The Somali Republic

Executive Summary

UNICEF Somalia made significant advances in 2014, despite political volatility, insecurity, access limitations and funding shortfalls. Insecurity including attacks targeting United Nations convoys and the infiltration of Mogadishu International Airport, where many UN offices are based, on 25 December, impacted staff safety and programme implementation.

Severe humanitarian funding shortages impaired the delivery of life-saving services, with only 35 per cent of the Consolidated Appeals Process funded. Primary health care services in Central South Zone (CSZ) suffered, with just 28 per cent of funding received. More than 9,500 measles cases were reported since June 2014, highlighting the continued risks facing unvaccinated Somali children. Less than 10 per cent of CAP funding was for emergency education and social protection, halting gender-based violence (GBV) response services outside of Mogadishu.

Despite the funding shortages, UNICEF scaled up its 2013 polio outbreak response, contributing to a reduction in reported cases from 194 (2013) to five in 2014. No new cases have been reported in CSZ since December 2013 or in Puntland since mid-August 2014. Despite al-Shabaab bans on polio campaigns, immunization efforts by UNICEF and partners reached 25,731 children under 5 in access-compromised areas for the first time. On-going attention to birth registration, management of severe acute malnutrition and the reduction of violence against children and adolescents continued. Of the seven Country Programme Document outcomes revised and redefined during the 2014 mid-term review, six are on-track and one is constrained.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, notably the UNICEF Somalia principal recipient role, advanced maternal and child health (MCH), contributing to additional basic health commodities, and complementing Global Fund investments in HIV and malaria programmes. Advocacy across the Ministry of Health (MoH), AIDS Commissions, non-governmental organizations (NGOs) and the Global Fund led to the successful endorsement of integrated care/support packages, within broader maternal, neonatal and child health (MNCH) efforts, by Somali health authorities.

To strengthen risk management systems, third-party verification, monitoring and socio-political risk analysis were expanded. Risk levels were assessed for over half of the 245 partners, accounting for 84 per cent of 2013-2014 funds disbursement. An internally developed programme cooperation agreement (PCA) database enabled geographic mapping of Somalia’s 74 pre-war districts and partner risk levels and guided zonal field monitoring and third-party team deployments.

UNICEF also managed the Global Partnership for Education (GPE) grants as the managing entity, across Somalia. UNICEF leadership resulted in the hiring and training of 1,300 new teachers, and the recruitment of regional education officers and inspectors. Approximately 1,740 teachers received monthly incentives to motivate teachers to improve the quality of teaching
Somaliland’s first public teacher training institute is also under development with a draft National Teacher Training Institute Management and Development Plan.

The historic milestone of the Federal Parliament’s approval of the Convention on the Rights of the Child (CRC) in December presented significant opportunities for continued support to the Government. Given the requisite framework to fulfil, promote, and protect children’s rights, including upgrading legislation, policy and practice, this momentous breakthrough provided the basis for further systems building and government capacity development.

**Humanitarian Assistance**

In 2014, Somalia was at risk of sliding further into crisis as earlier gains following the 2011 famine were eroded by conflict, drought, floods, weak basic services, rising food prices, access constraints and reduced humanitarian funding. As of mid-December, a total of US$ 54.3 million, or 35 per cent, was available against the 2014 UNICEF appeal. The African Union Mission in Somalia (AMISOM) offensive has displaced 80,000 people since March 2014. Over 1 million people, of which 62 per cent were internally displaced, required life-saving assistance to counteract acute food insecurity. In addition, 2.16 million people remained highly vulnerable to shocks that could further undermine food consumption and quality. Acute malnutrition in children under 5 increased to 218,000 children, including 43,800 severely malnourished children. Extremely low immunization rates led to more than 9,500 measles cases in 2014 and five confirmed polio cases since June 2014.

Drought continued to threaten food security and major flooding in other areas threatened lives, agricultural harvests and livelihoods. Though exacerbated by seasonal weather patterns, vulnerability to food insecurity, poverty and deprivation was endemic throughout the year. Approximately 3.2 million Somalis lacked access to health care, 1.7 million children lacked access to education and 2.75 million people lacked sustainable access to water, sanitation and hygiene (WASH) services. Sexual violence and GBV against women and girls was widespread and armed groups continued to commit grave violations against children. The main obstacle to delivering humanitarian assistance in 2014 included: continuous conflict; anti-Government elements’ control of rural areas and supply routes; the fragility of government institutions, including the central Government; and the generally high-risk security environment, especially in CSZ. Apart from continued emergency response, UNICEF worked to improve community capacity for disaster preparedness through its resilience programme and responded to several emergencies in 2014, namely new displacements in multiple regions of CSZ following several AMISOM offensives; floods in CSZ and drought in several areas in CSZ and north-east areas. Furthermore, the polio outbreak continued into its second year. UNICEF responded to 69 separate emergencies in 41 locations in CSZ alone, including 22 of 32 newly accessible areas. More specifically, UNICEF:

- Treated 139,490 severely malnourished children under 5 through therapeutic feeding programmes (January-November).
- Supported 353,261 children under 5 to access essential health services and enabled 106,237 pregnant women to attend antenatal visits.
- Vaccinated 2,106,036 children under 5 for polio
- Provided access to water for nearly 253,248 people who received new/sustained access to drinking water through support for the construction of shallow wells with hand pumps, rehabilitation of boreholes, construction of berkads and rehabilitation of water kiosks.
- Provided over 5,000 households with water vouchers, ensuring access to safe water during the peak of the drought.
- Provided temporary WASH support, including hygiene kits, mass chlorination and operational support and maintenance of water supplies for 351,389 beneficiaries.
- Assisted 116,400 vulnerable people with direct cash transfers (DCT), enabling them to meet critical food and non-food needs.
- Implemented rehabilitation programmes aimed at reaching children formerly recruited by armed forces/groups and those at risk of being recruited. A total of 500 children (375 boys and 125 girls) benefitted from UNICEF-supported community-based reintegration programmes in Banadir, Galgaduud, and Lower Shabelle regions of CSZ.
- Supported efforts to identify, trace and reunify 907 separated and unaccompanied children with their families; and supported 3,650 emergency-affected families with vulnerable children with non-food items.

UNICEF continued to be proactive in the Humanitarian Country Team, and effectively led the WASH and nutrition clusters, and co-led the education and child protection clusters. The operational capacity of UNICEF-led clusters was significant, with a network of over 140 partners each (20 per cent international and 80 per cent national NGOs), and sub-regional cluster coordinators in over 15 regions. This network of cluster focal points ensured access to information, coordination and interventions in hard-to-reach and inaccessible areas. The nutrition cluster reached 375,411 beneficiaries with life-saving nutritional support in 2014. As part of ensuring local capacity for emergency response, the cluster delivered nutrition in emergency trainings in the active conflict areas of Galkayo, Baidoa, Kismaayo and Dollow. The WASH cluster worked through its network of 10 UNICEF-supported supply hubs in CSZ, providing immediate response capacity with essential life-saving items (aqua tab, jerry cans, chlorfloc, buckets and soaps). The education cluster, comprised of nine sub-clusters, supported approximately 1,400 schools in 15 regions through the provision of temporary learning spaces, teacher incentives, school supplies, training, capacity building, construction/rehabilitation and school feeding. UNICEF WASH and nutrition-led clusters completed a joint Nutrition and Wash Contingency Plan.

**Equity Case Study**

In 2014, significant time and effort were dedicated to improving internal systems for enhanced use of equity-related data for improved programming. As the majority of programme implementation is managed through PCAs across 200 local and international NGOs, the development of a centralized PCA database proved to be a critical step towards a consolidated overview of data. This enabled analysis of programmatic interventions classified by geographic location, scope and duration to determine gaps in geographic and sectorial coverage, as well as potential synergies between interventions, such as convergence of health, WASH and nutrition.

Subsequent mapping of interventions by district and programme section highlighted how geographic coverage varies by programme section. For example, while nutrition, education and child protection made strides towards some level of programming in 74 pre-war districts, cash transfer programming had partnerships in 18 districts, reflecting its strategy of targeting select households in the most food-insecure geographic areas. The mapping of the UNICEF programme footprint, when viewed in conjunction with a 2013 equity analysis using data from the 2011 Multiple Indicator Cluster Survey (MICS), stimulated further reflection and questions on the programme's strategic direction and equity focus. For example, the 2013 equity analysis found that among children aged 2-4, deprivation in access to basic health services is common, even among the wealthier segments of the population, suggesting that wider interventions are needed to promote improved access to health services. In contrast, deprivation in water, sanitation and housing primarily affected the rural poor. The equity analysis provides some
indications of which programme interventions should target specific population groups/geographic areas, and which should adopt more broad-based strategies. Therefore, the marriage of this prescriptive guidance with the descriptive analysis of the 2014 mapping of interventions set the foundation for deeper discussions on equity. At the recent annual review meeting, consensus confirmed that geographic programme convergence demands district-specific vulnerability analyses, with data across key indicators. It was agreed that a renewed focus should be explored through the identification of strategic life-saving interventions and opportunities for convergence of outpatient therapeutic programmes and immunization, open defecation free areas (ODF) across WASH.

Another key development for enabling enhanced equity-based analysis was the 2014 release of the Population Estimation Survey of Somalia (PESS) by the United Nations Population Fund (UNFPA). According to PESS, Somalia is home to 12.3 million people, of which 42 per cent are urban, 26 per cent are nomadic, 23 per cent are rural and 9 per cent are internally displaced. As service delivery approaches and strategies vary for these groups, and the resilience and coping mechanisms of these groups are similarly different, the release of PESS data was a critical first step in what will be an on-going dialogue on how to improve the equitable approach. As PESS population data is presently only available to the level of Somalia’s 18 pre-war regions, UNICEF provisionally estimated district-level populations. By applying the intra-regional district population ratios derived from a 2005 United Nations Development Programme (UNDP) settlement survey to enable more accurate programmatic decisions, analysis enabled a plotting of active PCAs in each of the 74 pre-war districts by district population. This illustrated a reasonably strong correlation between a district’s population and active PCAs in that district. The remaining challenge is to determine the level of financial resources channelled to a given district, given that current PCA proposals do not consistently include budgets disaggregated by district. To address this gap, UNICEF Somalia revised its standard operating procedures governing the development, approval and implementation of PCAs. Moving forward in 2015, all PCA budgets will be traceable by district, enabling a more refined analysis of where the funds – and programme interventions – are channelled. Further context and analysis will determine whether the geographic areas of greatest vulnerability, i.e. nomadic populations, minority clan populations and internally displaced persons (IDPs), are being reached.

In the Somali context, a systematic examination of patterns of inequities in the realisation of children and women’s rights, with particular attention to the situation of the most vulnerable and marginalized, demands a critical review of clan affiliation. In recent years, discussion of the Somali situation has often focused on several binaries of development agendas: humanitarian versus developmental, accessible versus inaccessible programming areas, emergency response versus system strengthening. Yet the reality faced by development actors in Somalia incorporates most of these simultaneously and continuously. On-going efforts for an equity-based approach seek to support a nuanced understanding of the persistent grey space that underpins much of our engagement and interventions by constantly questioning current assumptions. From food security experts with perspectives on the Horn of Africa and Somali famine response, to experts addressing Somali clan dynamics through the lens of access to education and recruitment by Al-Shabaab, UNICEF Somalia is moving toward a nuanced perspective to enable data and knowledge to be leveraged for an accelerated response to chronic violations of children’s rights.

