Executive summary

In 2017, a deteriorating food security and nutrition situation plunged Somalia into a pre-famine emergency crisis. In response, UNICEF Somalia mobilized the largest amount of donor funding ever received, enabling the quick scale-up of a significant emergency response to help stave off imminent famine. Results achieved throughout the year boosted UNICEF Somalia’s credibility, leading to sustained levels of both emergency funding and large-scale multi-year development funding to support longer-term development and resilience efforts. In total, UNICEF Somalia received over US$300 million in 2017.

The humanitarian response was a priority in 2017. To minimize morbidity (diseases), undernutrition (starvation) and mortality (deaths), UNICEF Somalia and its partners provided therapeutic treatment to more than 269,000 children with severe acute malnutrition (SAM), representing 97 per cent of the worst-case scenario annual target—far surpassing the 91,000 cases treated in 2016—with a recovery rate of 93.3 per cent.

UNICEF Somalia supported the provision of temporary access to water for over 1.8 million people (805,500 men and 984,500 women). Responding to the acute watery diarrhoea (AWD) and cholera outbreak, the Office provided over 1.3 million people (19 per cent of 4.5 million people in emergency-affected areas) with the means to practice good hygiene and household water treatment. In total, 43,000 out of 79,000 of the AWD/cholera cases were treated in 71 UNICEF Somalia-supported facilities. Some 69,000 children (35,000 girls and 34,000 boys representing 45 per cent of the target) benefited from identification and care for unaccompanied and separated children, psychosocial support and community-based protection services.

Education interventions reached some 174,000 children and adolescents with learning materials.

UNICEF Somalia also achieved strong development results in 2017. The UNICEF Somalia-supported Essential Package of Health Services (EPHS) provided health service coverage for 3.19 million people, helping to bridge the humanitarian-development gap. The annual number of institutional deliveries in health centres steadily increased from 77,000 in 2014 to over 141,000 in 2017 (an 8 per cent increase from 2016). In partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF Somalia continued to mainstream its HIV and AIDS response through primary healthcare services; 2,654 out of the targeted 6,969 adults and children received antiretroviral therapy (ART). From 2015–2017, a total of 103,450 malaria cases were recorded and treated and almost 2.3 million long-lasting insecticide nets (LLINs) were distributed, benefiting 4.6 million households. Finally, progress was made towards the publication of the first Somalia Convention on the Rights of the Child report, with substantial technical support from UNICEF Somalia.

The partnerships maintained, expanded and forged in 2017 were crucial in achieving results. UNICEF Somalia strengthened the partnership with Germany’s Federal Ministry of Economic Cooperation and Development to address the health needs and service gaps in Puntland and support and expand resilience-building efforts. A new partnership with China was formed in 2017 to support nutrition work. The Educate A Child (EAC) partnership and Global Partnership
for Education (GPE) supported access to quality education. UNICEF Somalia’s health interventions were strengthened through an effective partnership with GAVI Alliance and the Global Fund. UNICEF Somalia continued to support the global Scaling Up Nutrition (SUN) effort, with the launch of the SUN Secretariat in Somaliland, complementing the SUN secretariats established in Puntland and at the federal level. UNICEF Somalia also worked with the World Food Programme (WFP) to scale up comprehensive nutrition services nationally.

Given the prioritization of the emergency response in 2017, some development activities did not progress as planned. Work on social protection and improving access to justice and social services was challenged by competing priorities. Other gaps included progress in communities being certified as open defecation free and the building or rehabilitation of classrooms, although significant progress was made in the latter half of 2017.

In conclusion, 2017 was a significant year. An effective pre-famine response positioned UNICEF Somalia strongly at the transition to the new Country Programme 2018–2020, endorsed in September 2017 and aligned with the new National Development Plan (NDP) and United Nations Strategic Framework. In November, the management plan was approved with the decision to re-establish the full country management team (CMT) in Mogadishu in 2018 for the first time in 25 years – a crucial step for strengthened programming and credibility. The ongoing disaster impact needs assessment, which will inform the resilience and recovery framework and presents another important opportunity for UNICEF Somalia as a humanitarian and development actor to continue to receive significant resources to achieve large-scale results for women and children in Somalia for the next three years.

**Humanitarian assistance**

In 2017, a pre-famine context unfolded in Somalia following three consecutive seasons of failed rains and continued conflict. More than 6.2 million people (half of the population), including 3.4 million children, required humanitarian assistance and protection. The projected number of children suffering from acute malnutrition increased by 50 per cent during the year to 1.2 million, including more than 232,000 children who were affected by severe acute malnutrition. Global acute malnutrition levels stood at 17.4 per cent (median prevalence) across the country, well above emergency thresholds.

Around 4.4 million people needed water, sanitation and hygiene (WASH) services. Over 5.7 million people required basic health services. AWD/cholera and measles outbreaks continued to lead to preventable deaths across the country, with 78,000 and 20,000 cases reported respectively. Out of 4.9 million children total, over 3 million were estimated to be out of school. There were 2.1 million internally displaced persons, over 1 million of them displaced in 2017 alone. Violence increased, with 76 per cent of recorded gender-based violence survivors reported to be from internally displaced communities. Between January and August 2017, 1,202 children were recruited by armed groups – 95 per cent of them in the south-central region of Somalia.

Considering this situation, UNICEF Somalia prioritized an integrated WASH, health and nutrition response in drought-affected areas, with a focus on providing life-saving services to avert famine. UNICEF Somalia developed a 45-day scale-up plan to expedite the response, entailing timely procurement of life-saving core pipeline supplies, an increase in partnerships and coverage and the expansion of critical services in the most affected areas. Education and child protection interventions were also incorporated within the response to assist families on the move. UNICEF Somalia mainstreamed common child protection and gender-based violence messages, provided psychosocial support to communities and supported reporting of abuses.
Communication for development (C4D) initiatives promoting essential behaviours were enhanced to help children and their families stay healthier and safer in crisis situations. UNICEF Somalia initiated the use of cash-based assistance, including the provision of safe water through water vouchers, cash grants to support affected schools, and monthly cash transfers to support households in accessing services in the most affected regions. These interventions were undertaken in areas where local markets are functional and where UNICEF Somalia was also providing access to basic services.

In addition to a carryover of US$18.2 million, UNICEF Somalia received US$135.6 million for the 2017 Humanitarian Response Plan (HRP) (with UNICEF’s requirements at US$177.3 million). Close to 1.8 million people were reached with humanitarian assistance through the following interventions:

- Treatment of 269,414 severely malnourished children under 5 (72 per cent of the cluster total result), eventually achieving a 93 per cent recovery rate.
- Provision of emergency life-saving health services to 1.3 million women and children, and vaccination of 602,344 children under 5 against measles.
- Provision of temporary access to water to 1.8 million people (43 per cent of the cluster total result) and means to practice good hygiene and household water treatment to 1.3 million people.
- Access to safe and protected learning opportunities to 174,000 school-age children in emergency-affected environments (65 per cent of the cluster total result), and provision of emergency school cash grants benefiting 94,000 children.
- Identification, registration and provision of services to 4,275 separated and unaccompanied children and provision of support to 4,157 children and women who either experienced or are at risk of sexual violence.
- Provision of monthly cash transfers to support access to basic services for 18,972 emergency-affected households.

In 2017, UNICEF Somalia-led clusters, with the support of a network of Somalia-based regional cluster focal points, supported the scale-up and coordination of the pre-famine response. The nutrition cluster reached 1.8 million people with life-saving curative, preventive and promotive nutrition interventions. The WASH cluster and its partners provided 4.2 million people with temporary access to safe water. The education cluster supported 266,000 school-age children with access to learning opportunities in safe environments. The child protection sub-cluster reached more than 150,000 people (57 per cent children) through preventive protection messages.

As indicated in UNICEF Somalia’s real time evaluation of the pre-famine response, this crisis differed significantly from the 2011 one in that, in 2017, the different line ministries at federal and state levels played an important part – from coordination (Ministry of Humanitarian Affairs and Disaster Management) to the response itself (ministries of health and water resources). The level of response from the international community as a whole in 2017 was much quicker than in 2011 and many more lives were saved.

**Equity in practice**

There are several contextual factors in Somalia that affect equitable delivery of and access to services. First, many parts of the country are affected by insecurity and conflict, which impacts the ability of service providers to access certain populations, particularly in the south-central region. Second, the clan system in Somalia poses a unique challenge to ensuring that all people, particularly from minority groups, have equal access to social services. Growing
urbanization requires that people moving to urban areas can be reached equitably with social services. At the same time, there is a still a substantial pastoralist community in Somalia and the significant movement of people poses difficulties for social service providers in providing equal access. Social norms, particularly those relating to gender, present a major challenge for women and often children in accessing social services. Finally, economic disparities are also high in Somalia.

UNICEF Somalia has in the past seven years looked to strengthen its programming and that of partners and other stakeholders to increasingly address equity issues. A geographical scale-up of UNICEF Somalia’s programmes has been a key strategy in ensuring equitable service delivery. As it stands in 2017, programmes currently cover the 17 pre-civil war regions of the country and UNICEF Somalia works in most districts, including in hard-to-reach areas affected by conflict. For instance, the nutrition programme is operating in 95 of the 105 pre-civil war districts in the country. While the emergency situation in 2017 created massive humanitarian need and displacement, it also opened up opportunities to access previously inaccessible areas due to the enormity and severity of the situation. For instance, UNICEF Somalia has been able to deliver programmes at scale in Bay and Bakool regions (in south-central region) and to previously unreachable or under-served communities. However, geographical coverage challenges still exist, and the 2017 real-time evaluation of UNICEF Somalia’s pre-famine response documented that in certain districts, points of service are largely concentrated in urban areas, mostly due to insecurity and poor infrastructure. Going the ‘last mile’ into the rural communities will increasingly be a key goal for UNICEF Somalia in its new 2018–2020 Country Programme.

Regarding clan and gender dynamics, UNICEF Somalia has invested resources in evidence generation and research to inform its approach. In previous years, several clan dynamics studies have been conducted, alongside a mapping of the clan affiliations of implementing partners to better understand how to ensure that people of all ethnicities are reached, including by diversifying the choice of partners. Increasingly supporting the collection and reporting of gender disaggregated data has been another key area of focus. Through UNICEF Somalia’s support, the newly rolled-out District Health Information System (DHIS2) presents data disaggregated by gender. UNICEF Somalia also has distinct gender-focused programmes such as the gender-based violence programme and menstrual hygiene management interventions.

UNICEF Somalia has made strides in developing adaptive urban and rural programming approaches. For instance, through the alternative access to basic education programme, appropriate curricula have been developed, and through alternative modalities, children have been reached with education even in remote locations. Building on work done in 2016, UNICEF Somalia has in 2017 supported the broadcasting of 38 radio shows nationally on different health and protection topics, reaching urban and rural communities with key behaviour change information. At the same time, the collection of audience feedback through RapidPro SMS has meant that the opinions and views of different demographics have informed follow-up radio show content and sector programming more broadly.

