cost savings due to the reduction of bandwidth from VSAT links. UNICEF Somalia provided technical guidance, including hardware/software specifications, to programmes based on project requirements. Internal audit recommendations from the 2014 audit were sustained. Front-end/back-end support to more than 300 users was maintained.

UNICEF Somalia looked to revamp its internal shared drive structure to improve the utility of this mechanism and overall internal knowledge management practices. By the end of the year, a draft structure was approved, and this will be rolled out in early 2017, mirrored in SharePoint for maximum utility and access for staff in the field offices. Regarding information management, UNICEF Somalia undertook a mapping of key programme information management efforts and processes, and the subsequent report will guide the work in 2017 and a longer-term strategy for improving information management work, including through use of innovative technology.

Programme Components from the 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:
In 2016, UNICEF achieved positive results for children in Somalia through the successful implementation of various evidence-based and high-impact health interventions that significantly contributed to reducing morbidity and mortality in women and children. Somalia is currently entering a period of multiple transitions; UNICEF supported the Government to the NDP, and the Sustainable Development Goals will be used as a structure of key tenets to underpin the NDP. The scale-up of the EPHS reached more than 802,148 children in 135 round-the-clock emergency obstetric and newborn care facilities. In addition, some 124,000 live births (out of a targeted 140,000) were attended by skilled health personnel. Through support from the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria and EPHS, UNICEF continued to provide leadership in health systems strengthening, integrated with community-based promotional, preventative 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 roll-out of community healthcare delivery and resilience programmes in selected regions of the country. This has led to a significant increase in the number of children under5 accessing the EPHS child health package. EPHS is being implemented in 47 districts and is providing free services to more than 5.7 million people (45 per cent of the total population). Its implementation across different regions of Somalia has resulted in addressing inequity and critical gaps in access to quality healthcare for which various systemic and structural constraints were major barriers.

Together with WHO, UNICEF supported the Government in its continued effort to maintain Somalia’s polio-free status with five polio immunization campaigns reaching 2.1 million children under 5, of which two campaigns were among nomadic communities. Polio awareness has increased from less than 50 per cent to approximately 90 per cent, as per independent monitoring conducted by WHO. The target for nomadic campaigns increased from 206,064 in 2014 to 539,006 in 2016, with more than 95 per cent coverage against this target in 2016 in districts accessible for immunization as per independent monitoring. As a result, the proportion of unimmunized children in nomadic communities declined from more than 40 per cent in 2013 to less than 15 per cent in 2016. Though efforts have been made to
strengthen routine immunization, and the One Expanded Programme on Immunization (EPI) Improvement Plan was developed and implementation initiated in collaboration with Somali health authorities and WHO. Pentavalent 3 coverage continues to rise across the country, with 52 per cent in Puntland, 35 per cent in South-Central Somalia and 62 per cent in Somalia. However, overall immunization coverage is still below the targets (55 per cent across the country) except in Somaliland. Immunization systems strengthening remained a priority and C4D activities significantly increased awareness of and access to polio immunizations within the population. In addition, the inactivated polio vaccine was introduced into the Somali EPI schedule.

Finally, HIV prevention efforts focused on counselling and testing through voluntary counselling and testing sites, though stigma remains high. The survival rate of people on antiretroviral therapy (ART) is good (80 per cent after 12 months) and no stock-outs of antiretroviral drugs were reported. UNICEF achieved universal coverage of LLINs in Somaliland and Puntland, and substantial distribution continues in South-Central Somalia.

With the Joint Health and Nutrition Programme ending in December 2016, and with EPHS being stopped, it is estimated that some 900,000 children will not be directly covered. Based on new NDP and health sector plan priorities, UNICEF will promote the continuation and expansion of EPHS along with integrated health, nutrition, child protection and WASH activities and will also advocate with donors and mobilize funds to continue to implement the health package in target districts to avoid gaps in service delivery. UNICEF will also continue to develop capacity within the three ministries of health for the gradual transfer of responsibility to the health authorities of some aspects of future programming, with more direct implementation and learning-by-doing. The use of polio assets for routine immunization will result in the capacity to reach more than 90 per cent of children in accessible districts and slowly transition towards strengthening routine EPI with a focus on 25 priority districts. Another area of focus is the community-based approach, which sees community involvement and stronger linkages with community health systems strengthening. Through the exploration of potential private sector approaches, public and private facilities must be capacitated to provide services.

OUTPUT 1 Women and children have access to the EPHS in at least nine regions

Analytical statement of progress:
EPHS has been the largest development programme for the health sector in Somalia. It is a five-year Joint Health Authority multi-agency, multi-donor development programme. Over the course of its five years of implementation, EPHS has not only provided access to essential health services for up to 5.7 million people in 47 districts but also developed the institutional capacity of the three health authorities and the NGO implementing partners to budget, plan, implement, monitor and review health interventions and activities. In 2016, UNICEF supported the Government of Somalia to scale-up the EPHS package in target areas in nine regions across Somalia. Currently, the package is implemented through 18 direct implementing NGO partners in 47 districts. The 5.7 million people that EPHS covers include 900,000 children under 5 years.

Through the contributions of and collaboration with other partners (donors, United Nations agencies and NGOs), UNICEF provided regular financial, logistical and technical support to enable the following health facilities to meet the accepted minimum standard of quality: 22 referral health centres; 163 maternal and child health centres; 199 primary health units; and 55 mobiles units to conduct health outreach activities. Antenatal care and basic emergency obstetric care targets were met. The per-capita cost was kept below US$15, and all partners worked towards a common results framework; EPHS therefore continued to be even more
cost effective and results orientated, as well as remained the flagship programme for the Government. Its implementation significantly contributed to addressing inequity in health service delivery and health-related gender issues. During this period, 100 per cent of the 2016 targets were achieved in South-Central Somalia and Puntland. In Somaliland, targets were not achieved because the respective working group did not select the NGOs in the Sanaag region.

With the Joint Health and Nutrition Programme ending in December 2016, and EPHS being stopped, it is estimated that some 900,000 children will not be directly covered. Based on new NDP and health sector plan priorities, UNICEF will promote the continuation and expansion of EPHS, along with integrated health, nutrition, child protection and WASH activities, and will also advocate with donors and mobilize funds to continue to implement the health package in target districts to avoid gaps in service delivery. UNICEF will continue to develop the capacity within the three ministries of health to implement, monitor and evaluate health activities. UNICEF will also work towards the gradual transfer of responsibility to the health authorities of some aspects of future programming. This will contribute to empowering health authorities to manage the business for selected areas such as supply management, information management, coordination and financial management, etc. For instance, supply distribution and management is intended to, over time, be transferred to ministries of health as capacities increase. Through the exploration of potential private sector approaches, public and private facilities must be capacitated to provide services.

OUTPUT 2 Immunization coverage is scaled up nationally

Analytical statement of progress:
UNICEF supported the Social Mobilization Network and vaccine and cold chain management for three polio National Immunization Days and two hard-to-reach (nomadic) campaigns in all accessible districts in the country, meeting the target. Vaccine wastage was kept below 9 per cent for the campaigns already held. Independent monitoring by WHO confirmed that the campaigns managed to reach more than 95 per cent of the 2.4 million under-5 children targeted. UNICEF supported radio spots, mosque announcements, megaphone announcements and communications materials such as posters and banners to achieve the high awareness levels. A total of 1,043,047 households were reached with interpersonal communication for National Immunization Days, and 27,276 caregivers participated in community meetings conducted by the Social Mobilization Network. The Social Mobilization Network contacted and oriented nomadic elders to mobilize nomadic communities during the campaigns. Overall refusals were kept at approximately 2 per cent, limited mainly to South-Central regions. More than two years have passed since the last polio case in Mudug region in August 2014.

Regarding routine immunization, UNICEF support resulted in significant progress in 2016. Pentavalent 3 vaccine coverage improved from 34 per cent in each zone in 2015 to 58 per cent in North East Zone, 41 per cent in Central South Zone and 64 per cent in North West Zone in 2016. Somaliland has completed Reach Every District micro-plans that are being implemented in 11 districts in supported facilities. Cold chain services provided with UNICEF support are critical to the storage and supply of vaccines throughout the country. Two out of the planned three 30-cubic-metre cold rooms were constructed and installed in Baidoa and Mogadishu and handed over to partners on behalf of the Federal Ministry of Health. The third is under construction in Dhusamareb. UNICEF also supported the procurement and installation of five central temperature monitoring systems in cold rooms. UNICEF supports the Ministry of Health regarding all vaccine and cold chain equipment procurement, distribution and storage at all supply chain levels.
Fund-raising for the Social Mobilization Network and strengthening EPI in 25 selected districts is ongoing in Somalia. In addition, assets mapping and Social Mobilization Network evaluation will be initiated in 2017. This will feed into the transition planning aimed at sustaining the capacity of the polio programme, functions and assets into mainstream routine immunization. UNICEF will support the Social Mobilization Network to be assimilated within the government structure to support demand promotion. Capacity strengthening will continue of immunization service providers to support planning and promoting of routine immunization, as well as defaulter tracing. Government capacity to manage the cold chain will be strengthened. The case of paralysis in Buhodle district of Somaliland was a vaccine-derived polio virus type 2 infection that was not classified as a polio case because polio is caused by wild polio virus. This is officially called a polio “event” and not an “outbreak”. An ongoing investigation will reveal if there are any serious implications.

**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:**
This output has been deactivated and is reported on under other outputs, where relevant.

**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:**
On a pilot basis, UNICEF led support to the Ministry of Health to form a C4D Working Group in Puntland, to coordinate C4D activities and to strengthen implementing partners’ capacities. Four meetings were conducted during the year. To build community health workers’ skills in 2016, the C4D team trained 287 health workers on integrated interpersonal communication and the family package. A total of 10,451 health education sessions (out of the targeted 13,200) were conducted to strengthen community social mobilization at the health facility level. To reinforce key C4D messages, mass media were used to strengthen community mobilization, and 389 radio and television spots were aired.

For acute watery diarrhoea/cholera, an outbreak response plan was developed and implemented by UNICEF in 2016. Regional and district social mobilizers were trained as trainers for cascade training to community mobilizers. Television and radio spots were developed and aired, reaching people in the Central South Zone. In addition, radio and television dramas were also used to raise awareness of communities on acute watery diarrhoea/cholera. Information, education and communication materials, posters and leaflets were also developed.

Covering 18 districts, UNICEF organized the second round of nomadic orientation in Somaliland to sensitize nomadic elders on key public health issues and engage them in mobilizing their own communities. Covering six regions in Somaliland, religious leaders’ orientations, led by the Ministry of Religious Affairs, was organized to conduct social mapping of influential sheikhs and imams at the region and district levels. The purpose was to engage religious leaders for community sensitization on different health issues. Africa Voice Foundation broadcast 15 interactive radio shows through 26 radio stations to spark the uptake of key health behaviours in Somalia. Analysis of more than 50,000 SMS messages from these participants provided insight into the barriers to adoption of key healthy behaviours. Finally, 287 health workers and community health workers (out of the targeted 2,476) were trained on interpersonal communication and the integrated family package in 2016. Due to funding constraints, training targets could not be achieved and will be revised in 2017. A C4D plan will be developed to extend C4D support to other maternal, newborn and child health, MNCH, malaria, WASH and nutrition programmes. The regional
and district social mobilization coordinator structure is included in the GAVI Alliance Health Systems Strengthening Initiative II to support routine immunization, which is expected to start in 2017, covering 35 districts. Additional funds need to be sourced and allocated for the remaining districts.