For example, a 2012 article argued that a critical underlying aspect of vulnerability, relevant to both the 1992 and 2011 famines, is that the majority of victims were from the Rahanweyn and Bantu populations. The authors argue that clan affiliations in the Somalia context are critical to
understanding long-term marginalization processes and outcomes and the differential levels of risk and other complicating factors in the 2011 famine.

This reality underlines that seeking a deeper understanding of the socio-political context is also critical to equity. Expansion of third-party monitoring teams to inaccessible areas to consult with a wide range of stakeholders, including beneficiaries and local authority figures of various clans and social affiliations to gather their perceptions of services provided by UNICEF implementing partners, has enabled direct feedback via these consultations to fill critical gaps left by the chasm of remote management. The creation of organizational profiles of partners is enabling UNICEF to better understand how various segments of the communities in which it works perceive the fairness and implementation quality of UNICEF partners, and make necessary adjustments.

**Summary Notes and Acronyms**

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMISOM</td>
<td>African Union Mission in Somalia</td>
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<td>ARV</td>
<td>antiretroviral</td>
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<td>AU</td>
<td>African Union</td>
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<td>AWD</td>
<td>acute watery diarrhoea</td>
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<td>BNSP</td>
<td>Basic Nutrition Service Package</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CCC</td>
<td>Core Commitments for Children</td>
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<td>CCM</td>
<td>community case management</td>
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<td>CFS</td>
<td>child-friendly school</td>
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<td>CLTS</td>
<td>community led total sanitation</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CPC</td>
<td>Child Protection Committee</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CSZ</td>
<td>Central South Zone</td>
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<td>DCT</td>
<td>direct cash transfer</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DRR</td>
<td>disaster risk reduction</td>
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<td>ECHO</td>
<td>European Commission Humanitarian Office</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EPHS</td>
<td>essential package of health services</td>
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<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office</td>
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<td>ESSP</td>
<td>Education Sector Strategic Plan</td>
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<td>EU</td>
<td>European Union</td>
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<td>EWEA</td>
<td>Early Warning Early Action</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>FGM/C</td>
<td>female genital mutilation/circumcision</td>
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<td>GBV</td>
<td>gender-based violence</td>
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<td>GDP</td>
<td>gross domestic product</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>HACT</td>
<td>harmonised approach to cash transfers</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HQ</td>
<td>UNICEF Headquarters</td>
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<td>iCCM</td>
<td>integrated community case management</td>
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<tr>
<td>ICT</td>
<td>information and communications technology</td>
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<td>IDP</td>
<td>internally displaced person</td>
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Capacity Development

Investments in government capacity to implement, manage and evaluate the delivery of key services were complemented by focusing on increasing demand, promoting positive social norms and building evidence for child-sensitive policies and programmes. UNICEF and government counterparts developed child protection manuals and administered juvenile justice training for judges, police, lawyers, local authorities and custodial corps. Social mobilization networks, established with the MoH, facilitated community processes to improve health-seeking behaviours. Strengthened data management capacity through support to the Education
Management Information System (EMIS) resulted in the successful organization, management and Ministry of Education implementation of the 2013/2014 school census. Local-level service delivery enhancement, through decentralized local governance pilots in health, WASH and education, focused on building the capacity of mayors’ offices.

The technical and managerial staff of key ministries were trained on project management (procurement and supply procedures, data management and project cycle, financial and office management and accounting, computers and warehouse management), as well as vaccine and cold chain management, integrated community case management (iCCM), water systems and maintenance and social protection systems.

Community leaders engaged in capacity building and 70 Somali youth (50 per cent female) received training on youth leadership development. Hundreds of community leaders learned about efficient and sustainable Community Led Total Sanitation (CLTS) in support of ODF communities. Nutrition, health and hygiene promotion training was rolled-out at community health centres, and caregivers received training on hand-washing practices. Through resilience programming, 54 community-based workers were trained to provide promotion and prevention health services overseen by community development committees (36 currently established) trained in governance, leadership and action planning. To improve community participation and demand for services, community monitoring groups were trained to strengthen the accountability and performance of district social sector departments and provide evidence on the availability and quality of decentralized service delivery.

The MoH and implementing partners received Communication for Development (C4D) training, with 25 of 68 participants trained as trainers to cascade understanding of C4D planning and implementation. An MNCH/polio knowledge, attitude and practice survey highlighted the poor communication skills of health workers, which result in limited service uptake. Building sub-national capacity for improving C4D intervention quality was initiated via a network of 21 regional and 127 district social mobilization coordinators across all zones (1,372 community mobilisers from the North East and North West zones). This network was trained on polio, micro planning, social mobilization, interpersonal communication and monitoring/reporting and serves as a backbone for scaling up demand side interventions.

Evidence Generation, Policy Dialogue and Advocacy

One of the key priorities of UNICEF Somalia – the ratification of the CRC – appears to be on the verge of being realized. In 2014, UNICEF worked to leverage effective joint advocacy for ratification by ensuring that it was a priority in United Nations and donor discussions with Somali leadership. Public advocacy included marking the 25th anniversary of the CRC on social media and by highlighting a new birth registration pilot in Somaliland.

There was continuing government engagement on the implementation of the action plans on the recruitment, maiming and killing of children in conflict. Intensive advocacy led to the signing of the standard operating procedure for the reception and handing over of children formerly associated with armed groups.

Three years of advocacy efforts on female genital mutilation (FGM), which included taking international journalists to a religious conference on the topic and presenting an audio slideshow in which three Somalis (a teenaged girl, a former cutter and a community leader) explain why cutting should be abolished, resulted in the President of Puntland signing an FGM policy.
UNICEF advocated strongly to ensure that the Economic Recovery Plan met the needs of children and youth and that key milestones, including from the Go-2-School initiative, were incorporated. Based on positive findings on the feasibility of social protection systems, UNICEF has been advocating for the inclusion of social protection as a key milestone for the Peace and State Building Goal 5 in 2015 and recommendations have been presented for policy dialogue on piloting a cash transfer programme.

The peace building in education in Africa conflict analysis identified that the political, social and economic marginalization of youth are important drivers of conflict in the country. These results are being used in advocacy efforts to ensure that Somali youth are involved in the development of the Somali Government National Youth Policy, addressing different sectors such as education, employment, health and political engagement.

Advocacy for fundraising included donor briefings and project visits by donors and UNICEF National Committees. The funding shortfall for health services was highlighted in many ways, including through an international press briefing in Geneva and by the Resident Coordinator/Humanitarian Coordinator’s office. Evidence from the education cluster showing the effects of reduced funding was used to raise resources.

**Partnerships**

The MCH agenda under the new funding model between UNICEF HQ and the Global Fund Secretariat was advanced by the UNICEF Somalia partnership with the Global Fund and, notably, the UNICEF principal recipient role. The Memorandum of Understanding complements the Global Fund’s HIV and malaria investments by securing additional basic health commodities. Partnership and advocacy across Somalia’s MoH, AIDS Commissions, NGOs and the Global Fund resulted in the endorsement of integrated care and support packages, within broader MNCH efforts, by Somali health authorities.

On behalf of the education ministries and their respective education sector committees, UNICEF managed GPE grants as the managing entity in Somalia. The GPE focused on government capacity to manage teacher incentive payments and teacher training, as incentives have been proven to motivate teachers and lead to improved quality of teaching and learning. Through this programme, UNICEF supported the recruitment and training of 1,300 teachers, seven regional education officers, and five inspectors, as well as trainings for female teachers.

A pioneering partnership with the Food and Agriculture Organization (FAO), the World Health Organization (WHO), the MoH and the Ministry of Livestock successfully reached nomadic children with key vaccinations. Recognizing the effective FAO animal vaccination methodology in pastoralist households and responding to epidemiological evidence of on-going circulation of wild poliovirus among underserved nomadic and pastoralist populations, health teams, local community guides and social mobilisers joined FAO animal vaccination teams to vaccinate 24,000 children under 10 against polio and measles, and provide other health interventions, including oral rehydration salts and vitamin A supplements.

Building on the Children’s Rights and Business Principles, private sector partnerships were initiated with telecommunications companies in relation to real-time monitoring and sustainable cash transfers through money transfer companies for salary incentives (teachers and the MoH) and social protection initiatives. The media remain strong partners and vectors of information education communication messages for all sectors and introductions and information were exchanged during various roundtable meetings.
External Communication and Public Advocacy

UNICEF Somalia used a variety of communication methods to raise awareness on child rights in the country, and the central role of UNICEF in supporting child rights. UNICEF Somalia worked to highlight continuing polio cases, covering several angles, including the first child in 2014 to be paralyzed by polio, a social mobilizer, a joint WHO/UNICEF trip into rural Puntland, and the cold chain.

A wide range of text and video reports were produced on more than 30 issues, including the first United Nations agency report on emergency airlifts to newly accessible areas, the continuing high rates of severe acute malnutrition in the South, the experiences of children formerly associated with armed groups and the experiences of women who gave up circumcising girls and became social mobilizers against the practice. Sections and implementing partners provided many important human interest stories illustrating the impact of UNICEF work for dissemination. Many stories were featured on the UNICEF global website, as well as with other United Nations and national and global donor outlets, including the international media.

Public and private advocacy were used to highlight the issue of GBV, including through stories, videos and a powerful first person photo exhibition on GBV shown in Mogadishu and at the Global Summit to End Sexual Violence in Conflict in London.

A child photography project, begun in 2013, continued with the training of 400 young people in Puntland though child-to-child clubs and 80 young people in Mogadishu through an NGO. These trainings provided young people with new skills and gave them an opportunity to express their views through their own photographs. Photographs taken by Somali youth were included in the UNICEF Somalia 2015 calendar.

Progress continued to be made towards strengthening relationships with Somali journalists, including through meetings with Puntland journalists and media representatives in Mogadishu.

The UNICEF Somalia website had more than 40,000 unique visitors and 1.1 million returning visitors and its Facebook and Twitter sites continued to expand. UNICEF also worked closely with other United Nations agencies, in particular on a series of videos on United Nations beneficiaries, to ensure that messages were coordinated.

Identification Promotion of Innovation

Programme monitoring was challenging due to fluid security combined with constrained access to over 60 per cent of programmable areas. Challenges related to remote management in inaccessible areas led to innovative solutions for programme delivery and supply distribution monitoring.

To improve the way people work together and increase information reuse, UNICEF Somalia improved internal management and the discoverability of information with a portal using metrics to provide evidence of improvement and measure results. Six real-time monitoring pilots enabled by the RapidPro platform for SMS messaging were developed to enhance end-use monitoring of supplies, real-time tracking of key indicators, and two-way communication with beneficiaries. Three of the pilots focused specifically on supply tracking to regular stock level updates from health and nutrition facilities. Community mobilizers working to eradicate polio also started to send SMS updates about each mobilization meeting conducted and the availability of vaccines at sites. Through the community score card mechanism, representatives of
community education, health and WASH committees started to provide updates on the quality of basic services delivered in their communities. Information provided in real time via SMS will allow for the identification of bottlenecks to find solutions. Pilots are being field tested for rollout.