The use of the SCOPE registration system for cash programming has also expanded UNICEF Somalia’s programmatic reach to different communities through not having to be consistently physically on the ground to deliver the intervention. Regarding economic disparity, the World Bank undertook the first round of their High Frequency Survey in Somalia in 2016 in order to develop the Somalia Poverty Profile. UNICEF Somalia supported the drafting of a ‘child and youth poverty’ chapter in the final report, published in 2017. This report provides much-needed
information for UNICEF Somalia and partners on the nature of child poverty in Somalia, including key challenges and potential entry points for focus.

Moving into 2018 and beyond, UNICEF Somalia will strengthen equity in its programming and build on the successes achieved to date. UNICEF Somalia has a new social protection outcome area in the new country programme and also enhanced its staffing capacity on gender, social policy and equity to address these issues and look to overcome challenges in reaching the most vulnerable groups.

**Strategic Plan 2018–2021**

UNICEF Somalia is entering the period of the new Country Programme (2018–2020). The programme will support results for all children in Somalia, especially the most vulnerable, so that they are healthy, in school, protected from harm and living in resilient communities with access to long-term, sustainable social services. The country programme has seven components, namely health, nutrition, WASH, education, child protection, social protection, and programme effectiveness, all of which align with the priorities of UNICEF’s Global Strategic Plan 2018–2021.

Building on lessons learned from both the last country programme and the 2017 pre-famine response, UNICEF Somalia increased integration between services, especially health, nutrition and WASH, in line with the new global Strategic Plan’s conflation of these areas under the ‘survive and thrive’ pillar. UNICEF Somalia will continue to deliver the health and nutrition EPHS as part of the same services. Climate change and resilience elements are part of the WASH programme and are also aligned with the global Strategic Plan. These areas represent opportunities for UNICEF Somalia to support results for children in the next three years as part of the global Strategic Plan results. Alongside the country programme itself, UNICEF Somalia will also deliver humanitarian programme results in keeping with the global Strategic Plan’s priorities for humanitarian action.

The new Strategic Plan is predicated on the Convention on the Rights of the Child. On 1 October 2015, Somalia became the 196th nation to ratify the Convention, strengthening the basis for fulfilling the rights of children across Somalia. The Somali commitment to the Convention on the Rights of the Child is reflected in the NDP 2017–2019 where investment in basic social services such as health, nutrition, WASH and education have been identified as building blocks for social and human development and aligned with the Sustainable Development Goals (SDGs). The ratification of the Convention also presents an invaluable opportunity for UNICEF Somalia to take a prominent role in leading, convening, advocating and mobilizing action in support of the Convention’s implementation, while bolstering the Government’s appropriation, ownership and overarching lead at all levels, in line with thrust of the 2017–2019 NDP to advance children’s rights. Moving forward, UNICEF Somalia will strengthen its communication and advocacy, which is aimed at leveraging evidence-based data in support of the implementation of the Convention and at convening local and national organizations for collective lobbying on children’s issues.

The new Strategic Plan includes a range of strategies, some of which are also reflected in the new country programme. In particular, UNICEF Somalia will develop partnerships with key government entities at national and subnational levels and within the United Nations family, as well as with the World Bank and other multilateral partners, bilateral donors, non-governmental organizations (NGOs), academia and the private sector. Within the United Nations, UNICEF Somalia already has close ties and strong programming initiatives with WFP and the Food and Agriculture Organization of the United Nations (FAO). Supporting at-scale results for children
continued and will be fostered moving forward, as UNICEF Somalia enhances its systems strengthening work and support for service delivery using humanitarian entry points that also contribute to recovery and development. UNICEF Somalia will also build on its innovation work from the past few years, including the utilization of real-time monitoring technology (RapidPro), to support data collection, analysis and usage for decision-making in order to achieve results for children.

The Somali context nevertheless presents several risks and challenges. To address and mitigate these, UNICEF Somalia has developed a robust risk management system. Financial risk management processes have been put in place to ensure effective control; corrective actions are taken as required. Contractual modalities are diversified with nuanced approaches considerate of zonal security status. UNICEF Somalia human resources and financial policies are fully compliant with global standards, and fraud and wrongdoing are prevented, mitigated, detected and efficiently acted upon.

A key element of risk management is the implementation of harmonized approach to cash transfers (HACT) assurance activities, such as programmatic visits undertaken by staff and third-party monitoring firms, spot checks and audits. Also essential are internal risk mitigation measures, coordinated through the risk committee, consistent liaison and information-sharing with the inter-agency risk management unit in Nairobi and utilization of its risk analysis outputs.

**Emerging areas of Importance**

**Accelerated early childhood development (ECD).** In 2017, UNICEF Somalia integrated early childhood development (ECD) into government education policies and strategies, which will expand access to ECD services via formal institutions and Quranic schools across Somalia. This will ultimately ensure that young children access age-appropriate learning opportunities and are equipped with critical skills to succeed in their later years of formal education.

An emphasis on the first 1,000 days of life is also a key part of UNICEF Somalia’s programming in the health and nutrition sectors. In 2017, 592,000 women who were pregnant or lactating continued to receive multiple micronutrients support, while 246,000 received iron folate for anaemia prevention. Over 283,000 women who were pregnant or lactating received at least one individual infant and young child feeding (IYCF) counselling session, surpassing the annual target of 142,000. Around 364,000 women who were pregnant or lactating received focused antenatal and postnatal consultations. UNICEF Somalia supports the promotion of exclusive breastfeeding as part of the nutrition interventions both at community and facility levels. In 2017, 386 community-based workers and IYCF counsellors received refresher training, and the revision and updating of IYCF training material was completed. All these interventions provided critical support for ECD over the course of the year.

**Climate-related hazards** and children. Average rainfall in Somalia is 200 mm while evapotranspiration stands at 2,000 mm. Recharge of aquifers is relatively small. Groundwater from deep aquifers is almost unaffordable. As surface water sources and shallow wells dry up due to prolonged dry seasons, the distances covered by water vendors consistently increase. Women, boys and girls have to cover long distances, carrying heavy containers of water from contaminated sources. The reduced amount of water available for domestic use impacts personal and household hygiene. Outbreaks of AWD/cholera are common, with children among the worst affected.

Intense but brief rains cause flooding. When these floods occur, they either submerge or wash away water supply and sanitation facilities. Children are exposed to contaminated flood-waters
and open defecation becomes the norm. The droughts result in the loss of livelihoods for pastoralists due to the scarcity of vegetation and drinking water. This drives pastoralists to displacement. The children among the people fleeing their homes because of these events often suffer because of their relatively higher susceptibility to diseases such as AWD/cholera.

Climate change presents significant threats to the achievement of the SDGs. In 2017, UNICEF Somalia supported the construction of a subsurface dam in Somaliland in order to restrain the flow of water into dry riverbeds and maintain water in shallow wells as a climate change mitigation action. Shallow wells were constructed upstream of the dams and equipped with solar pumps. In 2017, UNICEF Somalia supported the installation of 40 solar-powered water supply systems across Somalia – 26 units in the south-central region and seven each in Somaliland and Puntland. The construction of solar-powered water supply systems helped to minimize the high cost of operation and maintenance of the supply schemes and to some extent contributed to reducing their carbon footprint.

Refugee and migrant children. There are 2.1 million internally displaced persons in Somali, with over 1 million of them displaced in 2017 alone as a result of the pre-famine crisis.

To support children on the move in 2017, a total of 17 child protection desks were established at border areas – 10 in Somaliland and seven in Puntland by the ministries in charge of social affairs – with the aim of providing protection, referral and other services, such as health services, to migrant children including returnees. The desks are set up within immigration offices, and in collaboration with other actors such as healthcare providers, they are involved in the identification of unaccompanied and separated children, case management and advocacy to resolve cases of children in need of assistance at border areas.

To help address exploitation, abuse and violence against such migrant children, UNICEF Somalia launched a preparedness project for children on the move in Puntland and Somaliland. The first phase of this project (December 2017–August 2018) is underway, with an emphasis on action research, case management, systems strengthening (by delivering a social workforce university course) and supporting a legal framework for birth registration in the areas of implementation. The respective ministries in charge of social affairs in both Somaliland and Puntland have demonstrated a strong political commitment to work with UNICEF Somalia and civil society organizations to address the plight of children on the move.

### Summary notes and acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AWD</td>
<td>acute watery diarrhoea</td>
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<td>ART</td>
<td>antiretroviral therapy</td>
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<td>BNA</td>
<td>bottleneck analysis</td>
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<td>C4D</td>
<td>communication for development</td>
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<td>CMT</td>
<td>country management team</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>DCT</td>
<td>direct cash transfer</td>
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<td>DHIS2</td>
<td>District Health Information System</td>
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<td>EAC</td>
<td>Educate A Child</td>
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<tr>
<td>ECD</td>
<td>early childhood development</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>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>HACT</td>
<td>harmonized approach to cash transfers</td>
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A critical capacity development focus in 2017 was on supporting the Government with strengthened data and evidence generation to inform evidence-based planning. Two key examples are from education and health.

With funding from GPE, UNICEF Somalia assisted the ministries of education in the Federal Government of Somalia and Somaliland to develop education sector strategic plans that will guide the sector for the next three to five years. This new initiative directly engaged ministry personnel across all departments in sector planning, covering evidence-based analysis, equity-focused planning, budgeting, prioritization of strategies, monitoring, system strengthening, and risk mitigation.

The plans were based on consultative government-led dialogues with the participation of 437 Somalis from a cross-section of society, different levels of government, and ministries such as the Ministry of Religious Affairs, the Ministry of Justice, the Ministry of Planning and International Cooperation, the Ministry of Finance, and the Ministry of Youth and Sports. The completion of the education sector strategic plans marks the emergence of government ownership of the sector, with increased capacities to achieve national development priorities and support the peace-building and state-building goals of the Somali people.

As part of the health system strengthening work, UNICEF Somalia supported the Somali national health data management systems (DHIS2) at all levels through the development of appropriate guidelines, skills transfer and capacity improvement for managerial and institutional management. For effective devolution, 179 key Health Management Information System (HMIS) staff members, data clerks, supervisors and managers were trained on the use of tablet computers, and 358 others, including 60 supervisors, were trained on the DHIS2 manual data
template and registers to the electronic data transfer systems. The roll out of DHIS2 has ensured greater information access at regional and central levels that will increasingly be utilized to inform the agenda for strengthening the health sector.

**Evidence generation, policy dialogue and advocacy**

In 2017, UNICEF Somalia continued to undertake evidence generation to inform policy development and advocacy within and across sectors, focusing on humanitarian action and filling data gaps in sectors. Some key examples are as follows.