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

Analytical statement of progress:
In 2016, drought, floods and the ACUTE WATERY DIARRHOEA outbreak were key humanitarian issues. In response to the reported cholera outbreak, UNICEF provided emergency medicines and commodities, including diarrhoeal disease kits, oral rehydration salts, zinc and antibiotics, to partners in affected areas and pre-positioned oral rehydration salts and zinc tablets through the WASH regional supply hubs to support immediate community action to save lives. UNICEF life-saving supplies and financial support enabled implementing partners to scale up acute watery diarrhoea treatment services: 14,737 people were successfully treated in seven child-to-child clubs and eight CTUs across areas in the South-Central regions of Somalia. More than 91,311 people affected by the drought received health assistance. In total, 451,104 people (out of the targeted 440,000) directly benefited from life-saving primary health care and services across Somalia.

UNICEF activities increased access to life-saving interventions through the provision of emergency health services to the most vulnerable people, including internally displaced persons, women and children under 5. For instance, UNICEF provided measles vaccine supplies for an emergency measles vaccination campaign and vitamin A and antibiotics to facilities to provide quality treatment of measles cases, resulting in a total of 723,798 children being vaccinated. UNICEF interventions also focused on the expansion of primary healthcare services such as emergency immunization and the provision of basic emergency obstetric care services to reduce maternal and neonatal mortality among vulnerable populations. To improve community-level communication for prevention and identification of dehydration and referral of suspected cholera cases to child-to-child club, UNICEF sponsored the first-of-its-kind training of trainers for 65 health workers in 2016. A cascade training is now being rolled out to be concluded before the end of November 2016, targeting 149 rapid response team members from state ministries of health that the district level, including partners’ staff managing child-to-child clubs and health centres in 26 districts in the five regions of Bay, Bakool, Gedo, Galgadud and South Mudug in South-Central regions of Somalia. Airlifting medicines and vaccines to target locations will continue as needed for life-saving interventions in 2017. As part of the regional workplans, UNICEF will provide technical assistance and financial resources to continue to support the cascade training and the establishment of emergency teams. UNICEF will work towards the gradual transfer of responsibility to the health authorities of core aspects of emergency programming—particularly supply management and distribution and coordination—in collaboration with the cluster system. Fund-raising will be conducted for essential supplies and operational costs for the 2017 life-saving health interventions in Somalia.

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

Analytical statement of progress:
A polio control room was set up in the UNICEF office for the coordination of the WHO-UNICEF teams for polio operations. This resulted in close coordination between the United Nations partners. Weekly videoconference meetings were conducted with the participation of
UNICEF and WHO teams, as well as other partners such as CORE, the coalition of non-profit global health organizations. Joint working groups for extended programmes on immunization and workplans were also prepared. Two joint planning and review meetings were held in Hargeisa in 2016 with participation from the Ministry of Health, WHO and UNICEF as well as new stakeholders such as GAVI Alliance. Strong coordination was evident in the Technical Advisory Group meeting held in August 2016, where the country presentation included vaccine logistics and communication activities led by UNICEF, in addition to the surveillance and campaigns analysis. The cMYP Plan (2016–2020) was endorsed by the three ministries of health. Coordination between the three ministries of health and the malaria and HIV programmes improved in 2016. HMIS tools were revised in a well-coordinated and coherent fashion. DHIS2 database trainings were conducted with the three ministries of health national and regional HMIS staff in Entebbe. Plans for the roll-out of revised HMIS tools and DHIS2 were agreed upon by the three ministries of health and UNICEF. A joint principal recipient meeting was held with the HIV, malaria and tuberculosis programmes as well as all three ministries of health (different units). Quarterly health sector coordination meetings were held regularly, as were the health cluster meetings. The cold chain implementing partners meeting was held in the Central South Zone in October and was steered by the Ministry of Health with UNICEF support. Regular funding for key positions was a key challenge and something for which UNICEF will advocate moving forward. UNICEF will also focus in 2017 on refresher training and capacity building on funds liquidation, report writing, HMIS and DHIS2, as well as joint monitoring and supervision.

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:
After the midterm review, this output is concerned exclusively with work related to HIV and malaria. Other capacity-strengthening work falls under other outputs, especially output 1.1.

UNICEF supported all health facilities providing HIV service delivery, ensuring that there was no stock-out of essential medicines (meeting the target). To strengthen and coordinate the national HIV evidence-based intervention, UNICEF is supporting the implementation of four studies: key population size estimation mapping, integrated biobehavioural survey (IBBSS), the stigma index study and a study on willingness and ability to pay the private sector. The first study was completed and the others are ongoing and expected to be completed by mid-2017. For the HIV response, the Ministry of Health played an active role in supervision, co-facilitating the prevention of mother-to-child transmission of HIV (PMTCT) training and directly implementing the programme in maternal and child health centres in Puntland and Somaliland. To ensure the operationalization of the Supply Chain Management System, UNICEF pre-piloted RapidPro/ICT4D for antiretroviral medication tracking in Somaliland using focus group discussions with health staff to discuss how best to manage the roll-out.

The HMIS reporting has been steadily improving compared with 2015, with targets met in Somaliland, though not in Puntland or South-Central regions. UNICEF is complementing data from the HMIS with reports from health partners that are supporting the Ministry of Health regarding data collection analysis and reporting. UNICEF has supported the Ministry of Health to develop and adopt new HMIS tools that are being printed and will be implemented in 2017. UNICEF facilitated training on DHIS2 in 2016; the system will be piloted in 2017, providing disaggregated data on women and children’s access to health services. After the midterm review, this output is concerned exclusively with work related to HIV and malaria. Other capacity-strengthening work falls under other outputs, especially output 1.1.
Actions to take:

- In 2017, the HIV programme will continue to work on scaling up HIV and AIDS services within EPHS health facilities in tuberculosis sites with the support of WHO. Technical assistance and capacity building in HIV prevention activities, monitoring and evaluation, finance, procurement and supply management, will be provided to the Government and partners, as these are currently areas of challenge. Evidence-based research will assist the programme during the mid-cycle review of the HIV National Strategic Plan, providing an opportunity to advocate for programming gaps and target funding around these.

- Regarding malaria, UNICEF will assist the Ministry of Health to access new disbursements to conduct HMIS activities. The programme will intensify trainings and review meetings and supervision targeting under- and late-reporting facilities. In Somaliland and Puntland, where HMIS reporting is optimal, UNICEF will focus on data quality assurance. In addition, UNICEF is supporting the Ministry of Health to implement an online platform, the DHIS2, to expedite data reporting from a district level and facilitate analysis at the central level.

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

**Analytical statement of progress:**
This output has been deactivated and is reported on under other outputs, where relevant.

**OUTPUT 9** By 2015, targeted male and female children and adults infected or affected by HIV receive prevention, care, treatment and support services

**Analytical statement of progress:**
UNICEF continued to support the integration of HIV service delivery, including PMTCT, voluntary counselling and testing and syphilis management, into the EPHS programme, as it plays a critical role in the success of the PMTCT/early infant diagnosis services scale-up. UNICEF supported HIV prevention efforts on counselling and testing through voluntary counselling and testing and tuberculosis sites and behavioural change communication interventions targeting key populations (mainly sex workers and their clients, khat/tea sellers, internally displaced persons, uniformed services, truck drivers and persons living with HIV), though stigma remains high. More than 35,000 pregnant women (26 per cent of the target) were supported with HIV status results.

UNICEF is working in close collaboration with WHO to ensure that the ‘test and treat’ guidelines will be adopted in the 15 regional hospitals that are offering treatment and care throughout Somalia. This approach leads more HIV-positive patients to enrol in treatment immediately after they are diagnosed as being positive. The retention in treatment is good, with 80 per cent of people living with HIV on ART at 12 months and no stock-outs of antiretroviral drugs reported during the reporting period. Moreover, in order to improve the uptake of the HIV programme in Somalia, UNICEF has taken the lead on strengthening the procurement and supply management system by supporting the Ministry of Health procurement and supply management unit with training and technical assistance to establish a logistics information management system and a forecasting and quantification system.

UNICEF also led in capacity strengthening of health workers through formal training in improving testing for preventing mother-to-child transmission of HIV and voluntary counselling and testing. In 2017, the HIV programme will continue to focus on key activities to strengthen the programme and achieve the targets, including: 1) scaling up HIV and
syphilis testing services in EPHS health facilities and continuing social mobilization activities;
2) rolling out the early infant diagnosis programme to address paediatric AIDS in Somalia;
3) piloting RapidPro (ICT4D) for referral of HIV-positive cases from lower level health facilities to the hospitals where ART is provided; 4) supporting the scale-up of ART services in more health facilities by operationalizing one new ART hospital site in Baidoa in partnership with the Ministry of Health and WHO; 5) in partnership with the United Nations Development Programme (UNDP), training government ministries and health workers on issues of human rights and medical ethics, especially in regards to HIV and AIDS; and 6) integrating C4D and behavioural change communication activities (health, HIV, nutrition and EPI) under existing C4D structures/strategies of the Ministry of Health. Finally, there is a planned HIV stigma index study to assist in understanding key issues and informing the prevention programme design.

**OUTPUT 10** By 2015, children under5 and male and female adults living in malaria-prone areas have access to appropriate malaria prevention, diagnosis and treatment services

**Analytical statement of progress:**
Despite the changing security environment, UNICEF achieved targets across Somalia for LLIN distribution, with the distribution of 640,829 LLINs (out of the targeted 2.1 million) during the period of January through September 2016, with the biggest gap in the South-Central regions. This was expected to continue as planned (reaching targets) in South-Central Somalia for the remainder of 2016. This was accomplished through coordinated efforts by UNICEF, the National Malaria Control Programme and partners. Puntland achieved its LLIN distribution target and requested further LLINs from UNICEF that it will distribute in 2016. Somaliland is also close to reaching its target.

The target for confirmed malaria cases receiving treatment was achieved in Somaliland and Puntland. In Puntland, the changing epidemiological environment has resulted in frequent epidemics, and UNICEF has ensured that pre-positioning and has not experienced any stock-outs of RDTs and ACTs. In addition, there are population movements from Yemen and Ethiopia that have resulted in increased malaria outbreaks. However, the national Emergency Preparedness Response strategy (supported through funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria) has been adopted by the Government and indoor residual spraying is being undertaken in Somaliland and emergency preparedness in Puntland. The continuing drought and mass LLIN distribution in Somalia has resulted in fewer malaria cases being found throughout South-Central Somalia. Information, education and communication materials will be printed and distributed, and trainings on the new protocol will be undertaken. With the changing security situation in South-Central Somalia, UNICEF is regularly monitoring access opportunities and delivering LLINs to implementing partners for mass distribution. UNICEF has prioritized LLIN distribution in secure districts and there is ‘catch up’ on distribution in temporarily insecure districts as the situation improves. UNICEF is planning to print and distribute new information, education and communication materials and has obtained the Ministry of Health’s approval of these materials. Working with the ministries of health and implementing partners, UNICEF will continue to support training on the new treatment protocols.

**OUTPUT 11** By 2015, HIV-infected pregnant women and their children have improved access to PMTCT services

**Analytical statement of progress:**
This output has been deactivated and is reported on under other outputs, where relevant.
OUTPUT 12  By 2015, health authorities and relevant stakeholders’ capacity for management and coordination of HIV and malaria activities is strengthened

Analytical statement of progress:  This output has been deactivated and is reported on under other outputs, where relevant.

OUTPUT 13  By 2015, child health is prioritized within evidence-informed strategic plans and policies related to malaria and HIV with a leadership role of the Government

Analytical statement of progress:  This output has been deactivated and is reported on under other outputs, where relevant.

OUTPUT 14  HIV and malaria Global Fund to Fight AIDS, Tuberculosis and Malaria grants performance efficiently managed and value for money maximized

Analytical statement of progress:  This output has been deactivated and is reported on under other outputs, where relevant.