In an innovative effort to reach nomadic children with key vaccinations, particularly given epidemiological evidence of wild poliovirus circulating among nomadic and pastoralist households, UNICEF partnered with FAO, WHO, the MoH and the Ministry of Livestock in a pioneering animal and human vaccination program. Building on the excellent FAO reach to nomadic households, health teams, local community guides and social mobilisers joined FAO animal vaccination teams to vaccinate 24,000 children under 10 against polio and measles, and provide other health interventions, including oral rehydration salts and vitamin A supplements.

Triangulation of risk data, including the creation of organisational profiles that detail community perceptions of IP performance and levels of fraud and diversion, including taxation on humanitarian supplies and steps to move beyond the harmonized approach to cash transfers (HACT) required micro-assessments towards hands-on quality programme assurance and due diligence to enable the programme to advance despite the complex operating context.

**Support to Integration and cross-sectorial linkages**

The cross-sectorial programmes (resilience, the Joint Programme on Local Governance (JPLG) and social protection) complement and enhance the efforts of UNICEF technical sections, government line ministries and local authorities to improve access to social services for Somali children and their families. They do so by building capacity and systems that support these efforts and make their outcomes more sustainable.

In districts where governance systems and their linkages with line ministries are not yet fully established, the resilience programme builds public health, education, protection and governance capacities at the local level. This contributes to emergency preparedness as local communities become less dependent on outside interventions and more capable of absorbing these interventions when the emergency surpasses local capacity. The programme is running in six districts in the Gedo region, where 36 community development committees were established for the local stewardship of integrated health, nutrition and WASH services.

The JPLG focuses on capacity building of district-level governance systems for equitable and sustainable service delivery in eight districts of Somaliland and Puntland. Local governments now have the capacity to plan and deliver services to their constituents. Communities in CSZ (Banadir, Adado) were supported to participate in local planning and decision-making. Civic education reached out to more than 20,000 people to strengthen awareness on civic rights, roles and the responsibilities of local governments and raised the demands of communities for social services.

Both the resilience programme and the JPLG lay the governance foundations for a fully operational social protection system. In northern zones, UNICEF conducted a community consultations-based study that recommended piloting an unconditional child grant to support chronically destitute households. In line with report recommendations, social affairs departments in JPLG districts will play a central role in piloting cash transfers. Currently, the social protection programme supports seasonal food security interventions and works to improve sustainable food consumption and access to basic social services for chronically vulnerable households. 29,600 households were supported with seasonal cash transfers, leading to improved food consumption scores and dietary diversity. At the federal government level, Peace Building and
State Building Goal 5 sub-working group meetings on social protection were convened and key social protection milestones were developed with the Government, donors and the United Nations.

Service Delivery

Government leadership increasingly coordinated service delivery, which UNICEF supported by addressing bottlenecks and improving service quality. Building community resilience, generating evidence for action, providing supportive supervision and conducting third-party monitoring supported weak government coordination structures at the sector level, such as health and nutrition sector coordination and inter-ministerial WASH steering committees. Efforts endeavoured to ensure stakeholder accountability and robust coordination by ministries.

UNICEF-supported monthly teacher incentives enabled 280,000 children (46 per cent girls) to benefit from teachers working every day. Overall, 140 trained male and female youth led a countrywide consultation collecting the input of parents, youth and other stakeholders on the curriculum framework, laying foundations for relevant and equitable education. Over 16 million doses of oral poliomyelitis vaccine (OPV) were given to children and adults, and more than 1.3 million children under 5 benefitted from a measles +OPV campaign in Puntland, Banadir and accessible areas of Lower Juba. Approximately 148,235 severely acute malnourished children received nutrition support. The ODF concept was introduced in 18 communities and over 3 million people affected by chronic emergencies benefitted from WASH emergency supplies. Reintegration and medical psychosocial programmes assisted 500 children and 5,200 survivors of GBV. A rollout of the essential package of health services (EPHS) covered over 3 million people; another 220,000 people in newly accessible areas received emergency basic health services. Overall, 272,500 long lasting insecticidal nets (LLINs) were distributed; 15,129 persons received malaria treatment; 20,871 people were tested for HIV; and 1,941 people living with HIV received treatment.

The focus on increasing the availability and range of services offered in facilities was enhanced through approaches to boosting demand for basic services. For example, 127 district and 21 regional social mobilization coordinators and 3,323 community mobilizers were recruited for polio immunization campaigns to help reach underserved communities. Resilience programming, community governance and stewardship for public services by engaging communities to address long-term capacity gaps empowered duty holders to provide community-based education, health, nutrition and WASH services.

The UNICEF focus on technical quality and programme capacity was strengthened through regular reviews and monitoring. Data identified gaps in partner reporting, technical capacity and programme performance translated into focused approaches to the provision of quality services. In inaccessible areas, third party monitoring provided real-time information on programme implementation.

Human Rights-Based Approach to Cooperation

UNICEF Somalia advocacy and technical support for the ratification of the CRC were brought to fruition when the ratification was passed by Parliament on 13 December 2014. In anticipation of the ratification, the formulation of a legislative framework in line with the CRC was included in the National Rule of Law Framework. The National Plan of Action to End Sexual Violence, developed in 2014, prioritizes access to justice and the provision of a package of services to survivors.
Overall, 4,000 children (50 per cent girls) participated in child-to-child clubs in schools, campaigning for the enrolment of out-of-school children, the reduction of violence in schools and social cohesion within communities. Child protection committees (CPCs) followed a human rights-based approach by enabling community members to hold duty-bearers accountable for child rights violations at the community level. Children and other community volunteers were enabled to demand their rights as rights-bearers, and CPCs supported 11,260 children (61 per cent girls) to realise their rights in cases of child rights violations.

An integrated nutrition, health and WASH community programme, under the joint resilience programme, empowered duty-bearers at the household level and enhanced caregiver capacities for nutrition practices. As a human right, sanitation requires that people are enabled to realize the dangers of and are given the means to mitigate poor hygiene. The CLTS approach used to create ODF communities identified the most vulnerable and prompted the whole village to assist each other. Introduced in Somalia in 2012, 284 communities now declare themselves ODF.

UNICEF worked with the Federal Government to implement action plans to end the recruitment and use of children in armed conflict and the killing and maiming of children. Over 400 children associated with armed forces/groups were enrolled in reintegration programmes. Using a questionnaire jointly developed by UNICEF and the United Nations Assistance Mission in Somalia (UNOSOM), a local NGO in Baidoa assessed the reintegration challenges of female children formerly associated with armed forces and armed groups to identify support groups and supportive structures within communities. The report analyses the perceptions of community groups and opinion leaders on female ex-combatants and provides recommendations on community-based reintegration assistance.

**Gender Mainstreaming and Equality**

Sustained effort focused on gender disparities during programme design, implementation and management. All programmes were monitored to ensure that they addressed gender equality during the development and implementation of programmes, policies and advocacy strategies. UNICEF worked with the Ministry of Women and Human Rights (MoWHR), UNSOM and the British Embassy in Mogadishu to develop the National Action Plan to End Sexual Violence, presented at the London Summit in June. This work involved discussing prevention, response and accountability for sexual violence with line ministries (defence, interior, health, education, religious affairs, justice and higher education). The Somalia National Armed Forces, the Somalia Police Force and United Nations agencies also participated. UNICEF and UNFPA engaged the MoWHR, the MoH, the MoRE and the British Embassy to coordinate the Girl Summit 2014 in London, focusing on ending child marriage and harmful practices. UNICEF supported 125 girls and 375 boys from armed groups with community-based reintegration. Psychosocial support, medical services and access to safe shelters were provided to female survivors of GBV using US$ 3.5 million dedicated to the prevention of GBV and FGM.

UNICEF supported the review of education sector strategic plans to address gender equity, which resulted in the formation of 237 community education committees in CSZ and Puntland and 149 child-to-child clubs across Somalia. Overall, 30 per cent of the 1,740 teachers recruited and trained were women. In Puntland, 110 teachers received a customized female teacher training and 50 of these were trained on leadership and management. Education spent US$ 680,200 on gender-related activities.

The Nutrition Programme ensured that sex-preference or bias did not prevent equal access and that any emerging gender gaps were identified and addressed. The Nutrition Programme
worked with partners to strengthen caregiver capacities, and special attention was given to mothers and female heads of household in regards to decision-making on childcare and infant and young child feeding (IYCF) practices. Female outreach staff and community-based workers were also recruited. The Nutrition Section utilized US$ 88,625 for community-based worker, IYCF and nutrition, health and hygiene promotion trainings for over 400 women to facilitate improved caregiver capacities and nutrition behaviours.

**Environmental Sustainability**

Not applicable.

**Effective Leadership**

In 2014, all statutory advisory bodies, including the Country Management Team (CMT), and the Joint Consultative Committee (JCC), etc., were in place and supported the achievement of programme and management objectives. In 2014, the CMT met six times, the JCC met three times and the PSB met six times.

The CMT terms of reference were revised, expanding the CMT composition to ensure more national and zonal staff participation, and aligning the frequency of meetings. A new CMT dashboard was developed and endorsed. At field level, Zonal Management Team meetings increased the effective management of zonal programme and operations efforts, which will feed into future monthly CMTs.

CMT efforts to improve operations and programme management included a review of programme funding status and recommendations to address severe shortfalls, and a review of DCTs outstanding for over 9 months. Substantial efforts were made in the latter half of 2014 to enhance the oversight role of the CMT and increase the periodicity of CMT meetings.

UNICEF Somalia continued to manage risks based on a systematic and structured approach and in a transparent and inclusive manner to ensure that processes and tools were adapted, as required, by the operating environment and decisions were risk informed.

UNICEF Somalia conducted a risk control self-assessment and updated its risk library. In 2014, priority was given to safety and security (significantly high risk), fraud and misuse, and supply and logistics (high risk). UNICEF Somalia will continue to strengthen risk management in these areas in 2015.

Considering the high value of resources implemented through partners, and in line with audit recommendations, UNICEF Somalia revamped its PCA standard operating procedure, streamlining the review processes and incorporating risk mitigation and monitoring and evaluation systems into core documentation. UNICEF Somalia also engaged two third-party monitoring entities that provided organizational profiles of government and NGO partners operating in inaccessible areas. The profiles provided insight into the connection between implementing partner managers and non-state entities, financial and management capacity, and community perceptions.

All 2012 audit recommendations were closed by June 2014. An internal audit conducted in September/October, among others, identified the need to strengthen office governance structures, including the CMT, improve HACT implementation and devolve the accountability for decision-making closer to the implementation level.
Approval of a supply chain optimization project to improve planning and minimize wastage was followed by efforts to assess and strengthen the capacity of partners in the UNICEF Somalia supply network.

Initial steps to prepare for the transition to the Global Shared Service Centre were also initiated with a task force to develop different options for endorsement by early 2015.

Within the United Nations family in Somalia, UNICEF continued to fulfil an active leadership role in country-level coordination structures and mechanisms, chiefly the United Nations Country Team and subsidiary bodies such as the Operations Managers Team, the Human Resources Working Group, the Security Management Team, and as the United Nations co-lead of the Peace and State Building Goal 5 Working Group, to address social services. Key achievements within United Nations coordination fora included consensus to implement HACT, establish a United Nations Risk Working Group and launch the UN Cares programme in Somalia.