UNICEF adopted the bottleneck analysis (BNA) in 2017. Predominantly using qualitative information, UNICEF Somalia developed a WASH BNA tool with the Ministry of Energy and Water Resources to analyse issues around sustainable access to drinking water supply and sanitation. A detailed BNA was produced, including for WASH in institutions; urban water supply and sanitation; and rural water supply and sanitation. Five priority activities were identified for each sub-sector, including the costs, financing sources and responsibilities.

For nutrition, UNICEF Somalia, WFP and the nutrition cluster completed an integrated management of acute malnutrition (IMAM) BNA in 2017. While geographic coverage was satisfactory (>70 per cent), 30 per cent of outpatient therapeutic programmes (OTPs) reported stock outs while 40 per cent of service providers did not receive IMAM training. On the demand side, the initial enrolment of children into the programme was suboptimal (41 per cent) while dropout rates were high (60 per cent), attributable to the attrition of poorly motivated community volunteers critical for screening and follow-up. In response, the Ministry of Health (MOH), with the support of UNICEF Somalia, developed action plans with short- and long-term objectives and targets.

UNICEF Somalia commissioned a real-time evaluation of its pre-famine emergency response in Somalia. The evaluation found that UNICEF Somalia met targets and saved many lives by effectively mobilizing donor resources, delivering supplies through established supply hubs and supporting implementation at scale. Some key lessons were around the need to increasingly focus on resilience activities, improve feedback to beneficiaries and, through a decentralization approach, empower the field offices to respond more flexibly to the expressed needs of communities.

**Partnerships**

The partnerships maintained, expanded and newly forged in 2017 have been crucial for UNICEF Somalia in achieving results. UNICEF Somalia strengthened its partnership with Germany’s Federal Ministry of Economic Cooperation and Development. A key element of this partnership is to address the health needs and service delivery gaps in Puntland, with construction of a specialist hospital, health offices in Garowe and Galkayo districts and the rehabilitation of health centres – with the supply and installation of medical equipment as a significant component.

The partnership with Germany’s Federal Ministry of Economic Cooperation and Development also supported resilience-building efforts in Gedo Region, with 493 community-based workers delivering services and information reaching nearly 41,000 households. Through collaboration with WFP, the coverage of this programme will be expanded in 2018. Due to the emergency response and enhanced engagement with new donors, a new partnership with China in 2017 was important for achieving nutrition results. UNICEF Somalia will look to expand this moving forward.
In education, the Educate A Child (EAC) partnership has contributed to the construction and rehabilitation of permanent learning spaces that enabled 850,000 children to access quality education. Similarly, the GPE enabled the retention of 1,555 primary school teachers through the provision of regular teacher incentives on a timely basis.

UNICEF Somalia’s fight against polio, HIV, tuberculosis and malaria, and its efforts in supporting health systems strengthening, have been greatly supported through partnership with GAVI Alliance and the Global Fund. Integrating immunization and treatment into the ongoing delivery of an essential health services package creates a multiplier effect, with immunization services able to go further to scale. In nutrition, UNICEF Somalia played a leading role in providing technical and financial support to the global SUN effort. A key achievement in 2017 is the launch of the SUN Secretariat in Somaliland, completing the establishment of the SUN Secretariat in each of the three parts of the country.

**External communication and public advocacy**

Key communication and advocacy interventions centred on the pre-famine response, the roll-out of the Convention on the Rights of the Child and the ongoing issues surrounding children in armed conflict. For the pre-famine emergency response, UNICEF Somalia supported high-level advocacy and communication efforts with donors, using key situation data as leverage, and the Humanitarian Country Team to mobilize resources for timely response and coordinated scale-up of programmes. Key donors such as the European Union, the United Kingdom Department for International Development, Sweden, the United States of America and others generously contributed key resources to allow for quick programme scale-up. UNICEF Somalia organized five visits by donors, which helped with the sustained contribution of resources and achievement of results.

To support advocacy on child rights and the Convention on the Rights of the Child, UNICEF Somalia supported the Government to ensure maximum media coverage of the launch the drafting process for the Child Rights Bill, with a joint press release in English and Somali and a children’s ‘takeover’ of a Puntland government meeting on World Children's Day. UNICEF Somalia provided support for the drafting of Somalia’s first Committee on the Rights of the Child report, capacity-building activities and the organization of the Convention on the Rights of the Child thematic working groups and regional consultations.

Regarding children affected by armed conflict in Somalia, advocacy with some parties to the conflict continued at the national and international levels, and in 2017, the Country Task Force on the Monitoring and Reporting Mechanism (MRM) submitted three global horizontal notes to the United Nations Security Council Working Group on Children and Armed Conflict, through the Office of the Special Representative of the Secretary General – Children and Armed Conflict. At the country level, UNICEF Somalia and the United Nations Assistance Mission in Somalia (UNSOM) continued to play a pivotal role in leading advocacy efforts on children and armed conflict in line with the Human Rights Due Diligence Policy and UNICEF’s obligations in humanitarian situations.

**South-South cooperation and triangular cooperation**

UNICEF Somalia’s South-South cooperation in 2017 focused on key technical sector programming elements. In 2017, the United Nations Development Programme (UNDP) and UNICEF Somalia supported a delegation of over 40 Somali clinicians, policymakers and people living with HIV/AIDS to conduct a learning visit on HIV prevention and control in a low prevalence setting, in Rwanda. Somali clinicians, policymakers and NGO programmers were placed within ART centres managed by the Rwandan Ministry of Health; people living with
HIV/AIDS visited clinics, conducted peer education and learned about community health volunteer programmes. The Somali delegation subsequently developed recommendations, including task-shifting functions to nurses for the provision of ART; mitigation strategies for those lost to follow up; and a comprehensive prevention of mother-to-child transmission programme. These elements were incorporated into UNICEF Somalia’s new Global Fund partnership to be implemented in 2018–2020.

In child protection, UNICEF Somalia organized a workshop in Addis Ababa in October with Somali government representatives from the Ministry of Justice, the Ministry of Labour and Social Affairs and the Ministry of Interior and Federal Affairs along with civil society members engaged in birth registration and access to justice for children. Visits to child-friendly courts were organized and government colleagues were oriented on sustainable child protection structures within the justice system in Ethiopia. The visit helped secure commitments from the Ministry of Justice, at all levels, to hire social workers to support juvenile justice interventions, support child protection desks at police stations, improve legal frameworks for children in contact with the law and develop the Birth Registration Act at the federal level.

Finally, support from the Government of Botswana enabled UNICEF Somalia to provide improved and sustained water supply in response to the needs of the drought and AWD/cholera-affected internally displaced persons in Garowe, Puntland, supporting 6,200 internally displaced persons and 48,000 people in host communities.

Identification and promotion of innovation
Much of UNICEF Somalia’s work in 2017 on innovation related to data gathering, presentation and analysis. In 2017, UNICEF Somalia conducted a unique data collection and analysis exercise piloting the use of a computer-assisted telephone interview technique to gather data from different areas of the country, disaggregated by gender and urban or rural strata. Questionnaires were developed to gather data on several key indicators of needs and access to services per programme area. Using UNICEF Somalia’s database of telephone numbers, information was collected by telephone from almost 2,000 randomly sampled respondents across the country. The data was consolidated to create a Mother’s Index score, with data analysed by programme, geographic area and urban/rural disaggregation. The findings of the Mother’s Index indicated areas of strength and gaps in service delivery, and these findings have informed annual work plan activities for 2018.

In a similar exercise that built on work initiated in 2016, UNICEF Somalia, through its partnership with Africa’s Voices Foundation and Media INK, used 27 radio stations across Somalia to broadcast interactive radio shows, reaching an estimated 70 per cent of the total population. Topics included immunization, maternal and neonatal health, WASH, malaria, nutrition, HIV/AIDS, child marriage, girls’ access to education and juvenile justice.

As part of the innovative feedback and analysis process, UNICEF Somalia received over 250,000 text messages from around 52,000 people. Around 43 per cent of the respondents were women, and most respondents were aged between 10–29 years. Africa’s Voices Foundation utilized a semantic analysis tool for capturing and categorizing the responses received, producing several short analytical products around the recipients’ insights on behaviours and key themes. This feedback has informed the development of a new targeted strategy for behaviour change for the different sectors which will continue to be implemented in 2018.

Support to integration and cross-sectoral linkages
Strengthening integrated programming was a key achievement in 2017. Some key examples include the following. UNICEF Somalia reached 174,000 children and adolescents (44 per cent girls) with access-to-education interventions in 2017. This included 39,964 internally displaced children and adolescents (46 per cent girls) in host communities and locations for internally displaced people. Schools were used as an integrated service delivery platform to provide safe drinking water, WASH, hygiene promotion and community-managed school feeding. UNICEF Somalia piloted emergency cash grants to achieve these results and directly supported 94,129 learners from the most vulnerable communities. This enhanced community-level coping mechanisms by empowering communities to lead emergency responses. This experience was shared at the global education cluster meeting in 2017 as a good practice.

Another key area of integration in 2017 was in developing a coherent approach to containing and controlling the spread of cholera and reducing the high mortality rate while implementing the 45-day pre-famine scale-up plan. This approach entailed developing robust intersectoral and cluster coordination at federal, state and regional levels, with the government role and ownership clearly defined. The integrated cholera response plan led by the MOH was established and integrated emergency response teams were set up.

UNICEF Somalia and the International Organization for Migration (IOM) established 35 integrated emergency response teams, with UNICEF facilitating and financially supporting 10 of the teams. While ensuring the quality of service delivery at facility level, daily cholera treatment centre checklists for prevention, case management and integrated monitoring and evaluation were put in place. Cascade trainings for improving service provision at the facility level targeted WASH, nutrition and health partners. UNICEF Somalia supported more than 42,638 cases out of the reported final caseload of 78,533 people, with the case fatality rate due to AWD/cholera dropping below 1 per cent from 2.3 per cent.

**Service delivery**

UNICEF Somalia in 2017 worked closely with government ministries for greater integration of humanitarian and development programmes, enhancing the office’s capacity in emergency planning and response. Emergency preparedness and pre-emptive engagement with the line ministries saw improved, timely and effective humanitarian response.

This engagement with the South West State Government allowed the rapid scale-up of a WASH emergency response. The Government was able to complement and cover gaps in service delivery including in difficult-to-reach areas not accessible for NGO partners. UNICEF’s advocacy with the Government helped in regulating water prices for trucking in Puntland and the south-central region (Baidoa town and surrounding areas in South West State), enabling water trucks to reach a greater number of people. A team of government staff provided oversight for case tracing, hygiene promotion and distribution of hygiene kits.