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:  The severity and burden of child malnutrition in Somalia remains a critical issue resulting from recurrent man-made and natural shocks and crises. Between 2015 and 2016, Post-Gu seasonal assessments estimated that the global acute malnutrition prevalence rate increased from 12.2 to 14.3 per cent and the SAM prevalence rate increased from 2.2 to 2.9 per cent. Certain demographics, which include internally displaced persons and people, particularly in parts of South-Central regions, remain the most affected.

In 2016, UNICEF provided technical and financial support to the Government and implementing partners to reach 91,296 severely malnourished children under5 (84 per cent of the UNICEF target) with life-saving therapeutic treatment nationally and with treatment outcome indicators within Sphere standards, including a recovery rate of 92.9 per cent. Owing to the quarterly supply planning and distribution process, the supply stock-out rate was maintained below 1 per cent throughout the year.

UNICEF promoted a holistic, life-cycle approach to nutrition service provision for women and children, through the Basic Nutrition Services Package at both facility and community levels. Approximately 80 per cent of UNICEF Somalia’s nutrition implementing partners now address at least five of the nine Basic Nutrition Services Package elements. More than 400 (static and mobile) decentralized SAM treatment service delivery points nationally provided a package of preventative, curative and promotional services in 2016.

Improved availability of EPHS services was ensured in 47 out of 49 targeted districts. However, in some areas, SAM treatment coverage is constrained: only 48 per cent coverage was achieved in South-Central regions (four districts surveyed) and 62 per cent was achieved in Puntland (one district). Other constraints included the lack of a national coverage monitoring system and lack of capacity to conduct coverage surveys to understand SAM treatment coverage at national and sub-national levels. Delays in the finalization of the mNutrition database and dashboard platform also hampered reporting on improvements in
the quality of nutrition service provision.

Demand creation and improving knowledge of and practices regarding essential nutrition behaviours remained a focus of the programme. Under the joint UNICEF/WFP/FAO resilience strategy, the three agencies worked together closely to develop a joint results framework for a resilience programme. UNICEF contributed to strengthening the resilience of affected communities by expanding integrated community-based nutrition, health and WASH services. In Gedo region alone, more than 29,000 households accessed integrated services on an ongoing basis. The 2016 national IYCF assessment findings showed an increase in the prevalence of exclusive breastfeeding for the first six months from 5.3 per cent (2009) to 33 per cent (2016). This positive trend can be partly attributed to the intensification of IYCF interventions. However, the proportion of children aged 6–23 months meeting requirements for a minimum acceptable diet remains unacceptably low at an estimated 9 per cent, linked to household food insecurity (lack of access and availability of diverse foods) and poor feeding practices.

IYCF interventions, including counselling for pregnant and lactating women, were augmented through capacity building for community-based workers (CBWs). Furthermore, to improve optimal IYCF, two feasibility studies—‘Milk Matters’ and ‘The Process for the Promotion of Child Feeding’—were conducted to inform the design of IYCF interventions. Supplementation of vulnerable groups with multiple micronutrients was delivered to pregnant and lactating women and children aged 6-59 months. However, access to children was constrained by weak institutional capacity for prevention and promotion of IYCF and insecurity. Although reporting on IYCF activities presents a significant gap, efforts are underway to integrate these indicators into government and UNICEF reporting systems.

UNICEF took the technical lead in the bottleneck analysis exercise to inform the scale-up and quality of IMAM service delivery in Somalia. UNICEF technically and financially supported the Government’s political commitment to the global SUN effort. The SUN United Nations Network for Somalia was launched and is being co-chaired by UNICEF and WFP. The zero draft of the Somalia Nutrition Strategy (2017) was developed and is currently under review. The policy environment for implementing the Code of Marketing of Breastmilk Substitutes (hereafter referred to as ‘the Code’) was strengthened with the drafting of both the Code and the interim breastfeeding policy.

UNICEF continued to lead the Nutrition Cluster to ensure effective response, at national and regional levels. Given the nutrition capacity gaps in the country, UNICEF supported nutrition-in-emergencies training and contingency planning trainings for Ministry of Health staff and implementing partners operating in highly vulnerable districts.

Moving forward, UNICEF is coordinating with WFP and the Nutrition Cluster on the ongoing geotagging exercise and national level bottleneck analysis of IMAM services to provide information on nutrition service provision in districts and facilities. This work will close the information gap, pending the finalization of mNutrition system elements. UNICEF is also supporting partners to improve reporting, including through training for the Ministry of Health to strengthen monitoring and reporting on IYCF indicators. SAM case coverage surveys are currently underway or planned. A national micronutrient survey will be completed in 2017. UNICEF will support the implementation of SUN initiative activities and the provision of the Code. Finally, UNICEF, WFP and FAO will fund-raise for and initiate the joint resilience programme, planning to work closely to implement an integrated programme to maximize nutrition results through joint service delivery and strengthen resilience in key districts.
OUTPUT 1  Children and women have improved and sustained access to and utilization of quality basic nutrition services

Analytical statement of progress:
The focus of the nutrition programme in 2016 was on increasing availability, enhancing access and improving quality in the provision of the Basic Nutrition Services Package both at facility and community levels. The nutrition programme achieved geographic coverage of approximately 65 per cent across Somalia. UNICEF, through its implementing partners, enabled the treatment of 91,296 severely malnourished children under5 nationally (84 per cent of the target), with treatment outcome indicators within Sphere standards for more than80 per cent of nutrition centres. Essential nutrition supplies were airlifted to high-risk districts to ensure continuity in the ready-to-use therapeutic food pipeline. The transition from ‘push’ to ‘pull’ management of the nutrition supply chain has resulted in only 0.4 per cent of nutrition centres reporting stock-outs.

In 22 targeted districts of South-Central areas of Somalia and using a social marketing approach, UNICEF, in partnership with Population Services International (PSI), reached 400 children aged 6–59 months with 36,000 sachets of micronutrient powder in Somaliland. Community-based channels were used to distribute micronutrient powder to children aged 6–23 months in Benadir region (50 per cent of the target). UNICEF provided financial and technical support for planning, implementation and monitoring. Training of trainers and cascade trainings on IYCF counselling were rolled out, benefiting 180 individuals from the Government, tertiary institutions and partners.

UNICEF, in collaboration with the Ministry of Health, WFP and the Nutrition Cluster, led a national-level bottleneck analysis of IMAM services to identify key determinants affecting the attainment of effective coverage and quality nutrition services. The exercise will be completed in the first quarter of 2017 and will inform strategies for strengthening the provision of quality nutrition services.

UNICEF, WFP and the Nutrition Cluster will identify suitable partners to deliver services in underserved areas, informed by the geotagging exercise. Coverage surveys will also identify factors affecting IMAM services. UNICEF with PSI will endeavour to formulate strategies for a total market approach for micronutrient powder to reach vulnerable children with free or subsidized products. UNICEF will support the integration of micronutrient supplementation within antenatal/post-natal care packages. UNICEF will also develop a C4D strategy promoting an integrated approach to nutrition. UNICEF will enhance the mNutrition dashboard to track programme performance and will revise existing IYCF data collection and reporting tools. Further, UNICEF will continue to build the capacities of partners and support revision and updating of IMAM national guidelines in line with WHO recommendations (2013).

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

Analytical statement of progress:
UNICEF achieved good results in 2016 and is on track to achieve all the results planned against 2017 targets. Findings from the 2016 National IYCF Assessment, conducted by the Food Security and Nutrition Analysis Unit with financial and technical support from UNICEF, showed the national rate of exclusive breastfeeding stands at 33 per cent, up from 5.3 per cent in 2009 (Micronutrient Survey). This is partly owing to improvements in the coverage of health facility deliveries in EPHS districts, especially in Somaliland and Puntland. The number of infants born within the last 24 hours in a facility who were breastfed within one
hour of birth were 41,184 (45 per cent), 30,413 (80 per cent) and 36,158 (30 per cent) in Somaliland, Puntland and South-Central regions, respectively.

In target communities of Gedo region, UNICEF supported capacity building of seven NGO staff, seven government staff and 144 CBWs. As a result, 29,946 households were reached with prevention and promotion services through CBWs. In total, 446 CBWs (out of a national target of 1,350) are delivering basic services in focused sites. Results will be strengthened through roll-out in Somaliland, where no resilience programming has been implemented at the community level to date.

Community-based IYCF support continued to be provided by UNICEF in 12 districts of Benadir region. Implementation of IYCF interventions was further enhanced through the distribution of MNPs, with 50 per cent of targeted children reached in the region. In Gabiley district of Somaliland, 39,000 pregnant and lactating women were reached with individual IYCF counselling. Additionally, counselling sessions reached an estimated 175,000 pregnant and lactating women with at least one individual IYCF counselling session across Somalia (70 per cent of the target). Finally, UNICEF supported the completion of feasibility studies on ‘Milk Matters’ and ‘The Process for the Promotion of Child Feeding’, which will inform the design of appropriate and context-specific IYCF interventions in 2017. UNICEF, WFP and FAO worked closely to develop a joint results framework for resilience.

UNICEF will work with Population Services International on behaviour change communication campaigns on diarrhoea prevention and treatment, IYCF, hygiene practices and the importance of multiple micronutrients during pregnancy. UNICEF, with local authorities and the Ministry of Health, will provide training, learning and supervision for CBWs and will establish mother support groups to work with CBWs to deliver services within the community.

A database for IYCF reporting will be introduced together with updated tools. For improved behaviour change, there will be progressive enhancement of C4D efforts, including with the involvement of diverse community-level stakeholders. A micronutrient survey will be completed in 2017 to inform equity-based programming. Finally, UNICEF, WFP and FAO will fund-raise for and start the joint resilience programme, with the three agencies planning to work closely to implement an integrated programme to maximize nutrition results through joint service delivery, to strengthen resilience in key districts.

**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 nutrition continued in 2016. UNICEF continued to provide technical leadership in strengthening the SUN coordinating mechanisms at national and sub-national levels. Advocacy efforts culminated in the United Nations SUN Network for Somalia, co-chaired by UNICEF and WFP, which was launched in April 2016. Technical support was also provided to the Puntland multi-stakeholder coordination platform for development of a draft state-level SUN policy. The SUN process was initiated in Somaliland; the Ministry of Health appointed a SUN focal point to coordinate the creation of a multisectoral approach for nutrition. The development of the SUN Common Results Framework and costing for Somalia is being led by WHO. This framework is expected to serve an advocacy purpose for other sectors to rally around joint action for nutrition.
A notable result is the support given to the Government to facilitate the prioritization of gender, social inclusion, resilience and social protection in the NDP as pillars to bolster nutrition outcomes as a key focus of the plan. The zero draft of the Somalia Nutrition Strategy (2017) was developed and is currently under review. Leadership for the planning and coordination of nutrition programme activities was augmented in the Ministry of Health through enhanced support by UNICEF to 17 nutrition unit structures—one short of the target—at central and regional levels. This enabled the units to fulfil their leadership, oversight and quality assurance roles in nutrition service provision. Plans to develop the human resource capacity development strategy and implementation plans for the nutrition sector in Somalia were initiated in 2016. UNICEF also augmented capacity around IYCF through training of trainers and cascade trainings, as well as coordination support to the Ministry of Health to operationalize IYCF technical working groups.

The policy environment for the protection and promotion of breastfeeding continued to be strengthened. Both an interim breastfeeding policy for Somalia and the Code of Marketing Breastmilk Substitutes were drafted. UNICEF also contributed to strengthening the evidence base for IYCF in Somalia through the national IYCF assessment and operational research. Upon completion, UNICEF will take the lead in ensuring the implementation of the capacity development strategy in addition to supporting the Ministry of Health to address gaps in strategic planning and management capacities.