Financial Resources Management

Although regular monitoring of DCTs was carried out, 8 per cent of non-liquidated DCT was outstanding for over nine months as of 31 December 2014. Of this, 35 per cent was outstanding due to on-going investigations. In preparation for HACT implementation, simplified liquidation processes were implemented for the 21 low risk partners, two partners were micro-assessed, 10 spot checks were completed and 29 partners were audited. Micro-assessments and spot-checks planned for CSZ could not be undertaken due to the insecurity. In 2014, approximately 1,200 trips were undertaken for programme preparation and monitoring. UNICEF Somalia continued with the monthly monitoring budget review meeting between the Programme Coordination Unit and sections.

Building on the organizational profiles of the Government and implementing partners through independent third party monitors, and given the need to capture all significant risks elements, UNICEF Somalia proposed to replace the micro-assessment with more comprehensive assessment of partners. This HACT exemption request proposed to conduct 113 spot checks and 30 scheduled audits in 2015. UNICEF Somalia will also assign a default high-risk rating to all implementing partners expected to receive over US$ 100,000 and that have had neither a micro-assessment nor a formal, third-party capacity assessment.

UNICEF Somalia introduced an information and communications technology (ICT) equipment tracking software, which helped to track the movement of ICT equipment and record and harmonize asset numbers with the AMR number. UNICEF Somalia also introduced barcoded tag numbers at USSC, which will be implemented in zones in 2015.

An office travel plan was periodically prepared and updated. A structured mechanism for monitoring actions coming from trip reports was in the early stage of development. Relocation of the North East Zone (NEZ) (Puntland) Office from Bossaso to Garowe enhanced programme effectiveness and resulted in a reduction in operating costs. The Mogadishu premises were upgraded and a guest house was constructed.

Fund-raising and Donor Relations

The 2014 US$ 155.1 million humanitarian appeal was 35 per cent funded, down 25 per cent from 2013 and 41 per cent from 2012. Nutrition, the largest budget component, received the largest funding percentage (86 per cent). In contrast, health received 28 per cent of requested funding. Social protection was the least funded (8 per cent), followed by education (9 per cent).
Low humanitarian funding led to the discontinuation of activities; some health partnerships were not renewed and no education-in-emergencies work took place until December.

The decline in humanitarian funding may be attributed to competing crises and Somalia’s New Deal Compact, which attracted more development support. The situation has somewhat stabilized since the peak of the 2011 famine and funding is returning to pre-famine levels. However, development funding cannot replace humanitarian funding, as children continued to struggle in sub-optimal conditions and difficult-to-access areas where Government authorities are absent.

The Country Programme other resources regular (ORR) ceiling of US$ 56.2 million was exceeded by 39 per cent. Three sectors have had significant increases since 2012 (the first year after the famine led to a funding peak): health (405 per cent due to significant polio outbreak support), education (181 per cent) and child protection (189 per cent).

The biggest bilateral contributors were from Japan, the United States of America, the Economic Commission Humanitarian Office (ECHO), the Department for International Development (DFID) and Canada. UNICEF continued to closely engage donors through meetings and field missions, contributing to fundraising successes, such as additional ECHO/United States resources to ensure the continuity of the nutrition supply pipeline and healthcare services.

Contribution management continued to improve, with system and process strengthening, and concerted efforts for capacity development. Standard operating procedures were in place and processes supported the efficient use of resources and ensured that contractual stipulations were met. Processes included grant guide sheets, bimonthly implementation and utilization review meetings, biweekly management reports and the inclusion of contribution management on the CMT agenda. More than 80 donor reports were submitted on time, with only four submitted late. The utilization rate of regular resources (RR) was 99.9 per cent; other resources (OR) was 96.2 per cent and ORE was 96.6 per cent.

**Evaluation**

The Integrated Monitoring and Evaluation Plan (IMEP) 2014 included 19 studies and one completed evaluation. Four studies were cancelled and 19 were extended to 2015. However, it remains difficult to find partners to undertake high quality research in Somalia. Quality management of research initiatives proved to be labour intensive.

Findings from the WASH Regional Supply Hub (RSH) evaluation/assessment were reviewed and recommendations on capacity building of RSH managers for inventory and warehouse management, packaging of supplies based on needs of different areas (especially types of emergencies) rather than standard packages, and strengthening local authority involvement in the RSH programme will be prioritized. Expanding the scope of RSH will be considered, both in terms of reach and the involvement of other sectors.

UNICEF Somalia relied on assessments, surveys and analytical pieces to inform its programming, particularly in terms of the inclusion of target groups that had previously not been prioritized. A Peace and Conflict Analysis for Somalia led to the adaptation of the Peace Building, Education and Advocacy Programme towards better mainstreaming of youth issues and youth participation. In addition, formative research on key behavioural and communication barriers revealed that men have strong opinions on issues related to vaccination, birth spacing and HIV. Thereafter, programming has focused on the inclusion of men in sensitization
activities. The findings of the poll on knowledge, attitude and practice were utilized to revise the polio response strategy. More focus was placed on widening the reach and depth of radio as a channel for airing messages on immunization. In response to the finding on low levels of knowledge and care seeking behaviour, the social mobilization network was strengthened and retrained to address these specific knowledge and attitude barriers, including improving the interpersonal skills of health workers.

**Efficiency Gains and Cost Savings**

In line with the outcome of the Mid-Term Management Review and subsequent discussions in programme and operations groups, shared services, cost management, supply chain management and construction management were prioritised for cost savings and efficiency gains.

The use of common premises and the sharing of office space and services with other United Nations agencies in Baidoa and Galkayo resulted in some efficiency gains. UNICEF Somalia signed a Memorandum of Understanding with UNDP and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) to provide space and services in Baidoa for US$ 162,000 annually. In Galkayo, UNICEF signed a Memorandum of Understanding with UNFPA and recovered US$ 24,000 for providing office space. Additionally, US$ 225,000 was saved (for the period from January to October 2014) when the Puntland Office moved from Bossaso to Garowe in 2014, which resulted in lower rental costs and less use of generators/fuel. The NEZ Office move to Garowe also contributed increased interaction with government counterparts and a reduction in travel costs.

UNICEF procured some WASH supplies from Dubai and shipped directly to Berbera, bypassing Nairobi. In just one instance of importing 50 containers of WASH supplies for Somaliland, UNICEF Somalia saved over US$ 100,000 in costs and three months of delivery time. The reduction in inventory by 52 per cent from 2013 and zero variance in the year-end count are examples of efficiency gains.

UNICEF Somalia adopted a new telephone policy for staff members to bring their own device rather than office-issued devices, which generated a one-time savings of US$ 400,000. A reduction in inventory by 52 per cent from 2013 resulted in increased inventory velocity, which reduced storage costs. Reduced variances allowed for more focused and time-efficient inventory management. Outsourcing of some of functions, such as ICT support and the use of long term agreements in construction and supervision, generated some significant savings as UNICEF did not have to recruit staff to achieve those results.

**Supply Management**

The combined 2014 supply/logistics inputs remained a significant component of the Country Programme. The availability of local suppliers for key commodity groups is scarce. As a result, 95 per cent of supplies were procured offshore, through regional/Supply Division arrangements. The United Arab Emirates was identified as a strong supplier base for Somalia and its close logistical proximity is expected to positively impact Somali programmes.

The logistical infrastructure is challenging and costly for international and domestic movements. New areas in CSZ are accessible, but insecurity remains critical. In Somaliland/Puntland, a ban by Puntland authorities on road movements from the key port of Berbera (Somaliland) negatively impacted the safe, timely and cost-effective movement of supplies to Puntland/CSZ.
UNICEF used 41 logistics cluster flights to move supplies to newly accessible areas in CSZ; saving US$ 600,000. The innovative CSZ RSH improved WASH supply chain flexibility by enabling UNICEF to effectively and rapidly respond to 87 per cent of emergencies within 96 hours in an area with critical logistical challenges. At the end of the year, the combined inventory in eight warehouses in Somalia and Kenya was reduced by half, compared to the end of 2013.

A Supply Chain Optimization Project was introduced in 2014. Track I focuses on internal optimization through distribution planning and strengthening internal collaboration. Track II focuses on developing a collaborative methodology and tools to optimize the UNICEF role in the Public Health Supply System. Trainings and a workshop on supply chain strengthening were conducted with implementing partners and the MoH, focusing on inventory management, logistics management information system and forecasting.

**Human Resources**

The Office Improvement Plan, which focuses on staff health and wellness, compensation management, staff orientation and workplace environment, will be redefined following analysis of the Global Staff Survey. To improve the management of staff well-being, a consolidated work plan was developed with the participation of the regional staff counsellor. This harmonized approach has yielded effective results from well-being missions inside Somalia, resilience and stress management training and confidential counselling. Escalated security and traumatic incidents have resulted in increased stress and anxiety among staff. A 2 per cent increase in the number of days staff are absent on sick leave has been observed, highlighting the need for more proactive responses to staff well-being. A health and wellness survey is planned for 2015, to better understand the needs of staff and design appropriate, relevant strategies. With limited medical facilities in Somalia, the number of medical evacuations and referrals has increased. However, it has become difficult for dependents of Somali national staff to obtain entry visas into the regional evacuation centre in Kenya. UNICEF negotiations with the health insurance provider resulted in the expansion of direct billing agreements with four new health facilities to increase staff access to quality medical care inside Somalia.

A comprehensive salary survey – the first since 1999 – was postponed to the first quarter of 2015. Payment of non-pensionable bonuses has been extended as an interim measure. The salary survey is expected to contribute to staff members’ standards of living and social security and improve United Nations attractiveness as a competitive employer.

A skills development assessment was completed toward the development of a comprehensive learning strategic plan. Priorities included enhanced technical and management skills, performance management, effective communication, mentoring and coaching. Senior managers completed online ethics training, which will be rolled out to all staff. UNICEF coordinated the first ever inter-agency HIV/AIDS training of 95 staff members (64 from UNICEF) in Somalia towards the implementation of the 10 minimum standards.

Staff capacity assessment, completed as part of the Mid-Term Management Review, identified challenges in attracting qualified female candidates for senior professional positions. The gender balance is 66 per cent male and 34 per cent female, while the geographic balance is 66 per cent programme countries and 34 per cent industrial countries. Alternative strategies are being explored to identify a potential resource pool for national female candidates. Turnover of staff members increased, with IP transfers before expiry of their tour of duty and national staff moving to external organizations that offer higher salary. Challenges are being addressed.
through the migration to e-recruitment to broaden the pool of candidates, including from the diaspora. Headhunting and local Department of Human Resources talent groups also contributed to improving the quality of professional candidates. National capacity gaps were also addressed through support from United Nations Volunteers and eight seconded personnel from standby NGO partners. Despite head hunting, UNICEF Somalia still struggles with recruitment for key humanitarian posts that require several rounds of recruitment.

**Effective Use of Information and Communication Technology**

Connectivity in zonal offices and Nairobi was satisfactory, with video teleconferencing, email and VISION all contributing to smooth communication and remote programme management. Several upgrades improved the speed and reliability of services, including fibre-link services in two of five field offices, with an annual estimated savings of US$ 110,000, and the migration of all offices from Lotus Notes to Microsoft Outlook email, universal WiFi, and Centralized Symantec.

Microsoft Office 365 cloud services, such as OneDrive and Lync, both well suited for the dispersed UNICEF Somalia workforce and numerous missions, improved information sharing and collaboration. The implementation of a SharePoint team site also improved file sharing and collaborative work on documents such as the office calendar and travel/leave plan.