Based on the pre-famine early warning signs, the nutrition programme rolled out the 45-day emergency response scale-up plan targeting the most vulnerable and socially marginalized populations. To fast-track the response, existing partnerships provided a platform for rapid programme expansion, increasing OTP sites from 578 in February to over 700 by May 2017. Working with WFP enabled joint situation analysis and integration of moderate and severe acute malnutrition treatment. In the absence of a partner with adequate capacity, UNICEF Somalia triggered the direct implementation of services for internally displaced persons in Dolow District (south-central region), enrolling 782 children with SAM. In 2017, 226,000 children received life-saving services, representing 103 per cent of the targeted 208,000 children with treatment outcomes consistent with Sphere Standards. Monthly results and field monitoring allowed for
quick programme adjustment as required. The August 2017 post-Gu Food Security and Nutrition Analysis Unit report showed that the mortality rate among children under 5 remained below the emergency threshold, which is indicative of the effectiveness of the life-saving response.

**Human rights-based approach to cooperation**

In 2017, UNICEF Somalia supported the Government in meeting their obligations under the Convention on the Rights of the Child, which Somalia ratified in 2015. Support has been provided to the Government in the preparation of the report which is expected to be available early in 2018. This will be a critical tool for monitoring and enhancing accountability for the realization of children’s rights. Work has also been underway with the Ministry of Gender and Human Rights and the Parliamentary Committee for Gender, Human Rights and Humanitarian Affairs on advancing progress towards the domestication of the CRC, including delineation of accountabilities, raising awareness and advocacy through social media campaigns, CRC trainings and capacity development.

UNICEF Somalia successfully advocated with the Government on initiating a child rights bill. The drafting of the bill is being led by the Ministry of Women and Human Rights Development with UNICEF support; once approved, this will be another significant milestone in the promotion of child rights for all Somali children, including the most marginalized. Continuing support for the implementation of the Convention on the Rights of the Child is an important element of the new UNICEF Somalia Country Programme 2018–2020.

As a result of advocacy efforts with authorities in 2017, and building on work that secured the release of 26 children under 15 years of age who were detained for association with anti-government elements in Puntland in 2016, and who are currently supported with reintegration programmes, the 40 remaining children were transferred to the United Nations in April. The children, all boys, are benefiting from the UNICEF-supported reintegration programme.

At the national level, UNICEF Somalia, with UNSOM, continues to play a pivotal role in leading advocacy efforts on children and armed conflict in line with the Human Rights Due Diligence Policy. As a result, advocacy letters were sent each quarter in 2017 by the African Union Mission in Somalia on human rights violations, including child rights violations, allegedly committed by African Union Mission in Somalia troop contributing countries. Additionally, the MRM on grave child rights violations has been strengthened, resulting in timely collection and reporting of information on grave violations reportedly affecting 4,160 children (652 girls, 3,508 boys).

**Gender equality**

Socio-cultural factors and norms perpetuate inequalities that affect every aspect of children’s rights. Somalia is ranked last among the 54 African states in terms of gender equality. In order to make progress on gender, a key element is the collection of data disaggregated by gender. Supporting the collection and reporting of gender-disaggregated data has been key area of focus in 2017. Through partner reporting, UNICEF has gathered key results data across sectors by gender. Through UNICEF Somalia’s support, the newly rolled-out DHIS2 reports on data disaggregated by gender.

UNICEF Somalia also has distinct gender-focused interventions such as the gender-based violence and female genital mutilation or cutting prevention programmes. Gender-based violence is a key issue in Somalia, predominantly affecting girls and women. UNICEF Somalia in 2017 supported a total of 82,492 beneficiaries with prevention and response services for
gender-based violence. The result includes 4,357 gender-based violence survivors (1,433 girls and 176 boys; 2,548 women and 200 men) who received response services; 61,591 community members (13,454 girls and 12,434 boys; 14,170 women and 21,533 men) who participated in prevention and community mobilization activities; and 16,544 (7,478 women and 9,076 men) participants in an interactive norm-change radio programme.

The provision of menstrual hygiene management kits took place through the emergency response, as did improved WASH facilities in health centres and schools, removing a key barrier to access for women and girls. In addition, there are several programmes that have gender-specific outcomes while not being specifically focused on gender equity issues. For instance, the urban water systems intervention in Somaliland will particularly yield dividends for women upon whom the burden of water collection falls, detracting from the time they can spend on other activities.

The UNICEF Somalia gender review process, undertaken in 2017, identified opportunities for new and increased engagement in gender-targeted and mainstreamed interventions, with a particular focus on gender-based violence in emergencies, education for adolescent girls and WASH. Recognizing the importance of gender challenges to the realization of outcomes for children in Somalia as well as significant opportunities for increased engagement in this area, UNICEF Somalia intends to recruit a full-time gender specialist in 2018.

**Environmental sustainability**

UNICEF Somalia’s environmental sustainability work in 2017 covered elements of evidence generation, programme adaptation and taking opportunities to make the office greener.

Following the evaluation of the performance of the solar-powered water supply systems in Somalia in 2016, UNICEF Somalia collaborated with other stakeholders, including IOM, to establish a regional solar working group in Nairobi. In April, the group conducted an advocacy workshop and agreed on topics for further research and documentation, including the current use of solar water schemes in refugee camps and host communities; how to strategically promote and coordinate effective approaches for solar pumping at regional and global levels; and what other uses of solar energy should be explored in refugee and host community contexts.

Regarding adaptation measures, UNICEF Somalia supported the construction of subsurface dams in the north as well as rainwater harvesting. Subsurface dams obstruct the flow of surface runoff and the flow of groundwater into the beds of seasonal rivers, storing water below ground level. Through shallow wells equipped with solar pumps, water is extracted to meet drinking-water needs and the needs of the livestock. These structures are currently used to store only seasonally available water for use during dry periods.

In addition, UNICEF Somalia and partners have installed over 100 solar-powered water supply systems since 2006. Most of the diesel-run generators are being replaced with solar-powered systems at any given opportunity, contributing to the reduction of the carbon footprint. In 2017, UNICEF Somalia received US$40,000 from the Greening and Accessibility Fund for an environmental impact reduction project for its Hargeisa zone office, which covered the installation of a solar panel and a charger and inverter system to minimize the use of the office’s diesel generator to power security and information and communication technology (ICT) systems. The Greening and Accessibility Fund also covered the installation of a hybrid solar air conditioner for the computer server room.
Moving forward, the disaster impact needs assessment process has identified key areas for environmental sustainability to be incorporated into the resilience and recovery framework, which UNICEF Somalia will support in the coming years.

Effective leadership
UNICEF Somalia’s priorities are defined in the annual management plan. Zonal management team meetings increase effective management of zonal and office priorities. Overall management indicators are monitored in monthly country management team (CMT) meetings. Staff well-being, safety and security remain a standard CMT agenda item for compliance. The CMT participated in an enterprise risk assessment to identify key risks affecting the country programme to develop mitigation strategies. In 2017, the country programme management plan was approved; it outlines key management strategies and indicators for 2018–2020.

Statutory committees supported UNICEF Somalia’s objectives through the following: country management team; joint consultative committee; property survey board; and the programme cooperation agreement (PCA) review committee. A risk committee, chaired by the Representative, reviews risk issues on a weekly or bi-weekly basis. As part of the new country programme management plan, expanded socio-political risk analysis will be a key function in the office.

In addition to commissioning micro-assessments to review the financial and programmatic management capacity of partners, UNICEF Somalia shares information with United Nations partners, bilaterally and in the United Nations Risk Working Group. UNICEF Somalia obtains assurance through programmatic visits by staff and third parties and subjects its partners to financial spot checks and audits. The country management team supports oversight of emerging risks and bottlenecks in payment processes. All UNICEF Somalia offices (the Country Office in Nairobi and zonal offices in the field) tested business continuity plans once in 2017. Internet access at home has been provided for critical national staff to facilitate business continuity during high threat level periods.

UNICEF Somalia continued its active role in country-level coordination structures, including: the United Nations Country Team; Operations Managers Team; Integrated Operational Planning Team; Humanitarian Country Team; MRM Task Force; Human Resources Working Group; Security Management Team; Programme Management Team; Senior Management Group; Human Rights Due Diligence Task Force; and as United Nations co-lead of the NDP Pillar 7 Working Group addressing social services.

Financial resources management
The country management team systematically reviewed utilization and reporting of overall budget and donor contributions on a monthly basis. Deadlines for accounting and liquidation of cash assistance, submitting monthly bank reconciliations, and payroll processing and accounts closure timelines were met. Timelines for processing payments within three working days and posting liquidations improved. Three training sessions on financial processes and controls and HACT funding authorization and certificate of expenditures were conducted. The implementation of the eZHACT tool was successfully rolled out across UNICEF Somalia. Over 200 staff members were trained. Role assignments were also amended to include the new eZHACT roles for programme staff.

Out of 103 planned spot checks, 92 were completed with an additional 21 ongoing in December. UNICEF Somalia managed to conduct the internal control audits for 67 partners, out of 108 planned, as of November 2017. The remaining 42 audits are ongoing. UNICEF Somalia
continued to use monthly country management team meetings to monitor office key performance indicators. Key indicators, such as direct cash transfers (DCTs), were monitored closely to ensure that advances did not exceed established thresholds. The status of payments was discussed to ensure no invoices were inordinately delayed. DCTs were monitored to ensure that justification was provided monthly for all DCTs between six to nine months.

As part of the Division of Financial and Administrative Management global bank rationalization exercise, UNICEF Somalia opened a bank account with Standard Chartered Bank and closed its bank account with the Kenya Commercial Bank. With the intervention from Division of Financial and Administrative Management, the Country Office managed to agree to set the hawala payment system for UNICEF Somalia. This new method was tested and adopted in a majority of transactions in 2017. UNICEF Somalia will be 100 per cent compliant with the hawala method of payment in 2018 through Standard Chartered Bank.

Fundraising and donor relations
The funding received in 2017 was the highest in UNICEF Somalia’s history. The budget of US$285,249,685 was 105 per cent funded, at US$300,326,585 (including Regular Resources and Institutional Budget). UNICEF Somalia received US$135.6 million for the 2017 HRP (76 per cent funded), up from US$35.7 million in 2016.

The large amount of resources received is attributable to robust engagement with donors to provide timely support during the pre-famine period to avert a repeat of the 2011 catastrophe. UNICEF Somalia’s strong performance in achieving significant results for children also resulted in a steady flow of funding throughout the year. Development funding also saw a significant upturn with receipts in 2017 of around US$140 million, up from US$43.9 million in 2016, due to some generous multi-year grants. At the end of 2017, UNICEF Somalia had utilized 77 per cent of that funding (the slightly low rate is due to US$45 million being received in December).