UNICEF will continue advocacy efforts for both SUN and an enabling environment for the finalization of relevant policies in support of implementation of the Code.

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

**Analytical statement of progress:**
The joint nutrition and WASH emergency preparedness and response/contingency plans remain the reference documents for nutrition emergency preparedness and response planning. In 2016, 95 per cent of declared nutrition emergencies were responded to according to the CCC. The overall SAM treatment reach for the sector (all nutrition actors in Somalia) was 95,648 children against a sector target of 145,000. UNICEF supported the treatment of 91,296 children, which is 95 per cent of the sector’s total achievement.

Strengthened partnerships and timely positioning of emergency supplies enabled UNICEF to reach a majority of the children in need of life-saving nutrition assistance. Where possible, essential nutrition supplies were airlifted to high-risk districts to ensure pipeline continuity and minimize service disruptions. About 72 per cent of the targeted regions were covered with emergency nutrition stocks against a target of 90 per cent. The remaining regions were not reached mainly due to access constraints.

In line with its risk-informed response strategy, UNICEF ensured a timely nutrition response to declared El Niño-induced drought emergencies in the worst-affected regions of Somaliland and Puntland. Somaliland expanded OTP services to 16 rural health centres in Woqooyi Galbeed region, and nutrition emergency interventions were started in Eil Afwein district of Sanaag region.

UNICEF enhanced its emergency nutrition response efforts in IDP settlements with critical levels of global acute malnutrition. In Puntland, the joint SCOPE programme with WFP reached 67,932 household with hygiene, oral rehydration solution and zinc among Bossaso internally displaced persons, while an integrated package (nutrition, WASH and health) targeting 8,411 children under5 and 3,364 pregnant and lactating women was delivered in Dollow. UNICEF also closely coordinated with partners in Middle Shabelle and Lower Juba.
to scale-up nutrition, health and hygiene promotion activities to deal with ACUTE WATERY DIARRHOEA outbreaks.

UNICEF continued to lead the Nutrition Cluster to ensure an effective cluster coordination mechanism and response both at national and regional levels. UNICEF closely coordinated with the Cluster to rollout nutrition-in-emergencies training (49 people trained) and contingency planning trainings for the Ministry of Health and partners operating in highly vulnerable districts. Humanitarian Nutrition Cluster coordination training was provided for sub-national nutrition clusters.

In 2017, UNICEF will continue strengthening partnerships to ensure a comprehensive public health approach and continuum of care for addressing the acute malnutrition problem in vulnerable hotspots. UNICEF is also supporting the Cluster in various capacity-building initiatives to strengthen response capacities for nutrition emergencies.

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

Analytical statement of progress:
In 2016, UNICEF achieved steady progress towards expected results, including timely responses to emergencies across Somalia. UNICEF continued to use a combined approach to all aspects of WASH in a community to ensure that everyone has access to safe water at home, in schools and healthcare facilities; practices good sanitation; and lives in a hygienic environment. Since the beginning of the current Country Programme in 2011, with support from UNICEF, an estimated 1.96 million people gained access to sustained safe water. UNICEF installed or extended water supply systems to 232 schools and 163 health facilities to benefit 81,000 school-going children and 57,000 users of health facilities, respectively. The first 39 villages were certified as ODF during the year, benefiting 23,400 people. In addition, UNICEF supported 427 villages to achieve self-declared ODF status, benefiting an estimated 256,200 people since the introduction of the CLTS approach in 2012. The number of joint field visits by the government-led hygiene and sanitation working groups, as well as supportive supervisory and monitoring trips, has doubled compared with last year. This, coupled with the readiness and willingness of the certification and verification committee to be deployed when called upon to verify a self-declared ODF village, has been exemplary.

To ensure emergency-affected people access life-saving assistance, UNICEF provided 713,386 people with the means to practice good hygiene and household water treatment. Through the Regional Supply Hub Mechanism, UNICEF responded to 70 per cent of declared emergencies within the first 96 hours. UNICEF also supported 550,339 affected people to access safe water through water vouchers/trucking and chlorination of unprotected shallow wells. Another 170,000 people in ACUTE WATERY DIARRHOEA/cholera hotspot areas gained access to sanitation facilities through UNICEF support.

To ensure gender-responsive services, UNICEF constructed single-sex latrines in schools and health facilities. There is evidence that inadequate WASH facilities act as a barrier to children’s attendance and performance in schools, especially for girls, when their menstrual hygiene management needs are not addressed. The composition of women on water user association suggests that women are increasingly prepared to be engaged in WASH-related issues. Field reports also suggest that women are beginning to engage in the management of water supply systems by buying shares in small/medium entrepreneurship or public private partnerships.
To promote improved sanitation and hygiene behaviours, UNICEF supported government counterparts to develop policies, strategies, performance monitoring tools and regulatory frameworks. UNICEF contributed to drafting the NDP, ensuring that WASH-related issues were distinctly captured among government priorities. Technical and financial assistance was provided to government line ministries for policy development and institutionalization of the IMWSC across Somalia.

Creating ODF communities is still a challenge, despite the progress. More than one third of Somalis (37 per cent) practice open defecation, which poses a serious threat to the health of the community, particularly children. Funding and access constraints are delaying some activities, including urban water supply activities; water quality initiatives; borehole repair centres; timely delivery of supplies; WASH-in-schools; and menstrual hygiene management. Lack of clarity of roles and responsibilities between state and federal authorities has also delayed the implementation of activities. At 24 per cent in 2015, the incidence of diarrhoea in children under 5 has not changed much in the last decades in Somalia despite the rise in the use of improved water. The stagnation can be attributed to lacking knowledge on optimal hygiene and sanitation practices and the quality of water used for domestic purposes. UNICEF will continue to work to improve knowledge on these issues.

Moving forward, to sustain ODF communities, UNICEF will continue to engage opinion/clan/religious leaders in raising awareness on the health benefits of not defecating in the open. UNICEF will focus on strategic engagement with emerging state authorities as well as the private sector for sustainable service delivery. UNICEF will support the national priorities set out in the NDP. UNICEF will also work to harmonize approaches to the software component of WASH service delivery (e.g. WASH-in-schools and menstrual hygiene management). UNICEF will encourage the incremental improvement of household and community water supply through user investment in construction and upgrading of shallow wells and small rainwater harvesting systems. UNICEF will continue to support and implement the Joint Programme on Local Governance and Decentralized Service Delivery (JPLG) through increased engagement of municipal authorities, developing capacities of private companies and ensuring that tariff-setting mechanisms are managed at the local level for more sustainable safe water delivery mechanisms. Finally, UNICEF, WFP and FAO will fund-raise for and start the joint resilience programme. The three agencies will work closely together to implement an integrated programme to maximize nutrition results through joint service delivery and strengthen resilience in key districts.

Besides UNICEF, other partners are also investing in the WASH sector. The Somaliland Development Fund supports the Government with 12 water projects (which also include a construction component) with a total value of US$62 million. The Somaliland Development Fund has committed to act in a conflict-sensitive and peace-promoting manner, promoting inclusion and participation and ensuring that the needs of the most vulnerable are addressed. In the same vein, the African Development Bank Group will provide US$8.4 million for the water infrastructure development programme for resilience in Somaliland to benefit 250,000 people and their livestock. The programme aims to contribute to a resilient and sustainable water and sanitation sector serving all users in Somaliland.

**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:**
The results achieved in relation to the 2016 annual target were fully met but remained constrained in relation to the overall Country Programme target. Main reasons included high capital investment for new water sources, lack of funding and the technical limitations of service providers regarding pumping tests and hydrogeological surveys.
A total of 55 water supply systems (33 in South-Central regions, 13 in Somaliland and nine in Puntland); 27 drought-affected strategic boreholes (18 in Puntland and nine in Somaliland) and 129 shallow wells (eight in Puntland and 121 in South-Central regions) were constructed or rehabilitated, benefiting 439,306 people (almost double the annual target). UNICEF also extended the water supply connection to 60 schools (seven in Somaliland and 13 in Puntland) and 47 health facilities (five in Somaliland and 13 in Puntland).

Support was also provided for urban water supply systems. In Somaliland, works are at advanced stages in four urban/peri-urban communities, potentially benefiting more than 2.2 million people. Similarly, in Puntland, UNICEF is supporting rehabilitation of the Bossaso water supply system to increase access from 45 to 58 per cent. In the south of the country, UNICEF concluded the assessment of the status of water supplies and sanitation services, including a design and feasibility report for the improvement of water and sanitation and drainage infrastructure in three towns. It is expected that two of the systems will be included in future infrastructure rehabilitation plans, although funding is yet to be confirmed. In the meantime, UNICEF supported quick fixes to ensure essential services were restored through the repair of key components of water supply systems in the three towns, and utility companies were capacitated to carry out daily maintenance.

The collaboration between UNICEF and various stakeholders, including implementing partners, as well as line ministries of water resources in Somaliland and of the Federal Government, have contributed to the achievement of these results. Joint planning for water supply interventions and joint monitoring and supportive supervision of ongoing works has yielded positive results.

In 2017, UNICEF will promote self-supply through user investment in construction and upgrading of shallow wells, small rainwater harvesting systems, including household water treatment, and safe storage. UNICEF will continue to advocate for the adoption of tools such as the three-star approach for WASH-in-schools. WASH sector capacity building on hydrological and geophysical studies, as well as pump testing, will also be prioritized going forward. UNICEF will continue to support and implement the JPLG through the increased engagement of municipal authorities, developing the capacities of private companies that are well accepted by user communities and ensuring that tariff-setting mechanisms are managed at the local level for more sustainable safe water delivery mechanisms. Finally, UNICEF, WFP and FAO will fund-raise for and start the joint resilience programme, with the three agencies planning to work closely to implement an integrated programme to maximize nutrition results through joint service delivery and strengthen resilience in key districts.

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

**Analytical statement of progress:**

In the sanitation and hygiene sub-sectors, cultural beliefs and practices, ineffective public health departments and the perceived high cost of latrine construction are among the underlying and structural factors impacting achievement of the targets. Furthermore, too much focus on service provision rather than demand creation on the one hand and the absence of a costed sanitation and hygiene master plan on the other hand continue to hamper results under this output. Nonetheless, implementation of this output is gaining momentum with 39 communities (out of 45 targeted) having been certified as ODF. The success is attributed to frequent interaction between members of the sanitation and hygiene technical working groups, the UNICEF WASH team, master trainers and certification committee member staff to share experiences and develop solutions to challenges.
Exchange visits to Kenya, conducted in early February 2016 by UNICEF Somalia staff and organized in conjunction with UNICEF Kenya, boosted capacity strengthening for CLTS. The biggest game changer in the pursuit of ODF communities is the engagement of opinion leaders and peer networks such as religious leaders (imams and sheikhs). The quoting of Hadiths from the Quran, which specifically mention the role of religious leaders in promoting safe sanitation and cleanliness, is beginning to demonstrate results in the drive for ODF communities.

Aside from the CLTS approach, UNICEF is supporting the provision of safe WASH facilities for health centres and schools (water connections, latrines and washing facilities), and support for hygiene education in schools is being strengthened. A total of 56 schools and 39 health facilities were equipped with improved sanitation facilities, benefiting 16,800 school-going children and 13,650 users of health facilities. Child-to-child clubs were established in 69 schools and are functional (nine in Somaliland, 22 in Puntland and 40 in South-Central Somalia). The three-star approach was launched, and trainings for 91 people were conducted in Garowe, Mogadishu and Hargeisa with the Ministry of Education.