The Business Continuity Plan and Disaster Recovery Plan documents were updated for Somalia Support Centre, Garowe and Hargeisa. With the leadership of the Eastern and Southern Africa Regional Office (ESARO), the Business Continuity Plan was tested in Nairobi. Zonal Business Continuity Plan simulation exercises will be prioritized in 2015.

With support from the ESARO Innovation Team, the ICT Unit actively supported the ICT for Development project, RapidPro, for real time monitoring through SMS and Twitter. 2014 saw a marked increase in ICT team engagement with and facilitation of programme innovations, particularly around negotiations with mobile network operators inside Somalia. UNICEF Somalia continued to actively expand and update the website, as well as its Facebook (over 10,000 likes) and Twitter accounts (3,600 followers). ICT staff members were provided with online training on ICT for Development projects, with one staff member undertaking a support visit to Angola and two others attending an external training.

ICT services were shared with other United Nations agencies wherever possible. Baidoa was developed as a humanitarian hub, with UNICEF providing ICT services to United Nations agencies. In Galkayo, UNICEF shared ICT services with UNFPA. In Nairobi, ICT services were shared with the United Nations Office in Nairobi (UNON) and UNICEF Kenya. Several coordination meetings were held with other United Nations agencies in relation to digital radio implementation.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 14** Improved and equitable access to and utilization of quality, high impact mother and child health and HIV interventions results in reduced child mortality and morbidity

**Analytical Statement of Progress:**
UNICEF continued to strengthen MNCH interventions through the implementation of the EPHS package with iCCM and resilience components. A total of 3 million people were reached with the EPHS in all the three zones. Evidence-based planning was strengthened across the zones through the training of 88 MoH and implementing partners on proper data management, analysis and planning. The Polio Programme continued to make gains through the reduction of polio cases from 194 in 2013 to five cases at the end of 2014. Concerted efforts were made through social mobilisation and advocacy to ensure a high level of knowledge on polio at 95 per cent and vaccinations, ranging from 85 to 90 per cent across all zones. In 2015, efforts will be made to maintain the polio free status gained in October 2014, so that Somalia is declared polio free in 2015. Efforts have been made to strengthen routine immunisation. A routine immunisation improvement plan was developed in collaboration with WHO; the Expanded Programme on Immunization policy was endorsed; and the cold chain was strengthened through the installation of 155 new fridges and refrigerators in all zones, construction of walk-in cold rooms in NEZ and the intensive training of 39 cold chain staff to ensure proper maintenance. In 2015, installation of cold rooms will continue in Mogadishu, Baidoa and Dusermerab in CSZ.

Service delivery continues to focus on the community level. A close-to-client approach was adopted to ensure community involvement, including through the rollout of community health care delivery, iCCM in three districts of CSZ and the resilience programme. C4D is central to the programme and has been strengthened through the completion of a knowledge, attitude and practice study, which informed the development of zonal C4D strategies that will be rolled out in 2015. In collaboration with WASH and nutrition programmes, seven key maternal and child survival behaviours were identified and a social marketing campaign will be conducted in 2015 to increase knowledge for behaviour change. UNICEF continued to be a major actor in the humanitarian sector and provided life-saving supplies to 220,000 people in newly accessible districts that were liberated from Al Shabaab control. Despite low HIV prevalence in Somalia, efforts have been made to strengthen counselling and testing through 51 voluntary counselling and testing sites. However, stigma and low comprehensive knowledge remain big challenges and will continue to be addressed in 2015. The Malaria Programme distributed 422,284 LLINs and approximately 27,000 people received treatment for malaria.

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

**Analytical Statement of Progress:**
In 2014, UNICEF supported EPHS rollout covering over 3 million people in six regions. Agreements with implementing partners are at an advanced stage of preparation in another region. One region each in CSZ (Lower Juba) and NWZ (Sanaag) are experiencing conflict due to border disputes or planned AMISOM/Somali National Armed Forces offensives. This has resulted in delays in the rollout of EPHS in these regions. However, it is expected that by the end of the second quarter of 2015, EPHS will be fully rolled out in the nine targeted regions. Rolling out a structured programme with quality and performance benchmarks has been challenging given the poor physical infrastructure and human resource base in most parts of Somalia. The role of the Somali health authorities has been central in the selection and deployment of NGO implementing partners who are the main service providers. The ministries of health in the three zones have provided monitoring and ensured compliance with national policies. Ensuring local socio-political factors were taken into account and that scale up happened in a conflict-sensitive manner resulted in delays in some regions. Implementing partners are at different stages of scale up and there is some variation in the quality of services and reporting, which will need to be standardized going forward. Quality issues are being taken
seriously and data quality monitoring is an integral part of the performance framework. The rollout also provided an opportunity to build the capacity of the regional and district level health authorities in management and supportive supervision through joint monitoring with implementing partners and UNICEF. Enhancement of physical infrastructure for service delivery is not covered through the Joint Health and Nutrition Programme, which funded EPHS. The Somali Compact has prioritized this element of health strengthening as part of the EPHS rollout, which has been included in the funding pipeline through the United Nations Multi-Partner Trust Fund.

OUTPUT 2 Immunization coverage is scaled up nationally

Analytical Statement of Progress:
In 2014, polio eradication was an office and United Nations-wide priority. Significant gains and an intensified sequence of 19 supplementary immunization activities campaigns (national immunization days and supplementary immunization activities days) that reached over 18,427,573 children and adults (each person was reached multiple times), resulted in largely containing the outbreak, with only five new polio cases confined to one region, compared to 194 all over Somalia in 2013. Since the new cases were reported among underserved nomadic communities from Mudug Region, the focus of supplementary immunization activities shifted to nomadic, pastoralist and hard-to-reach communities in the latter half of 2014. Insecurity due to the ban placed by Al Shabaab on polio campaigns in some districts of CSZ resulted in almost 400,000 children being denied access to house-to-house polio vaccination. However, many newly accessible districts that were liberated from Al-Shabaab control were reached with four rapid house-to-house supplementary immunization activities days targeting children under 5 with polio/measles/vitamin A interventions. In addition, as part of a modified polio plus strategy, vitamin A, albendazole and oral rehydration salts were also administered sequentially through monthly polio campaigns in all zones. Measles incidence among children under 5 increased due to persistent low coverage of measles vaccination, specifically among nomadic/pastoralist communities. With over 10,144 suspected measles cases in 2014, a measles plus OPV campaign was organized in October, covering Puntland, Banadir and accessible areas of Lower Juba (the epicentres of the outbreak) and targeting 903,434 children under 5. UNICEF continued to strengthen the cold chain capacity inside Somalia by procuring and installing 101 electrical/kerosene/solar cold chain equipment. Somalia is slowly moving away from kerosene operated, to solar power driven refrigerators. Vaccine supply management was rationalized through the creation of regional vaccine supply hubs and the initiation of construction of sub-national cold rooms in Mogadishu and Baidoa. Real time monitoring of services and supply availability was rolled out through a small-scale pilot and will be reviewed in mid-2015 for wider scale-up. While there has been some progress made towards increasing routine immunization coverage in Somaliland (measles coverage increased from 10 per cent to 33 per cent) and Puntland (measles coverage increased from 10 per cent to 20 per cent), inaccessibility, lack of resources and trained manpower and lack of planning, management and implementation capacity at the district level seriously hampered progress in CSZ.

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

Analytical Statement of Progress:
UNICEF provided close-to-client service delivery through the rollout of prevention, promotion and therapeutic health care services through community health workers. This was integrated into the rollout of EPHS in JHNP-supported regions by integrating a community-based package centred around primary health units and mainstreamed as part of the resilience strategy through
the use of community-based workers. UNICEF rolled iCCM out in three additional districts in CSZ and trained 220 community health workers under the resilience framework programme. Further scale up is envisaged through the expansion of the resilience approach to other vulnerable population groups and in conjunction with the expansion of the malaria diagnosis and treatment programme. While iCCM services are rolled out in some districts, a community-based service delivery strategy is being developed for national use. This will provide a wider range of services beyond iCCM, targeting adults and other communicable and non-communicable diseases. Community governance structures at the district level are being developed to ensure participatory approaches to monitoring and supervision of service delivery.

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

Analytical Statement of Progress:
C4D remained a major focus for the country programme, and data collected through formative research and the knowledge, attitude and practice study showed that there is a low level of awareness of MCH. For example, about 47 per cent of young mothers reported that they do not know the importance of routine immunization; only 37 per cent of women were aware of tetanus toxoid vaccination and 60 per cent of women respondents lacked information and motivation for seeking antenatal care. Despite low levels of knowledge, 65 per cent of caregivers would like to receive more health information from health workers as per information/data. The research shows that 59 per cent of barriers were related to knowledge and attitude and 41 per cent of barriers related to the health system. Both the polio and MNCH knowledge, attitude and practice studies also indicated that radio broadcasts and health workers are the main sources of information for caregivers. Efforts have been made to streamline C4D interventions and strengthen implementation structures at the zonal level. C4D working groups were established within the office and at the zones to enable coordination and information sharing across programmes and implementing partners. In collaboration with the Polio Programme, each of the zones was supported to establish a health promotion unit and one staff member recruited and remunerated by UNICEF. A social mobilization network was established with 21 regional social mobilization coordinators, 127 district social mobilization coordinators and 3,312 community mobilisers. The new robust structure will be key to supporting the quality of service delivery for demand-side interventions data management. This will improve evidence-based planning and reporting for polio and other MNCH programmes. The programme also engaged a total of 165 religious and clan leaders who are now supporting social mobilization efforts, particularly through relaying messages to communities during juma prayers. The engagement of five radio stations across the zones enabled the programme reach approximately 3 million people with integrated health messages. With the MoH increasingly taking on C4D in the zones, a capacity building drive on C4D was initiated and 25 of 68 UNICEF staff members and MoH and implementing partners were trained as trainers to cascade training to lower levels to ensure understanding, proper planning and implementation of C4D.

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

Analytical Statement of Progress:
The Health Section continued to be a key actor carrying out humanitarian interventions in Somalia. The UNICEF zonal office team supported the MoH to carry out assessments and other health cluster activities. All declared emergencies were responded to as per the CCCs, including the polio outbreak, the measles epidemic, the AWD outbreak and the humanitarian situation developing as a result of the AMISOM offensive in CSZ. UNICEF provided life-saving
supplies and health commodities to vulnerable populations in areas that had previously been under Al-Shabaab control and that became accessible in 2014. However, restricted access has been a major issue in some newly accessible districts, where Al-Shabaab road blockades prevented timely access. UNICEF was actively involved in supporting the health cluster through participation in various health cluster technical and governance bodies and by playing a major role in interagency assessment missions.

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

Analytical Statement of Progress:
Some important health sector policies and plans were developed and consultations are on-going to finalize many others. The Expanded Programme on Immunization Policy was endorsed and consultations are on-going to develop a community-based health service delivery strategy. The review and update of the health systems strengthening plan was postponed to 2015. UNICEF supported the Health Sector to develop a funding proposal through the funding mechanisms set up for the Somali Compact. The Health Sector submission was approved for the funding pipeline through the United Nations Multi-Partner Trust Fund.