Relationships with some traditional donors were revitalized during the emergency response. UNICEF Somalia also engaged new donors, such as China (for nutrition) and Botswana (for WASH). On the development side, UNICEF Somalia expanded its relationship with the Government of Germany and entered another three-year partnership for resilience programming.

Multi-year grants from donors such the Global Fund, GAVI Alliance, EAC and GPE will continue into the new Country Programme. The recent disaster impact needs assessment – the entry point for the World Bank, the European Union and the African Development Bank – will inform a resilience and recovery framework through which UNICEF Somalia will likely access additional resources for humanitarian, resilience and development work. Diligent contribution management, including systematic grant monitoring through weekly reports and management meetings, helped optimize the use of funds, and in 2017, UNICEF Somalia closed with a US$88,360,085 balance. All 56 reports were submitted on time.

Evaluation and research
Building on gains made in 2016, UNICEF Somalia enhanced its management of the evaluation function by strengthening adherence to UNICEF-adapted United Nations Evaluation Group guidelines for the management of evaluations. UNICEF Somalia successfully completed two evaluations and 83 per cent of the research studies; the others are at their final stages of completion. The progress of these studies has been updated in the plan for research, impact monitoring and evaluation, which is now UNICEF Somalia’s main research monitoring and evaluation tool.
The two evaluations included the real-time evaluation of UNICEF Somalia’s humanitarian response to the pre-famine crisis and the evaluation of the polio social mobilization network (SMNet). Adjustments in policy and programming are already taking place based on the findings of the evaluations. The findings from the SMNet evaluation were used as a basis for training religious leaders and high-level community leaders to increase and sustain advocacy at the grassroots and reduce refusals to polio vaccination. The real-time evaluation provided an important foundation for UNICEF Somalia’s future emergency programming.

The management response plan will inform practical steps to improve humanitarian and resilience programming going forward. Other studies, particularly ‘Public Perceptions of UNICEF in Somalia’ which used call-centre technology to gather data, provided insights that helped UNICEF Somalia adjust its programmes to better serve beneficiaries. The perceptions survey showed that UNICEF Somalia is the most recognizable of the United Nations agencies, as well as the most frequently mentioned agency working in its programme areas, namely as the primary agency working in health, nutrition, WASH and education.

Previous research from 2016 and before, including the 2016 situation analysis process, informed the sector strategy notes and the new Country Programme (2018–2020). The use of research and evaluations (particularly the ongoing micronutrient survey) will continue to inform UNICEF Somalia’s work over the next three years.

**Efficiency gains and cost savings**

In terms of efficiency gains, UNICEF Somalia saved on travel costs by adopting the use of commercial flights to the Hargeisa zonal office as well as European Union and United Nations Support Office in Somalia (UNSOS) flights for official trips to other locations in Somalia from Nairobi. The UNICEF Somalia Support Centre adopted the United Nations office space standard and readjusted the office spaces, freeing up an entire floor and saving significant resources annually. UNICEF Somalia has also rationalized the applicable daily subsistence allowance rates for visitors and room rates for guest houses in Somalia to make maximum use of its guest houses and to streamline payments to service providers.

The United Nations common arrangement for unconventional money transfers, which involves leveraging the combined volume of transactions of all the participating agencies, continues to generate savings. Another common ICT arrangement with the United Nations Office at Nairobi, the Regional Office and UNICEF Kenya has enabled UNICEF Somalia to achieve substantial savings on technology by reducing the management costs of the local area network, the telephone, private automatic branch exchange system, the central uninterruptible power supply system and the Internet link. UNICEF Somalia secured additional savings by moving the Internet from the very small aperture terminal connection to the cheaper, faster and more efficient fibre optic option in Mogadishu and Baidoa.

The cost savings from these initiatives and actions totalled approximately US$575,000.

**Supply management**

In 2017, UNICEF Somalia’s total procurement value was estimated at US$70.8 million of the Country Programme budget of US$300 million. This includes a local procurement component of US$8,917,419 and procurement of goods and services worth US$5,382,868 for GAVI Alliance. Excluding the above, procurement for works via DCT was US$3,004,107.
UNICEF Somalia held regular consultations with government partners across all sectors. In Puntland, the supply and logistics team worked with the MOH to procure and install a temperature-controlled, solar-panelled warehouse unit at a cost of US$300,000 and also launched a US$28,756,326 health and infrastructure project funded by Germany’s Federal Ministry of Economic Cooperation and Development to support health systems strengthening. UNICEF Somalia awarded contracts for the EAC project for the rehabilitation and construction of 43 schools worth US$881,232 and US$781,560 in the south-central region and Somaliland, respectively.

UNICEF Somalia continued to collaborate with key government partners. Activities included assessing logistics systems and their environment and conducting assessments using the logistics system assessment tool to identify issues and opportunities in all three regions. A series of workshops and exchange activities were organized based on these.

**UNICEF Somalia’s total procurement in 2017:**

<table>
<thead>
<tr>
<th>SNr</th>
<th>Description</th>
<th>Value in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Programme supplies including vaccines and donation in kind</td>
<td>37,249,567</td>
</tr>
<tr>
<td>2</td>
<td>Operations supplies</td>
<td>2,254,263</td>
</tr>
<tr>
<td>3</td>
<td>Services (programme and operational)</td>
<td>21,019,411</td>
</tr>
<tr>
<td>4</td>
<td>Construction</td>
<td>10,109,567.78</td>
</tr>
<tr>
<td>6</td>
<td>Procurement services for partners</td>
<td>5,382,868</td>
</tr>
<tr>
<td>7</td>
<td>Total value of supplies received</td>
<td>38,797,234</td>
</tr>
<tr>
<td>8</td>
<td>Total value of supplies dispatched to partners from UNICEF Somalia warehouses</td>
<td>28,036,701</td>
</tr>
<tr>
<td>9</td>
<td>Current value of inventory</td>
<td>11,408,653</td>
</tr>
</tbody>
</table>

**UNICEF Somalia’s total construction output 2017:**

<table>
<thead>
<tr>
<th>Institutional contracts 2017</th>
<th>Health</th>
<th>Operations</th>
<th>Education</th>
<th>Wash</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract QTY</td>
<td>E.g. Health centre and hospital rehabilitation and construction.</td>
<td>E.g. Unicef somalia office and accommodation works and security upgrades</td>
<td>E.g. School construction, classroom rehabilitation, temporary learning spaces construction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QTY</td>
<td>27</td>
<td>17</td>
<td>28</td>
<td>1</td>
<td>73</td>
</tr>
<tr>
<td>VALUE (US$)</td>
<td>2,249,174.67</td>
<td>1,818,863.40</td>
<td>2,926,887.42</td>
<td>110,535.00</td>
<td>7,105,460.49</td>
</tr>
</tbody>
</table>
Security for staff and premises

In 2017, the structure of UNICEF Somalia’s security framework took shape around the support requirements of the country programme that will begin in 2018. An analysis of the capacities in place supported identification of gaps. Two additional temporary security advisors were recruited to add capacity for emergency field support, one specifically to support missions in the south-central region and the other to work on multi-agency missions. This gave programme staff greater opportunities to visit the field.

The review of security risk assessments across Somalia using the new evidence-based online tool developed by the United Nations Department of Security Services resulted in reductions in the levels of current risk for terrorism and armed conflict in several areas. An online database that securely stores all security compliance documents and regularly required details such as blood type and United Nations passport numbers is in use and the dataset is becoming more complete. This has facilitated faster verification that staff members have valid security qualifications for missions and other movements. All of these measures have enhanced UNICEF Somalia’s capacity to support increased numbers of field missions.

The recruitment of an additional experienced staff member to Garowe District firmly established the model of two senior security managers overseeing the work in southern and northern Somalia. The reinforcement of all zonal offices with a team of national staff is well underway and will support the additional footprint in Somalia in 2018. The complete security team will be in place by February 2018 and will provide support for ongoing emergency programme activities. New digital radios will be required in 2018 to enable UNICEF Somalia to maintain minimum operational security standards compliance, to ensure reliable communications with missions in the field and for security incident management.

Human resources

Two programme budget reviews were conducted in 2017: a lighter process to abolish long-standing vacant posts and clean up the human resources structure in March and a more comprehensive process to identify which positions will be required in the next country programme cycle based on a thorough functional review in November. A significant outcome of the programme budget reviews was the development, approval and implementation of a
comprehensive staff support plan, a key component of the next country programme. The plan forms the foundation of most staff development and learning activities for 2018 as UNICEF Somalia prepares for the increased footprint of staff in Somalia. The staff support plan also addresses key issues highlighted in the Global Staff Survey, the results of which were reviewed and an action plan based on these results was developed to address the areas of concern. An office improvement committee was also established to implement and monitor the plan.

Staffing within UNICEF Somalia generally remained consistent with an overall 11 per cent vacancy rate. A total of 33 regular and temporary recruitments were completed in 2017, while an additional 41 recruitments were in progress at the end of year. However, in response to the declared Level 2 emergency, 42 additional surge staff were deployed.

The gender balance remained a challenge, with women representing only 33 per cent of all staff. An internship programme for women was implemented but did not increase the number of female candidates being selected for staff positions. Throughout the year, the staff counsellor carried out 720 individual counselling sessions and 72 individual and group counselling sessions in direct support of staff following critical incidents, with 19 on-site missions. UNICEF Somalia utilized regular resources to fund a newly established, downgraded emergency position at professional level 4 prior to the abolishment of another related professional level 5 post.

**Effective use of information and communication technology**

UNICEF Somalia continued to build on past accomplishments in ICT to enhance operations efficiency in programme management through strengthened infrastructure. Significant achievements were realized during 2017. On SharePoint or team site adoption, sub-sites were established catering to the requirements for programme, operations and zonal offices. The platform facilitated collaboration across sections and offices, thus addressing the limitations of local network file servers. SharePoint-based applications were developed to simplify and accelerate routine business activities.

On bandwidth management, with the increasing cloud-based solutions and applications, Internet connectivity for all sites was adjusted to allocate bandwidth critical to UNICEF Somalia’s core applications. The regular monitoring of hosts and links ensured more than 90 per cent uptime of available connectivity for all sites. On disaster resilience and emergency preparedness, all offices completed both their business continuity plan and disaster resilience plan simulations. The results indicated an increased familiarity and usage of remote access to UNICEF core applications.