To keep the momentum and double results in the coming year, UNICEF will specifically work with religious and traditional leaders in selected communities and high-profile public figures to promote CLTS approaches. Documentation of best practices and challenges will be used to identify bottlenecks and motivate communities that are lagging. The finalization of the CLTS protocol at the federal level and increased advocacy for stronger government support for CLTS/ODF at both federal and state levels will be prioritized. Formative research on menstrual hygiene management for better understanding of the social norms surrounding the subject in Somalia and finalization will be used.

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

**Analytical statement of progress:**
On a yearly basis, UNICEF targets at least 50 per cent of all emergency-affected people, with other WASH cluster partners targeting the rest. In 2016, UNICEF provided WASH support to more than 550,000 people out of 1.1 million emergency-affected people (as per FSANAU assessments), meeting the annual target. The only exception was in access to sanitation facilities, in which UNICEF reached 16 per cent of emergency-affected people compared with the target of 50 per cent. The low achievement could be attributed to the high planning figure forgetting about creating space for other cluster partners.

In response to the drought, UNICEF intensified its WASH assistance in affected areas with the provision of safe water through vouchers, the repair and rehabilitation of strategic boreholes and the distribution of hygiene kits. A total of 27 boreholes were rehabilitated in Somaliland and Puntland (18 in Puntland and nine in Somaliland), benefiting 135,000 drought-affected people. In addition, an estimated 85,000 people affected by drought in both Puntland and Somaliland received temporary access to safe water via vouchers. To support safe hygiene practices and water treatment at the household level, UNICEF and partners distributed a total of 21,250 hygiene kits (containing soap, water purification tablets and containers for water storage), benefiting 127,000 people. In Galkayo, UNICEF provided safe water and hygiene kits to benefit an estimated 30,000 affected people. Another 3,720 people who were affected by conflict in Kandala district, Bari region, also received hygiene kits.

In Belet Weyne town, Hiiraan region, a total of 2,185 flood-affected households received WASH emergency hygiene kits through the UNICEF-supported regional supply hubs to avert outbreaks of water-borne diseases. In addition, 42,685 sandbags were distributed to households to enable them to construct embankments to prevent floods around their homes.
In response to an increase in reported acute watery diarrhoea/cholera cases in South-Central regions, UNICEF and partners provided some 42,000 people with hygiene kits to boost safe hygiene practices and water treatment at the household level. Since the beginning of the year, 552,666 emergency-affected (flood and acute watery diarrhoea/cholera) people have received hygiene kits through the UNICEF-supported regional supply hubs.

In 2017, UNICEF will continue to pre-position emergency supplies at the regional supply hubs to ensure authorities and partners in high-risk areas are prepared to deliver emergency responses. UNICEF will seek to re-establish the Middle Juba regional supply hub. UNICEF will also continue to advocate for more funding and for the establishment of a comprehensive and long-term approach for durable solutions for people affected by emergencies in Somalia. Capacity building for local authorities in policy development and support for local artisans involved in small-scale desludging are some of the opportunities for improving sanitation responses in emergencies. UNICEF will continue to support the development of district contingency plans and strengthen the capacity of the Somali Disaster Management Agency, the National Environment Research and Disasters Preparedness Authority and the Humanitarian Affairs and Disaster Management Agency. UNICEF will also look for innovations in water source chlorination.

**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:**

Despite not meeting six of the eight indicators, progress was made in 2016. A draft WASH policy was developed with UNICEF support in collaboration with the IMWSC, and regional and state consultations are ongoing to ensure buy-in. The final WASH policy document is expected to be in place by mid-2017. At the Federal Government level, the IMWSC holds monthly meetings chaired by the Ministry of Planning and International Cooperation. Meetings have been initiated in Puntland and Somaliland. Support to the IMWSC encourages more holistic planning, coordination and execution of WASH programming to allow for the progressive expansion of equitable coverage of WASH services. There is growing demand to replicate the IMWSC mechanism at federal state level. The UNICEF-supported IMWSC continued to be the key coordination forum for policy development and the strategic direction of the WASH sectors. The National Sanitation Task Force was established in Mogadishu and will play a pivotal role in the implementation of CLTS certification mechanisms. Other achievements included the development of the CLTS protocol under the leadership of the Ministry of Health and support for the integration of WASH in the NDP. The current draft of the NDP has a complete chapter on WASH under the social services pillar, and WASH is considered extensively in the infrastructure chapter elsewhere in the plan. UNICEF began work on the establishment of a water quality laboratory and initiated a pilot water quality mapping project in Mogadishu, with Benadir University and MoE&WR.

Establishment of the IMWSC was the most significant achievement for the Somaliland WASH sector in 2016. A Memorandum of Understanding was signed by the three line ministries of water, health and education to make way for the formation of sub-groups that will provide the required input to the IMWSC. The terms of reference for the planning, management and operation of IMWSC was also drafted and reviewed by members.

The work that started in 2015 to establish contingency planning at the district level for 17 districts (including seven in Puntland and Somaliland) continued and was completed during
the first half of 2016, having achieved the target.

In 2017, UNICEF will advocate for the roll-out of the active sector coordination mechanisms at and between the federal, state and district levels following the WASH policy finalization. More focus will go towards supporting WASH sector inter-ministerial coordination meetings to fast-track the review and development of outstanding policies, set national standards and targets and strengthen sub-group/thematic (sanitation and hygiene, water supply) meetings. To foster partner accountability, during inception meetings, UNICEF will emphasize the obligations of implementing partners throughout the project duration. In addition, UNICEF will work with partners who have the ability and a proven track record and good working relationships with federal, state and district authorities, as appropriate. To accelerate project implementation and coordination, UNICEF will prioritize joint inter-sectoral monitoring missions and set quarterly WASH review meetings.

OUTCOME 4 By the end of 2015, 850,000 children and young people (from 5 to 24 years old) have access to quality education opportunities

Analytical statement of progress:
Notable progress has been made towards increasing children’s access to quality education opportunities across Somalia. Gross enrolment data demonstrates a 14 per cent increase (12 per cent increase for girls) in Puntland, while Somaliland has achieved only a marginal increase (0.3 per cent). Several factors may explain the significant difference in progress in Puntland and Somaliland. While a more in-depth comparative analysis will be done in 2017, the three-fold increase in the number of trained teachers supported in Puntland is likely a key factor. Participation indicators are currently being updated through education sector analyses conducted across South-Central Somalia and will be reported upon in mid-2017. These will be based on the 2015/16 government-led school census, which, for the first time, was expanded beyond Banadir and covered 67 per cent of the districts in 10 regions in South-Central Somalia.

Preliminary data indicate that progress has remained uneven across regions (both rural and urban) as well as gender and age cohort groupings, with several persistent challenges related to conflict and security, as well as new risks emerging with La Niña. Gender disparity remains high, as girls make up only one third of lower primary school enrolment. Persistent weaknesses in the quality of education can lead to reversals in enrolment gains due to high drop-out rates for children and adolescents from formal education. All three administrative authorities (Puntland, Somaliland and the Federal Government) have low levels of education funding (on average below 5 per cent of government budgets) and lack human and technical capacity to effectively and efficiently manage education services. Moreover, the very low levels of access to early learning opportunities for young children, compounded by inequities in access, has a negative impact upon the ability of young children to perform well in later years of school and gain valuable social and emotional skills at early stages of life. Education can also be a driver of conflict due to inequities perpetuated by cultural and structural violence.

In this context, UNICEF has made important contributions to improving education in Somalia through partnerships and its joint programme of work with governments. In the current school year, an additional 67,000 children and adolescents (41 per cent girls) were enrolled across Somalia in primary education, alternative primary education, adolescent programming and access to education via education-in-emergencies programming. Pilot programmes have also strengthened the provision of non-formal education, especially for pastoral and nomadic communities who comprise almost half of Somalia’s population. Under the alternative basic education (ABE) scheme for accelerated learning for children in
pastoralist and displaced communities, an additional 15,291 children gained access to education (58 per cent girls), and 1,090 children newly enrolled in youth training programmes. Since the launch of the Government’s Go-2-School campaign in 2012, there have now been some 2.6 million new enrolments in education.

To increase enrolment, UNICEF has supported the establishment and training of 501 CECs and 529 child-to-child clubs. Key supply-side barriers were addressed through classroom construction for formal education facilities launched in Puntland under EAC and the construction of 883 temporary learning spaces. Determinants related to teacher quality and supply were addressed through the Global Partnership for Education programme, under which 3,607 teachers and headmasters received regular incentive payments, and 22,720 textbooks were distributed to children. With the support of the peacebuilding and advocacy programme, UNICEF piloted several approaches to support excluded youth groups with conflict-sensitive learning and training opportunities geared toward addressing drivers of youth marginalization and associated risks of negative behaviour, while strengthening systems and promoting equity by improving data management. UNICEF also provided critical technical support and leadership for education sector analysis, strategic planning and management. The Education Sector Analysis/Education Sector Strategic Plan (ESA/ESSP) is currently being finalized for Somaliland and will shape government priorities and donor support for the next five years, with the federal ESA/ESSP work fully launched and to be completed in early 2017.

Within the JPLG, UNICEF’s support for decentralized service delivery models resulted in a 70 per cent increase in education budgets in several districts in Somaliland. Civic education activities directly reached more than 200,000 community members, 10,000 schoolchildren and close to 250 government officials, half of whom are women. Education-in-emergencies strengthens the resilience of children affected by conflict and natural disasters and aims to bridge the divide between humanitarian action and development. With the Government and partners, UNICEF is working to reach the most vulnerable children affected by conflict and emergencies with equitable and appropriate education services that address risks of exploitation, abuse and psychosocial recovery needs and ensure that children’s right to education is protected. In 2016, 38,080 children (43 per cent girls) were reached with learning and recreational materials. UNICEF also facilitated the technical training of 103 government and local duty bearers in disaster preparedness; co-chaired the Education Cluster and provided technical leadership and advocated for the CCCs in humanitarian education responses; and continued to explore funding opportunities for education-in-emergencies. UNICEF also strengthened synergies between humanitarian/resilience and development programming to address drivers of fragility (i.e. weak government services, limited access to social services, weak government capacities), while increasing the adaptive capacities of education systems, children and young people to prevent, respond to and recover from shocks.

OUTPUT 1 Equitable access to quality formal basic education

Analytical statement of progress:
Despite a challenging context and funding constraints, UNICEF has made a significant contribution to the enrolment of out-of-school children in formal education in Somalia. Through social mobilization campaigns conducted with the Government, education partners and communities, UNICEF has supported the enrolment of an additional 12,596 children in the current school year (39 per cent girls). UNICEF’s key approach to enhancing the ownership and sustainability of schools is to work with CECs, which are comprised of seven members representing teachers, parents and community members. During the current year, 501 (88 per cent of the target) CECs were trained on their roles and responsibilities and on the management of a school. As a result, communities built extra classrooms, latrines and
fences and provided incentives to teachers, all with their own resources. CECs are also a key driver of social mobilization campaigns to enrol children in school. Another key approach supported by UNICEF was the establishment of a child-to-child club in every school, which offers a platform for children to have a voice in the school community and increase their leadership through the organization of sports competitions and artistic performances. Almost 530 child-to-child clubs (exceeding 100 per cent of the target) were established and trained and are playing a key role in enrolling children through peer-to-peer advocacy.