Capacity development efforts focused on Data Quality Audit report writing, monitoring and evaluation, and stock management of vaccine supplies for partners managing cold chain facilities in Somalia. Health and nutrition sector coordination meetings were held in all three zones under the leadership of Somali health authorities, though there is scope for further improvement in the content and process. Sector coordination was further decentralized, with meetings held at the regional level as well in some zones. The three zones are at different levels of implementation with regards to the functioning of the health and nutrition sectors and the creation of additional political entities within CSZ in 2014. The year has seen an increase in the number of actors that need to be coordinated. Changes in the political leadership of some zones impacted the ability of Somali health authorities to ensure continuity in terms of sector priorities and the achievement of results.

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

Analytical Statement of Progress:
Through technical support and capacity development of Somali health authorities, the Health Section continued to reinforce HMIS data collection, analysis and dissemination. Working jointly with WHO, UNFPA and Somali health authorities, a delivery team approach to the collection and use of data at zonal and regional levels is being introduced. All districts that will be rolling out EPHS are in the process of revising outreach plans to focus on reaching hard-to-reach children with immunization and other essential MNCH services. Social data obtained from case investigations and independent monitoring of polio campaigns was used to sharpen the strategies and tactics being used to ensure that hard-to-reach populations receive polio vaccinations. This ensured increased focus on pastoralist communities. Special campaigns targeting these vulnerable populations were organized in 2014. Real-time monitoring has started to be piloted in a phased manner, focusing on the Expanded Programme on Immunization and supplies.

OUTPUT 8 Women have access to high impact interventions for reduction of maternal mortality and morbidity
**Analytical Statement of Progress:**
Focused efforts on the improvement of maternal health through targeted interventions continued throughout the country. Support for antenatal care and safe delivery was provided as part of the EPHS. In addition, 24/7 delivery services were provided in selected facilities in Somaliland and Puntland and plans are being finalized to provide comprehensive emergency obstetric and neonatal care in additional hospitals, with UNFPA support, in all three zones. Due to the poor health-seeking behaviour and poor accessibility of services in the country, fewer mothers are receiving tetanus toxoid vaccination than expected. The Somali launch of the Campaign for Accelerated Reduction of Maternal Mortality in Africa in the second half of the year boosted advocacy efforts for maternal health.

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

**Analytical Statement of Progress:**
As of June 2014, voluntary counselling and testing services were offered in 51 sites and ART services in 11 regional hospitals. Despite the expansion of HIV/AIDS services, uptake of these services in the three zones remains low against the target, mainly due to high stigma and low awareness. The first indicator of this output regarding coverage of voluntary counselling and testing services was underachieved due to the overestimation of the size of the target population at the time of planning. This issue will be addressed in line with the results of the sero-surveillance survey conducted in the last quarter of 2014. However, the other three indicators are on track, including people with HIV on treatment and community and youth outreach. During the second half of 2014, there was an acceleration of community outreach activities that is expected to improve the uptake of voluntary counselling and testing services. Notably, the number of women accessing voluntary counselling and testing and ARV services is significantly higher than the number of men accessing these services, due to social norms and the availability of HIV/AIDS services at antenatal care and maternity centres, as well as hospitals. Adherence to ARV treatment continued to be high. Although implementing partners continued to report on a regular basis, it is envisaged that during the second half of 2014, there will be data missing from CSZ because of lack of collation at various levels due to security challenges.

**OUTPUT 10** By 2015, children under 5 and male and female adults living in malarial areas have access to appropriate diagnosis and treatment services.

**Analytical Statement of Progress:**
The NMCP, which operates within the MoH public health directorates, is responsible for the coordination, implementation and management of the National Strategic Plan. These directorates also tend to be responsible for hospital services and public health, which provides an opportunity for integration through the EPHS model. The Global Fund remains the principle source of funding for the malaria response and through the malaria grant has also supported the reintroduction of the HMIS. Malaria implementation partners include ministries of health, WHO, UNICEF, international NGOs, academic institutions and civil society organizations. Malaria prevalence in Puntland and Somaliland continued to decrease. A total number of 422,284 LLINs were distributed in the three zones. The number of malaria patients treated with artemisinin-based combination therapies, after diagnosis for uncomplicated malaria, and those treated for severe malaria was 27,639 and 2,243, respectively. Data from Puntland and Somaliland, where HMIS is well established, is more reliable. However, in CSZ, HMIS is still in its infancy and thus not all data are captured, which makes reporting incomplete for this zone. UNICEF continued to prioritize strengthening HMIS in CSZ. This output is broadly on track except for the indicator on
uncomplicated and severe malaria, which is low. Malaria prevalence in Puntland and Somaliland continued to decrease, and since these are areas with better-established HMIS, the data is accurate. The PR continued to prioritize strengthening HMIS in CSZ. The delayed rollout of HMIS and private sector engagement components of the grant impacted the number of cases of uncomplicated malaria reported. Community-level treatment that should have been done under the female community health workers recruited and trained under the GAVI Alliance Health System Strengthening 2 programme were also delayed. These components faced delays due to difficulties in identifying suitable organizations to provide the required technical assistance. It is hoped this will commence in 2015. In the meantime, treatment by FCHWs and the private sector will remain excluded from the achievements. The set target assumes 90 per cent reach of the targeted health facilities as per the original proposal, however in CSZ, where the greatest burden is, disease coverage is still restricted by insecurity.

**OUTPUT 11** By 2015, health authorities and relevant stakeholders capacity for management and coordination for HIV and malaria activities is strengthened

**Analytical Statement of Progress:**
The data reported only cover the first half of 2014. Voluntary counselling and testing was offered to 27,161 pregnant women in 51 health facilities. Achievement of these indicators is on track due to the high uptake of HIV testing among pregnant women during antenatal care visits and delivery. Yet the percentage of pregnant women that access these antenatal care and maternity services remains low and hence coverage of testing among pregnant women overall in Somalia is low. Provider-initiated testing is available in antenatal care/maternity services. Due to stigma and fear, the uptake of HIV testing and the acknowledgement of results remains a challenge in conservative settings like Somalia. Only 50 per cent of pregnant women diagnosed with HIV initiated ART to reduce the risk of mother-to-child transmission. The Somalia PMTCT guidelines and the PMTCT scale up plan were developed in the second half of 2014. It is expected that in 2015 there will be an increased focus on services for both PMTCT and early infant diagnosis, with the development of early infant diagnosis guidelines aligned with PMTCT. The scale up of PMTCT and early infant diagnosis interventions are expected to take place with integration into MNCH services and additional funding from donors.

**OUTPUT 12** By 2015, child health is prioritized within evidence informed strategic plans and policies related to malaria and HIV with leadership role of the Government.

**Analytical Statement of Progress:**
With no national contributions to the response, both the HIV and malaria programmes were fully dependent on Global Fund funding. Reliance on one single donor has meant that funding and disbursement delays have an immediate impact on the delivery of programmes. Note that data reported for HIV covers only the first half of 2014. Regarding indicator 1, MoH technical staff were enrolled in technical courses/training on malaria surveillance, monitoring and evaluation and malaria operational research. In collaboration with the MoH and UNICEF, WHO organized trainings on the effective management of essential medicines for store managers working in various health facilities in Somaliland. Indicator 2 only applied to Somaliland. The Roll Back Malaria initiative occasionally provided some technical assistance as per the country’s needs and contingent upon the availability of funding.

Current national health sector strategic plans do not have detailed operational and costed plans, which hampers effective coordination, management and mobilisation of resources. This is partially addressed by the annual work plan and a JHNP rolling work plan. The Somali health authorities made some progress on leading the sector and having key stakeholders around the
table to ensure all programmes were reflected in the AWPs and implemented in line with the Health System Strengthening 2 Programme. Health coordination units within ministries of health were under-resourced and have limited capacity to deliver on their mandates. Disease-specific and siloed programmes and vertical/parallel health systems were poorly coordinated. Some high burden issues did not receive funding while lower priorities received substantial funding. There is a lack of coordination between implementing partners and there is evidence of duplication or significant health service programme gaps.

HIV units were established within ministries of health across zones, with support from WHO. Human resources funding from UNICEF supported key positions within these units to enable them to supervise health facilities. Other support was provided through capacity building trainings for store managers working at the health facility level to ensure effective management of essential medicines. Additional health systems strengthening activities included: support to blood safety, laboratory equipment maintenance, quality control and testing of essential medicines and the establishment of zonal medicines steering committees.

**OUTPUT 13 Somalia Support Centre Technical assistance - HMIS officer**

**Analytical Statement of Progress:**
To enhance the delivery of malaria and HIV programmes, key documents were jointly developed with the governments taking the lead for both diseases. These included: national monitoring and evaluation plans; national strategic plans; behavioural change communication strategies and a draft national supply management plan. The first Somali Malaria Indicator Survey, carried out in 2014, provided the most up-to-date and comprehensive analysis of the outcomes of the malaria control response to date. Although the HMIS system is working well in the northern zones, more input is needed for CSZ to address the low reporting levels registered in health facilities. The malaria grant will put more efforts into building the capacities of health authorities, namely the NMCP, HMIS and National Supply Manager, in the areas of management, coordination and supervision. In early 2014, the Malaria Vector Behavioural Study was completed, providing information critical to evaluating responses to date and guiding planning for future programming. Key information was also gathered from sentinel sites for biennial monitoring of drug efficiency and IRS. These surveys and studies provided strategic information, which allowed for updated stratification and mapping that will be used for updated programming and prioritisation for prevention, diagnosis, treatment and emergency preparedness and response across Somalia. Significant investment was achieved through the Global Fund malaria grants for the reintroduction of the HMIS in 2009 and on-going strengthening and training for improved health sector reporting, including malaria indicators. Central and regional level staff members were trained on the HMIS. Routine data collection has been occurring in all three zones, with the strongest implementation in northern regions. To date, HMIS has been rolled out in 14 of 21 regions, with emphasis on extended coverage in 14 out of 21 regions by March 2015.

Under the HIV grant, UNICEF, through UNDP, has been working with national AIDS commissions to build capacity and enhance coordination with the MoH for HIV activities. The Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNDP, with support from UNICEF, provided technical support for the development of the National Strategic Plan 2015-2019 and the National Monitoring and Evaluation Plan. In addition, the documents informed the development of the concept note that was submitted to the Global Fund under the New Funding Model. A gender assessment study was carried out by UNAIDS in the three zone of Somalia in May 2014.
OUTPUT 14 HIV and malaria Global Fund grants performance efficiently managed and value for money maximized

Analytical Statement of Progress:
Both grants received timely reports on monitoring and evaluation data that informed donor reporting systems. Donor reports were submitted on time and both malaria and HIV grants received above B ratings. Key indicators need to be reviewed in the next grant cycle to ensure the Standardized Monitoring and Assessment of Relief and Transition (SMART) approach. The funds burn rate is above 60 per cent for the malaria grant and above 90 per cent for the HIV grant. Efficiency gains were secured through the integration of procurement and supply management activities by combining load and freight of commodities for the same destination and reducing training costs at the facility level. Further efficiency gains were secured through joint supervision and monitoring activities comprised of UNICEF health staff, WHO and relevant government authorities in common implementation sites. The Global Fund Unit also relied on supporting services from other USSC sections (the Programme Coordination Unit, procurement and supply management, health, risk management, etc.) and collaboration with other UNICEF programmes (EPHS), for example, to distribute malaria commodities. USSC has been exploring innovative ways of maximizing value for money and more effective ways of working, by capitalizing on already on-going monitoring and evaluation and procurement and supply management joint activities and strengthening integration and geographical convergence, as applicable, of UNICEF health interventions.