With the surge of staff in the south-central region during the pre-famine scale up, emergency local area network kits were commissioned for the UNICEF Somalia airport office and UNSOS offices, providing the same UNICEF-office setting user-experience in terms of ICT infrastructure. On ICT partnership engagement for real-time monitoring to enhance programme delivery, ICT supported the testing or phased roll-out of Primero, a supply end-user monitoring system, the Vaccine Arrival Report and the Everbridge Mass Notification System. With the global decision to shift RapidPro from the Global Innovation Centre to the ICT Division in June 2017, in 2018 ICT lead on the deployment of RapidPro in collaboration with Planning, Monitoring, and Evaluation covering its programmatic aspects.
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

The UNICEF Somalia-supported essential package of health services (EPHS), initiated in 2013 and adopted as the flagship health programme by Somali health authorities, remains the strategy to reach all children and women with services. This integrated approach has been rolled out with 135 facilities functioning 24 hours a day, seven days a week in 47 out of 115 districts across 9 out of 21 regions of Somalia. Comprehensive obstetric care services have been supported in 11 hospitals, including 135 health centres offering basic obstetric care services around the clock. Forty-five per cent of the total population, or 5.7 million Somalis, currently have access to the essential package, exceeding the 3.6 million targeted. Services are delivered through 27 implementing partners. This was made possible mainly through the United Kingdom Department for International Development bridging fund and the German KfW Development Bank fund, in addition to others.

Despite the challenges faced after the discontinuation of the joint health and nutrition programme grant, health service coverage reached 3.19 million people following successful negotiations with donors about bridge funding and emergency funding. The high numbers reached, including among displaced populations, were sustained using mobile teams and catch-up campaigns. Institutional deliveries in maternal and child health centres continue to show significant increases, from 77,130 in 2014 to 94,094 in 2015, 129,941 in 2016, and 141,309 in January–October 2017.

The humanitarian situation deteriorated rapidly following the drought; the pre-famine, declared in February, affected most parts of the country. An estimated 3.1 million Somalis are in acute need of humanitarian assistance for survival (Integrated Phase Classification 3 and 4). A total of 78,596 cholera cases and 1,118 deaths (for a case fatality rate of 1.4 per cent) were reported, as well as 21,210 cases of measles.

In response, UNICEF Somalia reached 1,263,249 crisis-affected women and children with emergency life-saving health services, exceeding the planned target of 1,122,000 through 44 emergency partnership agreements. In addition, 602,344 children aged 9–59 months, mostly internally displaced, were vaccinated against measles, versus the planned 450,000 estimated in 35 hotspots. Surpassing the 255,000 target for the year, 363,524 pregnant and lactating mothers received focused antenatal and postnatal consultations. A total of 70,219 pregnant mothers received skilled birth delivery (99.8 per cent of the target); and 42,715 out of 78,596 of AWD/cholera cases were treated in the 71 UNICEF Somalia-supported facilities.

UNICEF Somalia continued to mainstream its HIV and AIDS response through primary healthcare services and opportunities for the prevention of mother-to-child transmission at antenatal care attendance. A new centre of excellence for paediatric HIV treatment and care was launched at Hargeisa Group Hospital; this offers bi-weekly clinical assessment of HIV-infected children. A new high-standard GeneXpert machine is now operational at Hargeisa Group Hospital, offering definitive early diagnosis and viral load assessment services. The strategy of test, treat and track as part of the 90-90-90 target was fully implemented through increased availability of HIV services in both public and private hospitals. Out of the targeted
6,969 adults and children, 2,654 are currently receiving ART. Severe drought and displacements during the year as well as high stigma affected ART adherence and retention.

**OUTPUT 1** (Joint with Nutrition) Women and children have access to the Essential Package of Health Services (EPHS) in at least nine regions.

**Analytical statement of progress**
In 2017, UNICEF Somalia surpassed the planned targets for total number of children under 5 accessing the essential package of health services (1,861,204 actual, 860,000 targeted), emergency services (1,259,169 actual, 1,220,000 targeted) and number of antenatal care visits (602,701 actual, 425,000 targeted). This was attributed to the higher numbers of recently displaced persons in the fourth quarter and access to integrated (WASH, nutrition and health) services with timely donor support. The care and treatment of children under 5 years of age suffering from acute diarrhoea in health facilities reached 95,702, with the south-central region and Somaliland surpassing their zonal targets; this is against a planned target of 102,000. The high coverage is linked to the reported high caseload of AWD/cholera during the period.

Routine services were sustained through 44 partnership agreements using primary health facilities (health centres and primary health units or health posts) and mobile clinics in some cases. Maintenance of routine health services during the heightened emergency situation helped mitigate morbidity and mortality, which were expected to be higher. Adequate supplies of essential medicines and equipment were available and pre-positioned. Through the drought emergency response, there was an increase in uptake of services, especially for antenatal care and OPD services. For example, there was sustained provision of the essential package of health services in 23 districts in three regions. The overachievement was due to the project expansion to the drought-affected locations in Bay, Bakool, Lower Shebelle and Galmudug regions. This will improve access to quality health care for hard-to-reach populations and underserved communities.

There is need to improve joint field monitoring and supervision by MOH, UNICEF Somalia and IPs, as well as to decentralize and de-concentrate regional, district, facility and community managerial levels. Organized efforts will be required through a national and subnational consultative process to improve the quality of services provided and data management using the DHIS2. Regular coordination meetings with MOH and community and implementing partners will improve planning and address programme bottlenecks. The EPHS provides an entry point for the integrated delivery of health, WASH, child protection and nutrition services through established health centres and 24-hour, seven-day per week services for deliveries in the project catchment areas, including hard-to-reach areas. Community participation and ownership can be strengthened using existing social safety nets – Zakaat, Miskin Kalkal and others besides cash transfers. Supply chain management plan was implemented smoothly with no stock-out reported at the national and zonal stores level.

**OUTPUT 2** Immunization coverage is scaled up nationally.

**Analytical statement of progress**
To sustain the polio eradication goal initiative, two rounds of polio national immunization days, including in hard-to-reach areas, were conducted, resulting in coverage of 97 per cent and 96 per cent, respectively. This was followed by two rounds of subnational immunization days for hard-to-reach communities, achieving a coverage rate of 98 per cent in each round. Integrated
measles-vitamin A campaigns were conducted for children aged 9–59 months in 35 hotspots in all three zones; these reached 602,344 children, with 96 per cent coverage.

Routine immunization performance has remained suboptimal despite available vaccines; this is largely attributed to the fact that outreach and mobile clinic sessions were not employed as strategies. A four-round catch up campaign was designed to meet the backlog of unreach children aged 0–23 months; data collated for August and September showed a progressive improvement in coverage of between 8–12 percentage points. For example, pentavalent 3 coverage increased to 57.9 per cent during two rounds in 2017, compared with 49.8 per cent for two rounds during the same period in 2016.

Adequate vaccines and dry stock supplies were available for both routine and supplementary immunization activities. Skills improvement was recorded for more than 1,100 people on cold chain, vaccination management and injection safety, including multi-dose vaccine policy sessions that were organized for 445 maternal and child health team leaders during the penta-surge outreach. This ensured the continuity of cold chain management for vaccine safety and effectiveness, which is of utmost importance in the immunization programme. Cascade trainings were rolled out while zonal-level staff used the opportunity presented by penta-surge outreach to increase their presence in the field for monitoring and supportive supervision.

Microplans, using the RED approach, were conducted to identify low coverage areas, design outreach and mobile strategies, including improving the capacity of the immunization staff on supportive supervision and community engagement and organization.

Quarterly review meetings were held with frequent feedback to the regions; analysis of the activity monitoring reports also contributed to the overall improvement of services, especially access to OPD services, number of antenatal care visits, SBA deliveries and child immunization, as well as to the improvement of data reporting quality.

OUTPUT 3 Households have improved knowledge and practice of essential child health, nutrition and WASH behaviours in selected districts of the country.

Analytical statement of progress
The major focus of communication for development (C4D) activities has been on achieving and sustaining the polio eradication goal. Efforts have focused on evidence-based planning and its implementation through effective engagement of the Government and other stakeholders. Through the production of information, education and communication materials (including 1,530 radio or television spots), special emphasis on engagement of religious leaders, training of frontline workers, implementation of social mobilization to engage community-based organizations, and sensitization to engage households, including tracking and sensitization of mobile populations, C4D has contributed to maintaining the current polio-free situation in Somalia.

The level of parents' awareness has been maintained above 90 per cent while the proportion of missed children is still far below the acceptable level of 5 per cent. Information, education and communication materials for routine immunization and diseases surveillance were also produced and disseminated to all three zones, reaching over 400,000 people. These materials include:

- 500 leaflets addressing frequently asked questions on vaccination and surveillance;
- 3,000 posters AFP surveillance;
• 18,000 posters children vaccination.

Many community leaders and government officers were also trained on communication to help communities adopt behaviours that are favourable to good health. Given the importance of religion in Somali communities, 40 National Islamic Advisory Group members were trained in Mogadishu on 26–27 September 2017. This group is an important asset that can contribute to improved acceptance and trust of populations in health interventions and services through the propagation of key health messages to their congregations in mosques.

These results were achieved through active application of the social mobilization network whose promotion of local values (e.g. religion) and their regular practice of house-to-house visits to talk with parents has contributed to high uptake and continued use of expanded programme on immunization (EPI) services. Further skills transfer of the network has been launched with the organization of training of trainers sessions on interpersonal communication skills in all three zones. A total 150 persons (immunization and C4D teams, and Z/R/DSMCs) were trained (35 in the Northeast Zone or Puntland; 35 in the Northwest Zone or Somaliland; and 80 in the Central-South Zone). The roll out in 2018 is expected to focus on the training of community mobilizers and health facility staff.

Despite inadequate funding, communication for development has played a considerable role in addressing the multiple emergencies in Somalia. The SMNet was involved in sensitizing families on measles vaccination and prevention, preventing AWD and cholera and promoting hygiene in general and handwashing in particular. These activities have been further supported through the printing and dissemination of 20,000 posters, 25,000 information flyers and 25,000 cholera guides for schools, reaching over 800,000 people.

OUTPUT 4 Declared health emergencies are responded to according to the Core Commitments for Children in Humanitarian Action (CCC).

Analytical statement of progress
Public health emergencies included the drought, AWD/cholera and measles outbreaks. Learning from the 2011 famine, UNICEF Somalia responded early and procured sufficient essential medicines and commodities to meet the needs of 1.8 million people. Based on the extended 45-day drought scale-up plan, 135 health centres were supported and over 70 mobile teams engaged to provide services to internally displaced people and their host communities. Through these strategies, over 1,157,191 people accessed emergency health services.

The health targets for the emergency response based on the revised 2017 Humanitarian Action for Children appeal and the HRP were met by the end of November. UNICEF Somalia supported and assisted 67,919 women to deliver in health facilities or use of skilled birth attendants (99.8 per cent of the target). UNICEF Somalia directly supported facilities 62 CTCs/CTUs, out of 91, in 16 regions to treat 57 per cent of the caseloads (42,681 out of 78,538) and facilitated the vaccination of 602,344 children aged 9–59 months in 35 hotspots. Plans have been prepared to vaccinate 4,400,000 children aged 6 months to 10 years across Somalia against measles.