In Somalia, the lack of education facilities still represents a major challenge for children to access education. UNICEF therefore supports the construction of classrooms and water and sanitation facilities in formal schools. In 2016, while the permanent school construction programme was delayed due to donor funding constraints, 476 temporary learning spaces (exceeding 100 per cent of the target) were established as an annex to formal schools to cater to increasing enrolment in existing schools. As teachers remain the single most important factor in learning, UNICEF facilitates a financial incentive system and has met its target for supporting 3,607 teachers, deputy head teachers and head teachers, across Somalia. Within the JPLG, UNICEF’s support for decentralized service delivery models in education has resulted in a 70 per cent increase in education budgets in several districts in Somaliland. Civic education activities have directly reached more than 200,000 community members, 10,000 schoolchildren and close to 250 government officials, half of whom are women. UNICEF is working closely with education stakeholders, including government counterparts, to mitigate or respond to the adverse effects on education of natural disasters: rebuilding facilities where necessary, supporting children to stay in their original school where possible or providing temporary learning spaces for displaced children. UNICEF is also taking steps to accelerate the school construction and textbook procurement components for children to access their new facilities in the New Year. For the JPLG, an evaluation of the service delivery models is planned for the first quarter of 2017 and will inform how JPLG III can embed access to basic services into the conditional elements for any capacity-strengthening efforts.

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

Analytical statement of progress:
By supporting the establishment of ABE centres, UNICEF supported education for an additional 15,291 out-of-school children (50 per cent girls) in 2016. With an accelerated curriculum and flexible schedules, ABE centres offer a second chance for out-of-school children, particularly those from pastoralist communities, who have been left behind by the formal education system. ABE is delivered through a variety of approaches: either in temporary learning spaces in nomadic pastoralist communities with no previous education facilities or in existing primary schools through the delivery of afternoon classes for children who cannot attend school in the morning due to other household responsibilities. ABE adheres to the fundamental principles of inclusive, child-centred and child-seeking education: it adapts the school to the needs of the child, rather than the child to the needs of the school. Through this approach, UNICEF has seen communities building extra classrooms, providing animals to generate income for the school and conducting school hygiene promotion activities. As such, the approach has proven very successful, with enrolments in ABE centres increasing substantially within only one month of implementation. For communities without education facilities, UNICEF facilitated the construction of 407 temporary learning spaces and provided teaching and learning materials, as well as sanitary kits for adolescent girls. With support from UNICEF, a policy on pastoralist education was finalized in Puntland, and discussions are underway with the Federal Government to launch consultations towards a policy on non-formal education. The data currently available indicate
that the target for 2016 was not met, mainly because temporary learning spaces were established later in the year in Somaliland and Puntland. It is expected that enrolments in early 2017 will show an increase and catch up with the targets for 2016. Activities are underway to develop an updated interactive radio instruction programme, which will be available in ABE schools in 2017. To mitigate the risks of dropouts from ABE due to migration or labour, UNICEF works closely with CECs to build their resilience mechanisms, knowledge, capacity and strong motivation to educate their children. With this approach, UNICEF ensures that communities take ownership of the ABE centres, prepare contingency plans in the case of migration and continue to support the school in the absence of external assistance. UNICEF is also planning to strengthen the quality of education delivered in ABE centres by conducting baseline learning assessments and reviewing the ABE curriculum and teaching materials.

OUTPUT 3

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

Analytical statement of progress:
UNICEF research identified the political, social and economic exclusion of youth as both drivers of conflict and impediments to the achievement of sustainable livelihoods. To mitigate this, UNICEF and partners are empowering youth through education and training for employment in both Puntland and Somaliland. The output overcame initial constraints, reaching 3,300 youth (38 per cent female) against the target of 8,100 through the youth education programme implemented in partnership with the Norwegian Refugee Council and life-skills training in seven youth centres. Through an additional grant from Japan, youth interventions in at least six centres (50 per cent) are underway, with the most significant constraints experienced in North West Zone, which did not secure any funds for Youth Education Programme (YEP) activities. The additional grant enabled the continuation of YEP elements in seven centres (Banadir, Kismayo, Dollow, Qardho, Galkayo, Garowe and Bossaso). Enrolment is complete in Qardho, Garowe and Bosasso and ongoing in Kismayo, Banadir and Dollow. In Galkayo, enrolment was disrupted due to fighting/conflict. An additional 1,090 youth (441 male, 649 female) have since enrolled for YEP trainings.

Independent evaluation results completed in 2016 for the YEP demonstrate positive contributions towards building relevant skill sets, enhancing social cohesion and non-violence among youth, and addressing factors that give rise to alienation of youth and youth vulnerability to negative behaviours.

UNICEF will continue to advocate for more resources for out-of-school youth. Lessons learned, achievements and impact from past programming have been used to engage and enhance youth programming through education. The ongoing YEP skills training programme will be accelerated to be completed before March 2017. UNICEF and the NRC (implementing partner), in consultation with the Ministry of Education and the Ministry of Culture and Higher Education, will reach a common understanding on selecting the best approaches for accelerating the course without compromising course content completion and the quality of training provisions. Upon graduation of the trainees, it is expected that the YEP centres, implementing partners and the Ministry of Education and the Ministry of Culture and Higher Education will link the trained youth to local enterprises and companies to explore employment and entrepreneurship options.

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:

Strengthening education systems in Somalia has remained a programmatic priority. UNICEF provided critical technical and financial support to the Ministry of Education for the education management information system (EMIS) training (14 government officials from all zones trained in EMIS) and for completing teacher profile databases. UNICEF also supported analyses of EMIS data for the academic years 2014/15 and 2015/16. There has been considerable engagement of REOs and DEOs in the conduct of school monitoring. The NorthWest Zone has the most (78), the Central South Zone has 12 and the NorthEast Zone has 10 REO/DEOs, overall achieving 90 per cent of the national target. UNICEF’s role in facilitating and incentivizing school inspection has enabled the active involvement of REOs/DEOs in school supervision and monitoring. School development plans have been prepared in 427 schools with the support of CECs, and education staff capacities have been boosted and monitoring systems initiated for monitoring of schools by DEOs/REOs.

UNICEF supported the finalization of school census data for the academic year 2014/15 (in Puntland and Somaliland) and 2015/16 (Federal Government) with corresponding statistical yearbooks released. Sector coordination also improved with more frequent meetings in all zones (nine in Central South Zone, 12 in North East Zone and 12 in North West Zone). This improved synergies among development partners and programme alignment to the Government’s key education priorities. All three government administrations of Somalia launched the very first ESA, contributing to updating their ESSPs in 2016. The Federal Government ESA planned for completion in early 2017 will also contain the education priorities for the five emerging regional states. The updated ESSPs will guide the education sector for the next three to five years.

The last round of four cascading female teacher training phases was concluded in March 2016, and academic and pedagogy skills for 56 female teachers were strengthened. In the pilot districts where the JPLG is being implemented, which supports local governance and civic education interventions at the community level, education decentralization plans are in place and the implementation of activities for Garowe were initiated.

Upon completion of the ESA/ESPs, ministries of education will be applying for Global Partnership for Education funding to implement the ESPs, with Puntland and Somaliland applications due in early 2017. Support to the Ministry of Education will be provided to address delays in the payment of teacher incentives in a timely fashion. UNICEF will collaborate with the ongoing World Bank and European Union initiatives, particularly on options for a harmonized approach to the undertaking of teacher incentive payments. As part of its next Country Programme, UNICEF will also strategize with the Government to better address issues of fragility and resilience to environmental shocks.

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:

In the current year, in emergency-affected areas, 38,080 children (out of 50,400 targeted) accessed education and learning materials in Puntland (15,062 girls or 48 per cent) and the Federal Government (23,018 or 42 per cent). UNICEF also facilitated the technical training of 103 federal government and local duty bearers in disaster preparedness. UNICEF worked closely with local partners to support the provision of temporary learning spaces and appropriate learning materials. As co-chair of the Education Cluster, UNICEF provided guidance and technical leadership to education partners engaged in humanitarian response and advocacy for integrating UNICEF’s CCCs into humanitarian education responses, as
well as for the life-saving nature of education for children in crisis contexts. In Puntland, as zonal Education Cluster lead, UNICEF coordinated with partners and the Ministry of Education and the Ministry of Culture and Higher Education authorities to closely monitor emergency-prone areas and coordinate response interventions made by the different partners in the education sector. The Education-in-Emergencies Working Group met regularly and worked on strengthening capacity at the regional level. Despite the achievements, there remain critical gaps that require additional technical and funding support to address the many remaining needs and risks for children affected by conflict and natural hazards. UNICEF’s education team strengthened response capacities for periods of crisis by developing standby partnership arrangements to respond rapidly to the educational and life-saving needs of children.

UNICEF will sustain advocacy for resource mobilization to enable the scale-up of education-in-emergencies interventions. UNICEF will continue to support the capacity building of the Ministry of Education and other education partners in education-in-emergencies preparedness and response and contingency planning, especially in Somaliland where there is a need to further support the Ministry and partners, particularly given that the 2016 drought is likely to continue disrupting education services for children in 2017. Training and initial financial support to CECs will continue to be an integral part of all education-in-emergencies interventions. As part of the process of developing the new Country Programme, UNICEF will strengthen synergies with education development programming to address drivers of fragility and increase resilience to shocks and stresses. Across Somalia, UNICEF will support more coordinated efforts for education-in-emergencies preparedness and consolidated response plans among all sector stakeholders. In Puntland, UNICEF will advocate to leverage other United Nations sister agencies such as WFP to expand the school feeding programme as part of education-in-emergencies programming.

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

**Analytical statement of progress:**
Overall, significant progress was registered in responding to the situation of children affected by conflict in Somalia. The network for monitoring and reporting on grave violations now has coverage in six regions of South-Central Somalia. The Country Task Force on Monitoring and Reporting documented 4,193 grave violations committed against children in Somalia during the reporting period. These affected 557 girls and 2,911 boys. Children suffered mainly from recruitment and use violations (1,655), followed by abduction (1,277), killing and maiming/injury (946), sexual violence (244), attacks on schools and hospitals (55) and denial of humanitarian access (16). Out of these, 283 boys and 227 girls were supported to access appropriate services such as medical and psychosocial support in 2016. The number supported with services was small due to operational challenges related to linking monitors with service providers due to the fear of exposure. The geographic distribution of service providers, which is mainly in urban areas, had also not enabled the linkages to be created. The Prevention of Sexual Exploitation and Abuse Notification Alert System for AMISOM, United Nations and United Nations-contracted staff was activated and has generated increased awareness on the issues. The coordination mechanism through the Country Task Force has provided appropriate support and follow-up to authorities, resulting in the resolution of critical issues related to children associated with armed groups, including the release of 69 children captured by Government forces in Galmudug and Puntland. However, the inter-ministerial coordination mechanism remains inactive despite the development of a joint workplan between the Ministry of Defence Child Protection Unit and the United Nations.
Inclusive reintegration support to released children continued during the reporting period, with 854 children (132 girls and 722 boys) formerly associated with armed forces and armed groups and other vulnerable at-risk children benefiting from the programme. The children associated with non-state entities released by the Galmudug Administration have also been enrolled in this programme. The difference in standards between different administrations has prevented the release and subsequent reintegration of more than 50 children captured during fighting with non-state entities, thus constraining the reintegration intervention. In addition, the review of the reintegration programme for children associated with armed forces and armed groups and other vulnerable at-risk children was conducted and resulted in the drafting of a new reintegration strategy that is currently being reviewed.

Progress in the achievement of humanitarian response targets through service delivery in line with the CCC benchmarks was slow during this period, including in regards to delivering mine risk education due to the unavailability of funding. Nevertheless, 99,685 children in need of humanitarian services were reached by sector partners with a range of child protection services such as tracing and reunification services, child protection awareness activities, assistance (medical, legal and psychosocial) to survivors of gender-based violence, and other material assistance. Consensus was reached for the use of a single information management system in Somalia through a unified coordination mechanism, and UNICEF has supported the implementation of this system by partners working in South-Central Somalia.