OUTCOME 15 Improved and equitable access to and utilization of quality, high impact mother and child nutrition interventions results in reduced child mortality and morbidity

Analytical Statement of Progress:
In 2014, the focus of the Nutrition Programme in 2014 was principally on increasing the availability and range of services, both at the facility and community levels (i.e. supply of services). In 2014, the Programme increasingly focused on improving quality in the provision of services and case coverage while ensuring that the objective of high geographic coverage was met across all regions. To ensure increased utilization of both facility and community-based services, as outlined in the BNSP, the programme also increased its focus on expanding community-based nutrition programme activities in order to increase demand for services. In addition, humanitarian support was still needed across some parts of Somalia, particularly in CSZ, where chronic vulnerabilities were heavily concentrated and acute malnutrition remained significant. From February to November 2014, UNICEF supported the treatment of 143,689 severely malnourished children under 5, with outcome indicators for these children well within Sphere Standards.

Strengthened partnerships and timely positioning of emergency nutrition supplies enabled the programme to reach the majority of children and women in need of assistance with life-saving essential nutrition actions. Through sustained air bridge support, 86 metric tonnes of nutrition supplies were delivered to newly accessible and under siege areas to meet the needs of about 14,000 children. In addition, emergency preparedness and response plans were developed and validated in coordination with WASH. The Nutrition Programme also took into consideration a resilience strategy as a cross cutting theme for the programme. In coordination with WASH and health programmes, the Nutrition Programme strengthened and refined its community-based programming to enhance early response, increase demand for services and expand the scope and coverage of prevention and promotional nutrition activities.
In addition, in line with the shift for enhanced convergence through joint programming, nutrition was fully integrated into the EPHS package. The Nutrition Programme worked closely with the health and WASH programmes in 2014 across all three zones to continue rollout of an EPHS package as part of the JHNP. Integration of all components of the BNSP were ensured in EPHS regions. Therefore, nutrition services will continue to be delivered as part of a package of services in the nine JHNP regions. Further work is required to ensure complete integration of services and systems strengthening at the facility and community levels. UNICEF is complimenting the JHNP funding with humanitarian funding to ensure full availability of essential nutrition supplies for the continued provision of BNSP services.

At the policy level, the development of a health and nutrition policy, the micronutrient strategy, the nutrition capacity development strategy and endorsement of the costed nutrition plan of action all present the continued opportunity to ensure the full integration of nutrition into health systems. Furthermore, participation in the Scaling up Nutrition movement was initiated in 2014 and will enable the establishment of inter-sectorial institutional arrangements that ensure the key determinants of good nutrition are addressed across the spectrum of Government action.

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

**Analytical Statement of Progress:**
In 2014, the focus of the Nutrition Programme in 2014 was principally on increasing the availability and range of services, both at the facility and community levels (i.e. supply of services). In 2014, the Programme increasingly focused on improving quality in the provision of services and case coverage while ensuring that the objective of high geographic coverage was met across all regions. To ensure increased utilization of both facility and community-based services, as outlined in the BNSP, the programme also increased its focus on expanding community-based nutrition programme activities in order to increase demand for services (described further in Output 2.2). In addition, humanitarian support was still needed across some parts of Somalia, particularly in CSZ, where chronic vulnerabilities were heavily concentrated and acute malnutrition remained significant. From February to November 2014, UNICEF supported the treatment of 143,689 severely malnourished children under 5, with outcome indicators for these children well within Sphere Standards. It is estimated that approximately 10,000 additional severely malnourished children under 5 were reached through non-UNICEF supported nutrition actors (including International Committee for the Red Cross, the Turkish Red Crescent and the Strengthening Nutrition Security Consortium funded by DFID).

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

**Analytical Statement of Progress:**
In line with the mid-term review recommendation, the Nutrition Programme took the resilience strategy into consideration as a cross cutting theme for the programme. In coordination with WASH and health programmes, the Nutrition Programme strengthened and refined its community-based programming to enhance early response, increase demand for services and expand the scope and coverage of prevention and promotional nutrition activities.

A main part of the joint resilience strategy was the capacity development and deployment of community-based workers to provide public health oriented promotional and prevention services and in some cases treatment services. A series of training of trainers for community-based workers were carried out from September to November 2014. Thus far, two training of trainers...
and two subsequent modelled rollout trainings were conducted. The modelled rollout trainings ensured that the training of trainers did in fact possess the skills necessary to adequately train others. A total of 31 trainers from 11 implementing partner agencies participated in the training of trainers.

The Nutrition Section also continued to roll out and strengthen nutrition education at facility and community levels. UNICEF supported the rollout of media programmes to support the adoption of and promote appropriate behaviours around child feeding and care. An evaluation of UNICEF-supported media programmes was completed in 2014. In addition, in coordination with the Health Section, the Nutrition Section contributed to the integrated health, nutrition and WASH formative research in the three zones. C4D strategies were also developed based on the findings of the formative research.

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

**Analytical Statement of Progress:**
To ensure that key stakeholders in Somalia are armed with the knowledge and tools needed to ensure the successful implementation and sustainability of nutrition programmes, UNICEF Somalia is aiming to develop the strategic capacity of the Nutrition Sector at all levels through systems development, as well as through the development of technical leadership and management capacity related to BNSP service delivery at community, facility, district and national levels.

To support increased government ownership and leadership for nutrition service delivery, the programme supported the integration of the BNSP into the EPHS package and strengthened the leadership and management capacity of these services at the regional and district levels. At the same time, the programme strengthened the institutional capacity of MoH nutrition units at national and regional levels to ensure adequate capacity is established within key government institutions and that strategic leadership for multi-sectorial action is available within the key institutions in line with the Scaling Up Nutrition roadmap for Somalia. In addition, UNICEF initiated a scoping assessment of the human resource requirements for nutrition training and development needs. This will inform the development of the nutrition sector capacity development plan.

At the policy level, the development of a health and nutrition policy, the micronutrient strategy, the nutrition capacity development strategy and endorsement of the costed nutrition plan of action all present the continued opportunity to ensure the full integration of nutrition into health systems. Furthermore, participation in the Scaling up Nutrition movement was initiated in 2014 and will enable the establishment of inter-sectorial institutional arrangements that ensure the key determinants of good nutrition are addressed across the spectrum of Government action.

**OUTPUT 4** Declared nutrition emergencies are responded to according to Core Commitments for Children in Humanitarian Action (CCC)

**Analytical Statement of Progress:**
Strengthened partnerships and timely positioning of emergency nutrition supplies enabled the programme to reach the majority of children and women in need of assistance with life-saving essential nutrition actions. Through sustained air bridge support, 86 metric tonnes of nutrition supplies were delivered to newly accessible and under siege areas to meet the needs of about
14,000 children. Additionally, emergency preparedness and response plans were developed and validated in coordination with the WASH section.

OUTCOME 16 More communities use sustained WASH services and are empowered to stop harmful sanitation and hygiene behaviours.

Analytical Statement of Progress:
In 2014, progress was achieved in UNICEF planned WASH development activities and in the significant response to several emergencies, mostly in CSZ.

To achieve sustainable access to safe water supply in rural settlements, UNICEF promoted the diversification of technology, such as solar powered pumps and other renewable energy technologies, and supported functional decentralized management models appropriate for context and environment. This included but wasn’t limited to partnerships with private sector operators under government regulation (public-private partnership). For urban/peri-urban water supply systems, investments built on functional and demonstrated service delivery models, which included varieties of other assisted community managed systems and public-private partnerships.

To alleviate harmful sanitation and hygiene behaviours, UNICEF promoted the empowerment of communities in understanding and acknowledging the health benefits of improved hygiene and sanitation practices. This is done through community consultation and action planning to achieve ODF status. UNICEF also promoted integrated service delivery through the Community Health Committee/workers. As a sector/cluster lead, UNICEF continued to advocate for the involvement of the Government, donors, partners and other stakeholders in implementing the ODF approach. UNICEF will adopt ODF as a health indicator in 2015.

To ensure emergency affected people have access to life-saving WASH interventions within the first 96 hours, UNICEF procured and prepositioned WASH emergency supplies (such as household water containers, water purification chemicals, emergency latrines, etc.) at 10 strategically placed regional supply hubs in SCZ and at the MoH in NEZ and NWZ. Through this mechanism, 87 per cent of confirmed emergencies were responded to within the first 96 hours in 2014. In 2015, UNICEF will continue to preposition emergency supplies at various hubs to ensure authorities and partners in high-risk areas are prepared to deliver emergency response.

To create an enabling environment and regulatory frameworks, technical assistance was provided to government line ministries for policy development. In Puntland, with UNICEF support, a hygiene and sanitation plan was being created. The Federal Government initiated the development of a WASH policy through the inter-ministerial WASH steering committee, with UNICEF support. Support was also provided to government line ministries through technical training or payment of salaries for selected staff. In Somaliland, UNICEF supported the MoH to print the Hygiene and Sanitation Policy for dissemination to all stakeholders.

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

Analytical Statement of Progress:
In 2014, UNICEF continued to work with government counterparts and partners to ensure access to safe drinking water at both community and institutional levels. UNICEF promoted community-based programming targeting strategic water points and water supply in institutions (schools and health facilities) as an entry point to communities. A community’s strategic water
point is first constructed or rehabilitated after the extension of the distribution network to schools and health facilities. Improving access to WASH services in schools in Somalia aims to make school environments more child-friendly and thus enhances enrolment in line with the 2013-2016 Go-2-School campaign, launched by UNICEF in 2013. All construction or rehabilitation involved community input and was based on standard hardware designs and, where possible, UNICEF prioritized the use of renewable energy. To ensure sustainability, management committees were trained on the operation and maintenance of WASH facilities in their communities.

A total of 281,044 people were reached in 2014 through the development or rehabilitation of sustainable water supply systems. This included school-going children and users of health facilities benefitting from water supply facilities constructed in in 40 schools and 30 health facilities. However, achievement of outputs under this result was constrained throughout 2014. Besides the unavailability of material and supplies (pipes, fittings, pumping equipment, etc.), other local constraints included funding (the 2014 annual work plan was only 54 per cent funded); implementation delays in newly accessible areas due to difficulties in the transportation of supplies; and frequent emergencies in Somalia, which led UNICEF to focus more on temporary drinking water than sustained access in many instances.

In 2015, to ensure timely implementation, UNICEF has established long term agreements with suppliers to reduce the lead-time for delivery of supplies. UNICEF will also advocate for additional funding from other donors (like the JHNP) to boost funding for WASH facilities in institutions. UNICEF will also continue to scale up the use of renewable energy for water supply schemes and promote the sustainable management of water systems through public private partnerships or other sustainable models.

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

Analytical Statement of Progress:
In 2014, UNICEF focused on scaling up the ODF approach by engaging communities in understanding and acknowledging the vital importance of proper sanitation, behaviour change to introduce new social norms prohibiting open defecation, and community self-reliance to leverage local skills and materials for ownership of sanitation facilities. To compliment this, as the sector or cluster lead, UNICEF was also involved in building consensus and political will, mobilizing support and creating an enabling environment for the sustainability of the ODF approach. In March 2014, UNICEF held an internal meeting bringing together zonal staff to develop a common ODF strategy for Somalia and a common understanding of the key issues, guidelines and process for implementing the approach to achieve an ODF Somalia. In 2014, a CLTS training for partners, led by Kamar Kar, was conducted between 25-30 October with 76 participants from across Somalia. Participants included WASH and nutrition partners, government staff from all three zones and UNICEF staff.