Trainings and logistics placement are ongoing for actual campaigns to be conducted early in 2018. Both zonal and national contingency plans and an updated national cholera response plan are being prepared with the support of UNICEF Somalia’s emergency health team. In order to support proper case management and real-time monitoring, UNICEF Somalia has distributed
tablets for real-time data transmission and monitoring by implementing partners. So far, 85 facilities out of the 135 are reporting online with plans to increase that to 200 by the first quarter of 2018.

Although famine has been averted in Somalia, the humanitarian crisis remains worrying, with an estimated 3.1 million Somalis in an acute humanitarian phase (Integrated Phase Classification 3 and 4) and more than 1.2 million children at risk of malnutrition.

OUTPUT 5 National policies, sector plans, capacities and coordination mechanisms for accelerated maternal and child health survival strengthened.

Analytical statement of progress
The Somalia EPI review was conducted in March 2017 by the World Health Organization (WHO), UNICEF Somalia and the three zonal MOHs to review the challenges and progress made so far in EPI in all zones.

The activation of the cluster approach remained helpful in the coordination of the emergency response, including among internally displaced persons. Coordination meetings were held on a weekly basis by the MOH emergency team, donors and key partners. Similar meetings were also held at the subnational levels in the most affected regions.

The emergency preparedness plan for AWD prevention and control, measles elimination and malaria control were developed and implemented jointly. Joint monitoring and supervision was undertaken by MOH with key partners. Health and nutrition quarterly coordination meetings were reconvened at regional and zonal levels, especially during the last quarter of the year.

The two vertical programmes of the Global Fund and the GAVI Alliance held regular steering committee and polio coordination meetings, through VTC with USSC and WHO colleagues. These stakeholder meetings ensured the smooth operation of the programme. Joint mid-year and end-year planning and performance review meetings were conducted to coordinate health activities with the MOH and IPs. Through UNICEF Somalia funding, five coordination meetings at different levels were conducted with the Government, federal state MOHs and IPs. There was a first-time integrated measles campaign that included vitamin A and birth notification.

In addition to current coordination mechanisms, there is a need to strengthen the inter-sectoral approach for both humanitarian and development programming – using the Pillar Working Group as an entry point to coordinate health, nutrition and WASH, as well as subnational coordination. The NDP II, a comprehensive multiyear EPI plan and zone-specific comprehensive multiyear plans for immunization 2016–2020 were developed and endorsed by the MOH. Following the transition strategy, an EPI/polio annual implementation plan (One EPI Plan) was developed and is being implemented with WHO. A joint appraisal of GAVI Alliance’s HSS1 and HSS2 was conducted and the draft proposal endorsed for 2018–2021.

OUTPUT 6 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
The national HMIS indicators list and data tools (including registers and monthly reporting tools) that were revised in 2016 have been endorsed, printed and distributed to all public health
facilities. This included further training of national and regional officers on the DHIS2 electronic software that was customized for HMIS. Formal handovers have been completed and launched by MOH in Somaliland, Puntland and the south-central region.

Selected MOH HMIS staff members were trained as trainers in Somaliland, Puntland and at the federal government level to further cascade the same to the districts. They will facilitate trainings in 2018 for their respective regions for all public health facility staffs. In the south-central region, this has started with Banaadir and the two Shebelle regions after which other regions will follow. Puntland and Somaliland are in the preparatory and planning stages. Frequent interactions between partners, UNICEF Somalia and MOH, as part of the data consultative process is expected to improve the quality of routine data collection, reporting and use in programming.

The former Microsoft Excel reporting format was changed to a better database and electronic system using DHIS2 software; this was facilitated by consultants from the University of Oslo over the past 12 months. The system is now up and running with complete devolution to the Government. All regions have started entering monthly data directly into the DHIS2 and legacy data, including backdated data since 2014, has been uploaded.

Refresher training for all HMIS officers was conducted between March–September 2017, ensuring standard skills among the MOH national and regional HMIS officers and hospital and implementing partners’ data and programme officers. The training enabled them to enter, analyse, manage and use data in DHIS. Monitoring of DHIS2 implementation and scale-up to all regions is in progress. This has improved timeliness by up to two weeks and improved capacity to access, analyse and use HMIS data in a timely manner for reporting, planning and decision-making.

OUTPUT 7 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 Somalia continued to support HIV services mainstreamed within primary health care and antenatal care services (offering HIV testing and counselling). Voluntary counselling and testing, ART and HIV testing in tuberculosis-infected clients have been integrated into outreach activities to key populations where key interventions and peer education take place. Prevention of mother-to-child transmission testing rates remained high, with 167,186 (higher than the target of 111,623) pregnant women tested and aware of their HIV status. Even though only a few HIV-positive cases were identified, over 1,000 additional patients were put on ART by July 2017, an increase of 63 per cent from 2016 figures.

Notably, treatment coverage remains extremely low, with only marginal increases recorded. Based on programme data input, the ART coverage of all HIV-positive adults increased from 10.2 per cent in 2016 to 11.81 per cent in 2017, while ART coverage of children younger than 15 years of age increased from 4.49 per cent in 2016 to 5.09 per cent in 2017.

A new centre of excellence for paediatric HIV care was launched at Hargeisa Group Hospital; it supports children who are on treatment and assessed by clinicians biweekly. The facility creates an opportunity for interaction with healthcare providers and social workers in a child-friendly environment. A new high-standard GeneXpert machine was installed at Hargeisa Group Hospital, which helps to provide definitive HIV diagnosis for babies before they reach 18 months and to measure the viral load of HIV-infected populations on ART, both adults and children.
Social behaviour change activities continued to reach key populations and link them to counselling and testing services at nearby facilities, as well as support linkages to ART for clients testing HIV positive. Engagement of private sector care providers in HIV service continued. The strategy of test, treat and track, as part of achieving the 90-90-90 strategy, are fully implemented at all levels of HIV services provision.

**OUTPUT 8** By 2015, children under 5 and male and female adults living in malarious areas have access to appropriate malaria prevention, diagnosis and treatment services.

**Analytical statement of progress**
In 2017, UNICEF Somalia supported the mass distribution of approximately 1.2 million LLINs through partners such as IOM, Himilo Relief and Development Association, Wardi Relief and Development Initiatives and MOH, among others. Routine distribution continues as per the national LLIN policy focusing on pregnant women and newborns. According to national policy, 39,410 people with confirmed malaria cases received first-line antimalarial treatment at public sector health facilities. UNICEF Somalia also started to engage the private sector in malaria control, with training and the provision of reporting tools. Training for public sector healthcare workers on malaria diagnosis, treatment and prevention continued in 2017, reaching several cadres of workers from different facilities.

UNICEF Somalia continues to strengthen the malaria control and prevention programmes throughout the country and, as of 2018, the MOH’s national malaria control programmes in Puntland and Somaliland will take over many activities, as well as move toward malaria elimination in some districts. The new grant for 2018–2020 was approved by the Global Fund; this ensures that malaria control activities will continue in Somalia, with an ongoing focus on risk groups such as women and children. However, with a decrease in funds from the major donor, the Global Fund, there is a need to re-focus on critical activities while other donors and government resources are sought, in order to sustain the gains made.

**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 year 2017 was characterized by the roll-out of the pre-famine scale-up plan, which was a critical factor in accelerating the achievement of programme results of preventing and reducing excess morbidity, undernutrition and mortality. By November 2017, UNICEF Somalia and implementing partners provided therapeutic treatment to an estimated 269,414 children with SAM, representing 97 per cent of the annual target of 277,000 cases and far exceeding the 73 per cent achievement in 2016. Treatment outcomes were within Sphere Standards with a recovery rate of 93.3 per cent.

To achieve this, UNICEF Somalia procured and delivered life-saving supplies through an integrated supply chain management system that includes a network of seven warehouses across Somalia. The pre-famine response roll-out enabled a rapid increase in the number of mobile and fixed OTP outreach sites from 578 in February to 789 sites over the course of the year. In the absence of implementing partners with capacity and acceptable risk levels, UNICEF Somalia engaged in direct implementation to deliver life-saving services to two camps for internally displaced persons in Gedo, which resulted in the treatment of 782 children with SAM.
SQUEAC surveys conducted in 2016 in four districts of the south-central region and two districts in Puntland showed case coverage of 48 per cent and 62 per cent respectively, with a national point estimate of 55 per cent, attaining the midterm review target of 50 per cent.

Meanwhile, UNICEF Somalia led a joint effort with MOH, the nutrition cluster and WFP to complete the IMAM BNA to improve the effectiveness of severe and moderate acute malnutrition management. Overall, findings of the BNA showed that while the geographic coverage of services was satisfactory, commodity stock outs and the adequacy of skilled health workers fell below national standards. Thirty per cent of OTPs reported being out of stock of ready-to-use therapeutic foods (RUTF), while 40 per cent of service providers did not receive IMAM training.

On the demand side, the initial enrolment of children into the programme was suboptimal (41 per cent) while default rate rates were high (60 per cent), attributable to the attrition of poorly motivated community volunteers. UNICEF Somalia has since embarked on a comprehensive work planning for 2018–2019 to systematically address the bottlenecks, including a planned nutrition supply chain management BNA and cascade IMAM trainings across the country.

UNICEF Somalia and partners continued to support demand creation for utilization of high-impact curative, promotional and promotive services along the continuum of care. Between January and September 2017, 320,031 children aged 6–59 months received two doses of vitamin A supplements through routine service provision, surpassing the annual target of 173,257. Through the same channel, 285,171 children aged 12–59 months were dewormed.

During the same period, multiple micronutrient supplementation of women who are pregnant and lactating for the prevention and treatment of anaemia reached 591,572 beneficiaries, while 245,914 women who are pregnant and lactating received iron folate. Over 283, 373 women who are pregnant and lactating received at least one individual IYCF counselling session; this was a three-fold increase since mid-year and surpassed the annual target of 141,974 children. Conversely, 99,265 children delivered in health facilities were breastfed within the first hour of birth, representing 82 per cent of institutional deliveries and exceeding the midterm review target of 40 per cent.

In collaboration with MOH and partners, UNICEF Somalia completed adaptation of the generic IYCF materials to the Somali context. Subsequently, certified IYCF trainers conducted cascade trainings, reaching 386 people, including community health workers and facility health workers to deliver skilled IYCF services at community and facility level. Consequently, community health workers delivered skilled services, covering 40,810 households in target communities.

UNICEF Somalia played a leading role in providing both technical and financial support to facilitate the Government’s political commitment to the global SUN movement. In October 2017, Somaliland became a member of SUN in a ceremony launched by the Vice President. With the SUN Secretariat hosted in the office of the Vice President, Somaliland made a commitment to establish a multi-sectoral platform to address the underlying causes of malnutrition. In parallel, Somalia’s SUN Secretariat finalized the nutrition chapter of the new NDP, with a focus on multisectoral approaches to address the nutritional needs of children and women.