In 2017, UNICEF will more systematically engage with donors on the Monitoring and Reporting Mechanism to strengthen this area of work. UNICEF will also work to support the reintegration of children currently detained in Puntland and will support the implementation of the Action Plan.

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:
Overall, there was significant progress made under this output. UNICEF continued to co-chair the Country Task Force on Monitoring and Reporting and provided secretariat services, including managing the Monitoring and Reporting Mechanism database. The Monitoring and Reporting Mechanism continues to function throughout South-Central Somalia through the deployment of 73 community-based monitors in various districts. This has resulted in increased monitoring and reporting on grave violations. The Country Task Force on Monitoring and Reporting documented 4,193 grave violations committed against children in Somalia during the reporting period.

UNICEF also continued to be the main supporter of reintegration programmes in Somalia for children formerly associated with armed forces and armed groups and other vulnerable at-risk children. Since January 2016, a total of 973 children (15 per cent girls) have benefited from UNICEF-supported community-based reintegration programmes in Afgoye, Baidoa, Belet Weyne and Mogadishu districts. Out of this number, 77 girls and 450 boys graduated from the project in April 2016 after being enrolled in April 2015. The remaining children were enrolled in May 2016 and consisted of children identified through community-based mechanisms in Belet Weyne and Baidoaas well as those handed over to the United Nations by Galmudug and Puntland administrations. In March 2016, 108 boys (44 in Galkayo and 64 in Puntland) were detained for association with Al Shabaab. Since then, the Country Task Force on Monitoring and Reporting has made significant progress towards
safeguarding the rights of these children, including successfully advocating for the release of 70 boys (44 in Galkayo and 26 in Puntland) detained by Galmudug and Puntland authorities in March 2016 due to association with Al Shabaab. UNICEF is supporting ongoing advocacy to secure the release of 38 boys still detained by Puntland authorities, 10 of whom were sentenced to death. High-level advocacy is being undertaken by the Special Representative of the Secretary-General, the United Nations Assistance Mission in Somalia and the UNICEF Representative to ensure that international protocols that the Government of Somalia has committed to are adhered to by Puntland and other administrations, primarily to facilitate the release of the remaining children detained in Puntland. In 2017, UNICEF will more systematically engage with donors on the Monitoring and Reporting Mechanism to strengthen this area of work. UNICEF will also support the implementation of the Action Plan.

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

Analytical statement of progress:
There has been an overall improvement in the quality of services provided to children affected by emergencies. During the reporting period, four emergencies were declared: drought in Puntland and Somaliland; floods in Belet Weyne; the cholera outbreak in South-Central Somalia; and conflict-related displacement in Galkayo and Hiiraan. Child protection responses were provided for the drought and flooding emergencies, including monitoring the situation of family separation in drought-affected areas in Somaliland and Puntland, where 62 separated children (40 boys and 22 girls) were identified in acute watery diarrhoeal and Togdheer regions, and protection services were provided. In Puntland, an inter-cluster assessment was conducted in drought-affected areas, and findings showed that UNICEF-implemented community-based programmes helped to prevent family separation. Eighteen children (13 boys and 5 girls) who were separated and returned from Yemen were assisted with basic needs and reunified with their parents. In Belet Wayne, through existing programmes, 52 unaccompanied and separated children and 65 gender-based violence survivors were supported with various protection services during the floods.

A total of 3,624 cases of unaccompanied and separated children (1,429 girls and 2,195 boys) were documented in South-Central Somalia (3,127) and Somaliland (366) and 131 were documented in Puntland. Each of the identified cases received one type of service: 100 per cent received psychosocial support; 13 per cent (474 cases) received material assistance; 23 per cent (829 cases) received nutrition assistance; 25 per cent (812 cases) received medical assistance; 8 per cent (211 cases) were placed in foster care; 50 per cent (1,749 cases) were reunified with their parents/relatives/primary caregivers; and the rest of the children remained in spontaneous foster care.

A total of 5,963 community members were reached with identification and reunification messages including: 385 women and 344 men in South-Central Somalia; 500 families in Gerisa district, Somaliland; 9 girls, 4 boys, 502 women and 487 men in South-Central Somalia; and 4,714 community members in Puntland. Efforts have been made to reach out to the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR), the International Committee of the Red Cross and UNICEF Kenya to strengthen cross-border referrals and interventions for unaccompanied and separated children. UNICEF will support the Government to create systems to address issues related to unaccompanied and separated children such as child protection desks.

Areas that need further strengthening and improvement include coordination between actors, greater coverage, cross-border reunification, strengthening of case management
practice and the creation of sustainable models of intervention, including the strengthening of existing government systems and the creation of services within the framework of the Alternative Care Policy that is currently under development.

**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 Somalia in relation to improved access to justice, social services and a minimum package of preventive and protective processes for Somali children. Of note is that the Federal Government has focused on the domestication of the Convention on the Rights of the Child, which it ratified with three reservations in 2015 and to this end has conducted trainings for justice sector actors on the Convention. UNICEF is supporting the drafting of a Child Rights Act to domesticate the principles contained in the Convention in Somali legislation.

Varying priorities of the different regional administrations have resulted in varying progress regarding some interventions. For example, birth registration has continued to progress in Somaliland, increasing from 7 per cent to 23 per cent by the end of 2016, due to the expansion of the registration system developed by the Ministry of Health, the Ministry of Interior and Federal Affairs and UNICEF. The Puntland administration has expressed an interest in enhancing civil registration and has agreed to learn from the experiences in Somaliland’s Civil Registration Programme. However, the Puntland focus has been on developing legislation prior to the establishment of registration services, whereas in Somaliland the registration services were rolled out in parallel with the development of the strategy and legislation, resulting in more progress and lessons learned from the ongoing registration services being incorporated into the strategy. Despite the challenges, as of mid-November 2016, birth registration was available in Somaliland and Puntland, where 149,642 births (23 per cent of total under-5 population and 30 per cent of the target) were registered. Civil registration is still not a priority of the Federal Government and therefore no progress has been made in South-Central Somalia.

The social work education development has stalled due to lack of interest on the part of international universities to undertake work in Somalia because of security concerns. However, in Somaliland, discussion is ongoing to engage one of the local universities which has introduced a social work programme.

Alternative care policies have been finalized across Somalia and are in various stages of approval. The child protection committees continued to provide front-line protection responses for children and their families in Somalia. Improvement in the recruitment criteria and capacity building of the child protection committees has contributed to strengthening the linkages between the community-based child protection committees and child protection mechanisms. Local councils have prioritized child protection in their development agendas and have each appointed child protection focal persons. The planned assessment of the community-based child protection committees did not take place due to a lack of technical capacity within the organizations that expressed interest.

Revision of domestic legislation to support children’s access to justice and protection of children’s rights has commenced across Somalia. Somaliland has seen progress towards enacting the draft Child Rights Law, while Puntland developed a draft Juvenile Justice Law. The Federal Government has held consultations regarding the development of a Juvenile Justice Law, and UNICEF is supporting the drafting of the Juvenile Justice Act. Progress has
been made towards enacting the total abandonment of female genital mutilation/cutting legislation in South-Central Somalia and Puntland, while efforts have stalled in Somaliland. Puntland has a draft Anti-Female Genital Mutilation Act in Parliament that is expected to pass within the next few months. The Federal Government has a Female Genital Mutilation Policy, although this includes acceptance of the Sunnah version (form II), which is a significant setback. Religious leaders have held consultations to remove the Sunnah version from the policy, and the Prime Minister has supported this move publicly. In Somaliland, in the context of election campaigning, these issues are deemed by many senior political figures as too politically risky. The issue of early marriage is also stalled in Somaliland as the marriageable age of 15 is supported by key religious leaders. More advocacy must be undertaken to codify total abandonment of female genital mutilation or the creation of a marriageable age of 18 in Somaliland, as there is a real risk of legislation being enacted to legalize some forms of female genital mutilation and to create a marriageable age under 18.

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

Analytical statement of progress:
In 2016, UNICEF continued to support the establishment of birth registration systems in Somalia. Collaboration between the child protection and health programmes during the National Immunization Day campaign (measles and polio) in Somaliland, led to an increase in the number of births registered. The campaign occurred in December 2015 and ended in early January 2016. The programme met its target in Somaliland of supporting the Ministry of Health and Ministry of Interior and Federal Affairs to expand birth registration services from six to 10 districts. In Puntland, birth registration was introduced in Garowe district. Therefore, as of mid-November 2016, birth registration was available in Somaliland and Puntland, where 149,642 births (23 per cent of the total under-5 population and 30 per cent of the target) were registered. A strategy was also developed, including tools to guide the operationalization process. So far, 1,326 children (714 boys and 612 girls) have been registered in Garowe. In 2017, UNICEF will support the strengthening of birth registration systems at health posts and at local Ministry of Interior and Federal Affairs offices and will support the establishment of an online system for birth registration. UNICEF will also work to close the gap between the number of children whose births are registered and those who have received birth certificates.

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

Analytical statement of progress:
UNICEF and partners have made considerable efforts in 2016 to finalize and place all draft documents on the agendas of the Council of Ministers and Parliament and have conducted a series of meetings to lobby decisionmakers, with some progress.

In Somaliland, UNICEF contributed to efforts by the Government and other stakeholders to revise the Juvenile Justice Law to broaden the provision on diversion. This was accomplished and is pending approval by Parliament. The alternative care and child protection policies were approved/enacted and now await implementation. The Child Rights Act is before the Council of Ministers for review. In Puntland, the Juvenile Justice Bill was approved by the Councils of Ministers and is now awaiting approval before becoming law; the Alternative Care Policy is yet to be approved by the Council of Ministers and the Female
Genital Mutilation Law is still in draft form awaiting submission for Parliament’s approval. In South-Central Somalia, the Alternative Care Policy is yet to be approved by the Council of Ministers; consultants are currently drafting a Juvenile Justice Bill; and the Female Genital Mutilation Law is still awaiting submission for Parliament’s approval.

In 2017, UNICEF will continue to support all relevant administrations to enact and implement juvenile justice and child rights legislation and will support government efforts to establish a mechanism and systems to implement the Alternative Care Policy and Juvenile Justice Law, specifically strengthening the diversion scheme.

**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:**
UNICEF has signed new 24-month agreements with nine partners, which include significant scale-up of programmes geographically and provide a longer time frame to monitor, strengthen capacity and build referral services for survivors of abuse. UNICEF will also address reporting and stigmatization through a standardized norm change and community prevention programme that will provide new tools for partners working remotely with little day-to-day monitoring/technical support from UNICEF. A total of 400 children (280 boys, 120 girls) benefited from UNICEF-supported youth programmes in Burao (200) and Garowe (200). This programme will be discontinued in 2017 due to lack of funding. A total of 2,093 cases of child protection were resolved by child protection committees in Somaliland and South-Central Somalia. In Puntland, community-based child protection committees and other community supportive structures identified, supported and referred 607 children (336 boys and 271 girls) who had experienced violations on their rights. UNICEF completed piloting of the Communities Care programme, which includes standardizing response services, strengthening and standardizing prevention/social norm change activities and developing standard monitoring tools to assess social norm change at the community level.

UNICEF will support training and mentoring of partners in 2017–2018 to scale up the intervention that has been piloted in Mogadishu for the past three years. In 2017, there will be a review of the community-based child protection committee approach piloted in Mogadishu and other places to standardize approaches by all actors.