The policy environment for implementing the code of marketing of breastmilk substitutes also continued to be strengthened with the interim breastfeeding policy signed by the Government in the south-central region. Additionally, UNICEF Somalia supported the recruitment of a qualified
institution to support MOH in developing a costed human resource capacity development strategy.

UNICEF Somalia’s technical and financial support for the nutrition cluster had a major impact on facilitating access to information, coordination and interventions in all communities, including hard-to-reach and inaccessible areas, which ensured that critical gaps were covered with no duplications of efforts. The cluster completed the geotagging exercise to create a comprehensive database of existing nutrition service facilities supporting effective scale-up of IMAM services.

UNICEF and WFP engaged in a strategic partnership to scale up services for moderate acute malnutrition and SAM in an integrated manner, entailing delivery of programme components under the same roof with the same implementing partner and working with common community health workers. This ensured the much-needed continuum of care, prevented relapse and helped to avoid duplication.

Moving forward, the programme will build on the achievement of the pre-famine response to bridge the humanitarian and development nexus with the objective of building local structures and enhancing local capacities. The programme will leverage its global leadership in nutrition to engage in multi-sectoral and multi-partner efforts to seek longer-term solutions in building the resilience of communities and protecting and supporting people’s long-term health, nutrition and overall livelihoods.

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

**Analytical statement of progress**
Owing to the rapid deterioration of the nutrition situation, the HRP was revised to the worst (famine) case scenario of 277,000 cases of SAM (75 per cent of total caseload), while UNICEF Somalia’s operational scenario was maintained at 208,000 SAM cases. In 2017, UNICEF Somalia and partners provided treatment to 269,414 children with SAM—97 per cent of the annual target and nearly double the 2016 caseload. More than 90 per cent of health facilities are reaching recommended treatment outcomes for SAM management. As a provider of last resort, UNICEF Somalia delivered life-saving services to camps for internally displaced persons in Quansely and Kabasa in Dolow through direct implementation, reaching 782 boys and girls with SAM—approximately 30 per cent of the annual target.

The pre-famine response roll-out enabled the rapid expansion of the programme coverage, increasing the number of active partnerships from 22 in February to 61 in November, with a subsequent increase in the number of mobile and fixed OTP outreach sites from 578 to 789 sites in 2017. Consequently, 94.3 per cent of the districts have at least 90 per cent geographic coverage of IMAM centres. In an effort to avert any pipeline break and ensure continuity of service delivery, 185,287 cartons of RUTF were delivered to implementing partners.

Nutrition service delivery sites provided a platform for the integration of multi-sectoral services including WASH, health and, in some areas, a cash programme. A case in point is the nutrition and health cluster collaborative response to the AWD/cholera outbreak, in which guidelines for management of SAM in AWD/cholera treatment centres were developed and disseminated.
UNICEF, MOH, the cluster and WFP completed the IMAM BNA to improve SAM management. On the supply side, 70 per cent of OTPs did not report stock-out of RUTF falling below the national standard of 80 per cent. Compared to the national target of 80 per cent, only 60 per cent of service providers received IMAM training. On the other hand, 77 per cent of community volunteers received IMAM training, over and above the national target of 70 per cent. On the demand side, initial enrolment in the programme was suboptimal at 41 per cent of the target SAM burden, while the defaulter rate was high at 60 per cent due to the attrition of poorly motivated community health workers.

Despite the massive humanitarian response, the risk of famine is still high; the rates of global acute malnutrition and SAM respectively rose from 14.9 and 3.0 in February to 17.4 and 3.2 in August. The corresponding burden of acute malnutrition rose from 944,000 to 1.2 million children, including an estimated 231,000 with SAM, of which 173,000 (75 per cent) are targeted by UNICEF Somalia. In light of the cluster gap analysis conducted in September which showed gaps in targeted supplementary feeding programme coverage, UNICEF Somalia, in collaboration with WFP, will trigger the expanded admission criteria for treating children with moderate acute malnutrition in OTPs using RUTF in areas where targeted supplementary feeding programmes are absent but UNICEF Somalia has partners with capacity to manage the extra caseload.

The UNICEF Somalia supply chain system sustained timely management of quarterly supply planning.

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

**Analytical statement of progress**

UNICEF Somalia and partners continued to support demand creation for utilization of services along the continuum of care. Community-based workers under the resilience project in Gedo Region of south-central Somalia are playing a critical role in linking communities and health facilities by increasing access to quality nutrition, health and hygiene information and services. Through community health workers and community development committees, individuals, families and communities are exposed to information aimed at increasing optimal health and nutrition behaviours.

To this end, 751 community health workers delivered skilled services covering 40,810 households in target communities. UNICEF Somalia partnered with a local NGO to train community development committees in basic governance and contingency planning as well as overseeing the work of community health workers. In that light, 33 community development committees, including local authorities in the six intervention districts, had their capacities developed in activity planning and implementation. To support the consolidation and sustainability of the gains achieved in resilience programming and expansion, a proposal to the Government of Germany worth US$30 million (in an advanced stage of approval) was developed in collaboration with WFP to support service delivery in Gedo and Banaadir regions.

To date, 320,031 children aged 6–59 months received two doses of vitamin A through routine supplementation, over and above the annual target of 173,257. Similarly, 285,171 children aged 12–59 months received deworming tablets. Multiple micronutrient support continued for 591,572 women who are pregnant and lactating, while 245,914 women received iron folate for the prevention of anaemia. Technical and financial support was provided for the scale-up of multiple micronutrient powders for optimal complementary feeding practices targeting children aged 6–
23 months. In the south-central region, UNICEF Somalia scaled up the implementation of the multiple micronutrient powder programme from 5 to 30 districts (in Gedo and Banaadir regions), reaching 32,437 children aged 6–23 months. In Somaliland, the IYCF programme integrated with multiple micronutrient powders was scaled up from 21 sites in 2016 to 52 sites.

As part of the advocacy and policy dialogue agenda on IYCF, the code on marketing of breastmilk substitutes was drafted, translated into the Somali language and subsequently reviewed by key stakeholders through a consultative process. The interim policy on breastmilk substitutes was signed and circulated as well.

World Breastfeeding Week was launched by the minister of health and the UNICEF Somalia Representative at the federal level and by the Vice Minister in Somaliland. During the year about 99,265 children delivered in health facilities (82 per cent of institutional deliveries) were breastfed within one hour of birth.

Moving forward, the programme will build on previous gains to update evidence for informed programming by conducting the pilot phase of the Milk Matters project and completing the micronutrient survey to update the micronutrient status of children and women. The programme will leverage its global leadership in nutrition to engage in multi-sectoral and multi-partner efforts to seek longer-term solutions in building the resilience of communities and protecting and supporting people’s long-term health, nutrition and overall livelihoods.

**OUTPUT 3** An 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**
UNICEF Somalia played a leading role in providing both technical and financial support for the Government’s political commitment to the global SUN effort. A key achievement during the reporting period is the launch of the SUN Secretariat in Somaliland, which is hosted in the office of the Vice President and thus completes the establishment of the SUN Secretariat in each of the three zones of the country. Additionally, the nutrition chapter within the new NDP was completed with a focus on multisectoral efforts for addressing the nutritional needs of children and women in Somalia.

The policy environment for implementing the code of marketing of breastmilk substitutes and subsequent World Health Assembly resolutions also continued to be strengthened through the drafting of both the code and interim breastfeeding policy. UNICEF Somalia continued to support the operationalization of regional nutrition units across Somalia. To date, 18 nutrition units including one at national level are operational with UNICEF Somalia’s technical and financial support.

Efforts to support MOH to strengthen the human resource capacity for nutrition are underway with the process of writing the strategy and the corresponding costed implementation plan near completion. Once endorsed, the human resource development strategy will guide UNICEF Somalia and its partners in supporting the development of an adequately skilled nutrition workforce for Somalia.
OUTPUT 4 Declared nutrition emergencies are responded to according to the Core Commitments for Children in Humanitarian Action (CCC).

Analytical statement of progress
As part of quality monitoring, UNICEF Somalia strengthened the capacity of partners to report high-frequency humanitarian performance indicators. A fortnightly reporting platform was adopted to closely monitor the situation and act as an early warning system.

Due to the rapid deterioration of the food security and nutrition situation, the number of children with SAM treated with UNICEF Somalia support rapidly increased between March and May consistent with the rapid roll-out of the 45-day pre-famine response plan. To date, 269,414 children with life-threatening SAM have been reached with nutrition treatment, with almost half living in districts hosting internally displaced persons. Treatment outcome indicators are consistent with Sphere Standards: 93.3 per cent recovered, 3.6 per cent defaulted and 1 per cent died.

To overcome the challenge of timely procurement of supplies to meet the urgent needs of children during the initial phase of the response, support from UNICEF Ethiopia was critical in obtaining a loan of 10,000 cartons of RUTF delivered by road from Addis Ababa to Dolow and Galkayo warehouses. With the exception of Middle Juba, all of the 17 accessible or partially accessible regions of Somalia are covered with emergency life-saving nutrition supplies distributed through a network of strategically located warehouses.

UNICEF Somalia leveraged its role as cluster lead agency to provide technical guidance and support to implementing partners to roll out the response plan to all communities, including hard-to-reach areas, ensuring that critical gaps are covered with no duplication of efforts. The cluster played a critical role in organizing multi-sector monitoring and rapid assessments in hard-to-reach areas to gather information for decision-making, including the scope and severity of the nutrition situation, the underlying causes of malnutrition and contextual factors.

UNICEF Somalia monitoring visits also focused on gender equality in programming to ensure that the different nutrition needs of all are understood and all groups have equal access to and benefit from nutrition interventions. A total of 72 third-party monitoring visits were conducted in hard-to-reach areas to oversee the effectiveness of service delivery, including the availability of supplies and trained staff as well as the delivery of mobile outreach services. Following the joint food security and nutrition clusters conference organized by WFP, FAO and UNICEF in Rome, Italy, the food security and nutrition clusters developed and implemented a joint action plan through a consultative process with the aim of promoting integrated famine prevention response Somalia.

To ensure that UNICEF Somalia’s humanitarian response is consistent with the Core Commitments for Children in Humanitarian Action, 66 people from NGO partners and MOHs in Puntland, Somaliland and the south-central region were supported in developing IYCF in emergencies response plans and equipped with IYCF in emergencies skills to implement the response plan, including monitoring and reporting code violations and providing skilled support to women who are pregnant and lactating. Meanwhile, UNICEF Somalia, WFP and the nutrition cluster have completed a geotagging exercise as part of their accountability to affected people by creating a comprehensive database of existing nutrition service facilities. This exercise will contribute to scaling up IMAM services.
### Evaluation and research

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