**OUTPUT 4** Social acceptance of practices harmful to children in targeted locations reduced and improved access to services for gender-based violence survivors

**Analytical statement of progress:**
Between January and October, UNICEF, through its network of partners, maintained comprehensive services that reached 4,293 gender-based violence survivors (1,318 girls, 2,675 women, 285 boys and 15 men). Survivors have received psychosocial support, clinical assistance, security and legal aid based on needs and client wishes. UNICEF also provided services in key towns and cities, including Mogadishu, Dollow, Belet Wayne, Brava, Marca and Kismayo in South-Central Somalia; Garowe, Galkayo and Bossaso in Puntland; and Hargeisa, Berbera and Borama in Somaliland. UNICEF has also implemented extensive targeted prevention programmes, reaching approximately 23,044 people in 2016. UNICEF also launched an interactive gender-based violence community radio programme in December that ran for three months and reached large numbers of people.
During the reporting period, there were 75 community declarations of zero tolerance and total abandonment of female genital mutilation/cutting. As a result, 518 girls did not undergo female genital mutilation/cutting; 1,007 religious leaders were engaged/mobilized to end female genital mutilation/cutting; and 5,215 female genital mutilation/cutting community dialogues were conducted. In Puntland, a fatwa was issued, and female genital mutilation legislation was presented in Parliament for approval. In Somaliland, the Female Genital Mutilation/Cutting Bill is pending before Parliament, and there is a draft Female Genital Mutilation/Cutting Policy waiting to be taken to the Council of Ministers. In South-Central Somalia, community, religious and political support is still being garnered for the issuance of a fatwa and to support the finalization of the Anti-Female Genital Mutilation/Cutting Policy and Legislation.

OUTCOME 7 UNICEF, partner and government capacity is strengthened to implement equity-focused and evidence-based programmes informed by socio-cultural dynamics.

Analytical statement of progress:
Complementarity of technical support to the Federal Ministry of Planning and International Cooperation, local governance and civic education interventions at the community level have, in addition to capacity strengthening, enhanced the integration of resilience, peacebuilding and good governance programme delivery. A notable result is the prioritization of gender, social inclusion, resilience and social protection in the NDP as pillars to bolster nutrition outcomes and heighten overall access to basic services. Specific attention to the Convention on the Rights of the Child has set the stage to place children at the centre of future development and investment decisions. Furthermore, UNICEF supported extensive consultations across all new regional administrations, as well as with civil society groups and the private sector, which resulted in key data and analysis around child-focused sectors being incorporated into the NDP, ensuring a solid framework that will also guide the United Nations-wide strategic framework and the next UNICEF Country Programme.

Within the JPLG, UNICEF has contributed to the emergence of more accountable, transparent and service-minded local governments in Somalia. UNICEF support for decentralized service delivery models in the health and education sectors has resulted in significant increases in social service budget allocations, and in education, some district level contributions to service delivery models in Somaliland have increased by an average of 92 per cent. Civic education activities have directly reached more than 200,000 community members, 10,000 schoolchildren and nearly 250 government officials, of whom half are women. The programme also translates community feedback (collected via RapidPro SMS messages) into improved service delivery, ranging from more appropriate schedules for mothers to access health clinics with their sick children to improved sanitary conditions for girls at school. UNICEF supported the training of 411 committee members from the local communities of Burao and Borama districts on RapidPro SMS reporting to enhance the transparency and accountability of local government. Finally, in terms of capacity development of staff delivering services at the local level, UNICEF, in collaboration with the Office of the Vice President, conducted a thorough capacity assessment on the social affairs departments in districts where JPLG is being implemented and developed a response plan that will help to address the assessed gaps.

Social protection programming in 2016 has demonstrated a transition away from short-term humanitarian programming to a gradual shift towards the development of the social protection knowledge and systems necessary to implement an effective and comprehensive safety net for Somalis. At the federal level, a year of advocacy and capacity strengthening activities culminated in the allocation of a dedicated social protection budget for building basic policy and systems in 2017. Social protection also holds a prominent role in the draft
NDP 2017–2019, which is currently under final consideration by the Government. In Somaliland, programming is still constrained by a lack of funding. However, the Government-led Technical Steering Committee on Social Protection continues to function and is leading dialogue on social protection, as well as ensuring a role for social protection in the next Somaliland NDP.

Development of the new Country Programme is underway. Periodic planning and review processes were implemented successfully. Significant contributions were also made to the development of the UNICEF Strategic Plan, the United Nations Strategic Framework and similarly strategic and policy-related efforts. In addition, a strengthened partnership was developed with the Ministry of Planning and International Cooperation. Field monitoring by programme staff and third-party monitors was facilitated and tracked, with tools developed to support data collection and analysis and quality assurance implemented. Several capacity-strengthening interventions were conducted for government partners and staff members. Information management systems, mapping and programme process coherence analysis are underway with a view to streamlining processes for improved evidence generation with the support of technological innovations. UNICEF supported donor relations and continued fund-raising efforts, including with the development of resource mobilization tools such as the newly created Resource Mobilization Task Force. A solid reporting track record was achieved, with 100 per cent of the 78 donor reports due so far submitted on time and to quality standards. UNICEF processed 101 umbrella programme cooperation agreements and 150 initial PDs and amendments, and the HACT were fully implemented and on target with 386 programmatic visits, 26 micro-assessments and 69 spot checks conducted to date and 35 audits commissioned. Overall, systems and processes were institutionalized and are functioning well, resulting in enhanced support to the wider office to ensure the achievement of results in an accountable manner.

In 2017, UNICEF will focus on rigorous analyses of Government policies, plans and budgeting to address the intergenerational dimensions of inequality among children in Somalia. UNICEF will support the capacity strengthening of those responsible to consult their constituencies around planning, budgeting and monitoring of service delivery in ways that respond to the needs of children. For the JPLG, UNICEF is positioning its role in service delivery within wider targets of district council formation to link local governance aspects directly to the rights of children through the expansion and improvement of current service delivery models, combined with UNICEF influence on civic education programming. An evaluation of the service delivery models is planned for the first quarter of 2017 and will inform how JPLG III can embed access to basic services in the conditional elements for any capacity strengthening efforts. At the same time, UNICEF will take the lead on gender mainstreaming across JPLG while also leading the gender audit, to begin in the first quarter.

OUTPUT 1 UNICEF, partner and government capacity is strengthened to implement equity-focused and evidence-based programmes informed by socio-cultural dynamics.

Analytical statement of progress:
The support provided by UNICEF, WFP and other development partners contributed to considerable advances in laying the foundations for social protection in 2016. In October 2016, a proposal for the development of the basic elements of a social protection system was fully funded and endorsed through the government’s primary aid coordination forum. This proposal was developed in partnership with government officials at the central and regional/state levels and will support efforts on social protection policy development, assessment of potential management information systems and beneficiary targeting modalities as well as an action-oriented research agenda in 2017. A firm is currently under recruitment for social protection policy development, with work expected to commence in the first quarter of 2017.
Capacity development remained a key focus of the Somalia social protection programme in 2016. UNICEF jointly led, with WFP, a two-day capacity development course for national and state government officials in April of 2017. At least 27 government officials participated in the course, which focused on the basic definitions and components of social protection. The course will be supplemented by four planned trainings in 2017, each building on the April 2016 training exercise. The results of the April training were evident; it immediately proceeded a planning exercise for the government’s NDP 2017–2019, and training participants successfully advocated for the inclusion of social protection as a separate action point for government attention in the NDP period.

In Somaliland, work on social protection remains constrained by lack of funding despite the strong commitment of the Ministry of Labor and Social Affairs and other government counterparts. UNICEF has supported the Government of Somaliland to draft a social protection situation analysis and indicators for its next NDP. UNICEF support, as addressed in the Somaliland NDP, will focus primarily on capacity building, coordination and fund-raising in 2017. Fund-raising will be a priority, as further action on the development of a social protection system and implementation of a child grant programme will not be possible without success in this area.

In recognition of the importance of a sustained advocacy role to increase development partners’ understanding of and confidence in the possibilities for social protection in Somalia, UNICEF partnered with the World Bank in late 2016 to develop a short analysis of child poverty in Somalia and the potential service delivery and social protection responses that will support the government to reach its Sustainable Development Goals related to poverty reduction. The final analysis is expected to be released by the World Bank in the first quarter of 2017.

**OUTPUT 2**

Capacity of the Government and development partners to implement development-orientated social protection programming is strengthened through a strategic programme of research, advocacy, policy support and targeted capacity building.

**Analytical statement of progress:**

In the South-Central regions, a social protection proposal was approved at the SDRF level and fully funded in mid-October 2016. This includes funding for the development of a social protection policy in 2017. The terms of reference for the policy development was shared with potential partners. Social protection was made a sub-chapter of the NDP resilience section at the request of government officials from Federal Member States as a direct result of a social protection training held in April 2016. At least 27 government officials attended this training, far surpassing the expected number benefitting from social protection training in 2016. Overall, there has been some progress on social protection in Somaliland, but the work remains constrained. Funding has not yet been secured, which restricts progress on the first two outcome indicators. The capacity-building and social protection/resilience outcome indicators will be met, but the achievement of the first two indicators will depend on the success of fund-raising efforts in 2017. Some inputs into the NDP on social protection, supported by UNICEF, are positive. No progress was made in Puntland, primarily due to the limited funding for 2017 and the lack of local or international implementation capacity.

The most significant progress has been made on training and capacity building, where UNICEF and WFP co-led a training on social protection for approximately 30 government officials from the Federal Government and Federal Member States in April. This training, to which a follow-up is planned for October 2016, successfully raised the awareness and support of government officials for social protection interventions in the NDP. A tangible
output of the training in April was that government officials who attended that training in South-Central Somalia successfully advocated for a greater role for social protection in the NDP. In addition, UNICEF has promoted social protection with the Government in Somaliland, which has allocated (albeit a small) part of their own resources to social protection programming.

For Somaliland, UNICEF will focus heavily on fund-raising in 2017, as well as continued management of the SDRF and capacity building of the Government and key stakeholders.

OUTPUT 3 Capacity of UNICEF Somalia is strengthened, through provision of guidance, tools and resources, to plan, design and monitor and evaluate programmes effectively.

Analytical statement of progress:
Building on the work started in the first half of the year, development of the new Country Programme (and strategy notes) is underway. Periodic planning and review processes were implemented successfully. Significant contributions were also made to the development of the UNICEF Strategic Plan, the United Nations Strategic Framework and similarly strategic and policy-related efforts. In addition, a strengthened partnership was developed with the Ministry of Planning and International Cooperation, which will ensure its engagement in the development of UNICEF’s new CPD. This was facilitated, inter alia, through the establishment of a CPD Steering Committee made up of UNICEF staff and government and civil society organizations partners.

Field monitoring by programme staff and third-party monitors is on track, facilitating data collection and analysis with more quality assurance interventions and use of standardized tools. Several capacity-strengthening interventions were conducted for government partners and staff members (including results-based management for 125 UNICEF staff and field monitoring for 45 government staff), which will be further enhanced with a needs assessment to inform efforts in 2017. Information management systems, mapping and programme process coherence analysis are underway with a view to streamlining processes for improved evidence generation with the support of technological innovations. Donor relations and continued fund-raising efforts were supported, including with the development of resource mobilization tools such as the newly created Resource Mobilization Task Force. A solid reporting track record was achieved, with 100 per cent of the 78 donor reports due so far submitted on time and to quality standards. UNICEF processed 101 umbrella programme cooperative agreements and 150 initial PDs and amendments, and the HACT was fully implemented and on target with 386 programmatic visits, 26 micro-assessments and 69 spot checks conducted to date and 35 audits commissioned. Overall, systems and processes were institutionalized and are functioning well, resulting in enhanced support to the wider office to ensure achievement of results in an accountable manner.

UNICEF will continue to strengthen planning, monitoring and evaluation systems, including the roll-out of e-tools for more standardized management of partnerships as well as HACT and field monitoring and the development and implementation of new quality assurance templates and checklists.
## Evaluation and research

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### Other publications

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### Lessons learned

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### Programme documents

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