A total of 94 villages self-declared themselves open defecation free. An additional 215 were triggered and are on course to self-declaring ODF. In NEZ and NWZ, an ODF protocol is already in place with official recognition by authorities, barring all subsidy-based approaches. In CSZ, ODF protocol development has been initiated. However, progress on this output has been constrained. In addition to the weak Central Government, which makes scale up of the ODF approach a challenge, there has been a low level of technically qualified staff/NGOs to implement CLTS. The frequently changing security situations have made it difficult for UNICEF
to provide supportive supervision to implementing partners. In 2015, UNICEF will continue to advocate for the involvement of the Government, donors, partners and other stakeholders in implementing the ODF approach to end harmful hygiene and sanitation practices. UNICEF will adopt ODF as a health indicator.

The number of new schools with active hygiene clubs is limited due to the small number of schools provided with WASH facilities due to funding constraints, as explained above under output 3.1.

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

Analytical Statement of Progress:
Somalia, especially CSZ, is prone to emergencies like drought, flood, disease outbreak and internal population displacement due to armed conflict. Women and children are most vulnerable due to the lack of safe drinking water and sanitation and hygiene facilities. The 2014 Post Gu findings from a joint assessment by the Food Security and Nutrition Analysis Unit and the Famine Early Warning Systems Network indicated that an estimated 1,025,000 people are in crisis and emergency. IDPs (including AMISOM-related displacements) constituted a majority (62 per cent) of the people in crisis and emergency. Nutrition survey results also indicated that an estimated 218,000 children under 5 are acutely malnourished (nearly one in seven children under 5), a 7 per cent increase since January 2014. UNICEF emergency response focused on promoting the means to practice safe hygiene and household water treatment for IDPs and malnourished children discharged from treatment centres, and alleviating the risk of water contamination with human waste in flood prone areas through the chlorination of shallow wells. In Somalia, only 30 per cent of the population has sustained access to safe water and only 24 per cent have access to improved sanitation. In rural areas, 83 per cent of people practice open defecation, the third highest in the world, thus increasing the potential for contamination of water and food. In 2014, a number of emergency situations occurred in Somalia. Since March 2014, at least 73,000 people have been displaced in CSZ due to the military offensive against Al Shabaab insurgents by the Somali National Armed Forces and its AMISOM allies. In Togdheer, Sool, Sanaag, Bari, Nugaal, Mudug and Northern Galgadud regions, an estimated 20,000 people were affected by drought. A number of suspected AWD/cholera cases have been reported in parts of CSZ since the beginning of the year. In late May 2014, 683 households were displaced due to floods in Kismayo. In early June 2014, 452 households were displaced in Jawhar and Balad districts. In October, 50,000 people were affected by floods in Beletweyn town. In 2014, there were very few cases of new displacements, hence the need to provide emergency sanitation facilities was far below the planned figure. Furthermore, the WASH programme is changing its approach to household sanitation to promote ODF environments, rather than subsidize latrines, and partners assisting returnees are encouraged to use the CLTS tool.

UNICEF responded to emergency situations through pre-positioned WASH emergency supplies (such as household water containers, water purification chemicals, emergency latrines, etc.) at 10 strategically placed regional supply hubs in CSZ or the MoH in NEZ and NWZ. An estimated 87 per cent of confirmed emergencies were responded to within the first 96 hours to avert mortality and morbidity. In 2015, UNICEF will continue to preposition emergency supplies at various hubs to ensure authorities and partners in high-risk areas are prepared to deliver emergency response. However, due to the on-going military offensive, emergency response continues to be a challenge. Because the major supply routes are often blocked, the transportation of WASH supplies is only possible through the use of flights or escorted convoys.
that are expensive and irregular. Prepositioning when access is possible will be essential, and so timely funding will be critical.

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

Analytical Statement of Progress:
UNICEF has been working with the federal, regional and local governments to develop policies, standards, systems and protocols so that investments in WASH can be secured sustainably. In 2014, UNICEF supported sector coordination and capacity building of government counterparts and implementing partners. A total of 67 people drawn from government line ministries and implementing partners were trained in project management. UNICEF also supported government line ministries to establish systems by providing staff and technical support. For example, the Erigavo Regional Water Office in NWZ was built and equipped with furniture and computers. UNICEF also continued to strengthen strategic partnerships and linkages between the public and private sectors. This resulted in the formation of 10 public-private partnership companies and the training of 105 community water management committees in different locations.

To increase the level of preparedness and enhance the ability of the Government and partners to respond, UNICEF helped to develop a National Emergency Preparedness and Response/National Contingency Plan that combines WASH with nutrition.

UNICEF supported the establishment of the Inter-Ministerial WASH Steering Committee of the Federal Government. In February, UNICEF supported two Committee members from the ministries of planning and finance to attend a workshop on the WASH Bottleneck Analysis Tool. The Ministry of Planning now chairs the Committee. Plans are being made for the WASH Stakeholders Conference, to advance the process of developing a policy and strategy for WASH in Somalia. UNICEF has also initiated the process of developing inter-ministerial WASH committees in Somaliland and Puntland.

Within the Somali Compact, WASH is not clearly defined. Water supply is seen purely as an infrastructural investment under Peace Building and State Building Goal 4 and sanitation and hygiene are only briefly mentioned under Goal 4. The UNICEF WASH Section participated in both Goal 4 and Goal 5 working groups throughout the year to ensure proper consideration was given to WASH in working group deliberations. Although donor participants are fully convinced of the need to recognize water as not just an infrastructural input and consider sanitation and hygiene as a health issue, further work needs to be done in 2015 to convince government partners of the same.

OUTCOME 17 By the end of 2015, 850,000 children and young people (from 5 to 24 years old) have access to quality education opportunities

Analytical Statement of Progress:
Although the school census data analysis for 2013/14 is not yet available to assess the progress made since the launch of the Government's Go-to-School flagship education programme across Somalia in September 2013, all three zones saw an increase in enrolment during this period. However, these increases may not result in an increase in gross enrolment rates due to a new population survey indicating a much larger population. It is likely the gross enrolment figures will drop in all three areas.
In total, an additional 76,142 children enrolled in formal school during the 2013/14 academic year (14,280 children in Puntland (42 per cent girls), 21,800 children in Somaliland (56 per cent girls) and 40,000 children in CSZ). Progress is on track: the Go-2-School target for the three years is 162,100 (45 per cent girls) across Somalia. However, due to the drop in humanitarian funds for education, IDPs continue to be marginalized.

There is no collated data for non-formal education or youth education. Targets are 181,000 for non-formal education and 507,450 for youth education by the end of the 2015/16 academic year. These are both estimated to be well off target.

The increase in enrolment in all three zones is mainly due to the Go-2-School initiative. This includes the UNICEF-supported teacher incentive scheme, social mobilization, including community and children’s participation in advocacy, school construction and increased provision of learning materials supported by UNICEF and other education partners.

The main reason non-formal education and youth education are so far off target is the lack of funding in this area. Non-formal departments in all three ministries of education have weak capacity, and the mandate for youth education falls across numerous ministries, which challenges coordination. However, if the rapid enrolment of children is to happen, there needs to be a much more concerted focus on non-formal education.

The 2012/13 school census data captured the increase in enrolment across the three zones prior to the launch of the Go-2-School initiative. This data was finalised in February 2014. Unfortunately, due to security issues, the 2012/2013 data for CSZ is not available.

OUTPUT 1 Equitable access to quality formal basic education

Analytical Statement of Progress:
Some gains have been made in the enrolment of children since the launch of the Go-2-School initiative. In CSZ, 40,000 additional children were enrolled in school. In NEZ, 14,280 children were admitted to school for the first time, including 42 per cent girls. In NWZ, 21,862 additional children were given education opportunities within the formal school system.

The efforts in all three zones were accompanied by renewed momentum in action and advocacy through community education committees and child-to-child clubs. In total, 237 community education committees are now active in CSZ and NEZ and a total of 111 child-to-child clubs are active in all three zones. The provision of learning and teaching materials has also increased with over 400,000 textbooks distributed through partners across Somalia. Teacher training and incentive systems for the payment of teachers are benefitting approximately 280,000 children (46 per cent girls). Customized female teacher trainings were initiated in the northern zones for 110 female teachers. Assessments for school construction (type of structure, location) have been completed and actual construction will start in 2015 in all three zones. All of these efforts registered some progress under UNICEF supported projects.

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

Analytical Statement of Progress:
UNICEF continued to support out-of-school children through diverse education programmes. However, fundraising in this area remained a challenge. In CSZ, a pastoralist education programme was under development to reach nomadic communities through innovative means.
In 2014, assessments were also initiated for alternative basic education within CSZ, to be started in 2015.

In NEZ, a cumulative total of 3,871 pastoralist children (47 per cent girls) were enrolled during the current programme period, exceeding the programme target of 3,200. An additional 1,000 children were supported to transfer from alternative basic education schools into formal education.

Additional classroom construction and innovative education delivery through modern technology (MP3s, e-readers) was not initiated in all three zones due to the late arrival of funds. These are now due to commence in 2015.

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

Analytical Statement of Progress:
To empower youth through skills training and employment, youth education programmes are being implemented across Somalia. However, raising funds for UNICEF to move into this new area of work has been challenging.

Overall, 950 youth (more than half female) were enrolled in youth education programmes across eight different locations in CSZ and Puntland. This programme includes life skills, peace education, numeracy and literacy plus skills training. A further 70 youth are working with the Ministry of Education in Somaliland to develop reading materials for children. A knowledge attitude and practice survey was used to ensure that the impact of these programmes on peace can be captured in 2015.

In CSZ, two new youth education centres in Dollow and Kismayo are being constructed and an additional two are being refurbished in Mogadishu and Baidoa. In NEZ, three training centres (Galkayo, Bossaso, and Garowe) have been identified for support through refurbishment, equipment and training materials. A local labour market survey was also conducted in all targeted areas to ensure the skills learned are in line with those in demand by the local labour market.

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

Analytical Statement of Progress:
Capacity building of institutions and systems gained momentum in 2014. Data collection and data management systems were strengthened for better planning and human resource management within the Education Sector. The analysis of the 2012/13 school census was completed and school year books were published in all three zones (due to security only in Bendir region in CSZ). The three ministries of education took the lead in conducting the 2013/14 school census/school survey. In CSZ, a data sheet on formal public school teachers supported by the Go-2-School flagship programme was developed for better teacher tracking. In NWZ, the profiles of more than 7,000 teachers were compiled for inputting into a database and a teacher profile database was created in NEZ.

In total, 240 youth conducted consultations, focus group discussions and interviews on behalf of the ministries of education. This was to ascertain what children, youth, parents, elders, religious leaders, business people and academics want children to learn in school. This resulted in draft
curriculum frameworks, which are about to be validated in Puntland and Somaliland. Further consultations are continuing into 2015 in CSZ.

Leadership skills with the Education Sector continue to be strengthened in all three zones for better planning and monitoring of education services. In CSZ, 11 Regional Education Officers (REOs) started school monitoring. Training modules were developed and all REOs underwent a three-day induction programme. In NEZ, 13 REO/District Education Officers (DEOs) were trained to start school monitoring during the course of the academic year. In NWZ, 72 regional supervisors and 15 quality assurance officers were trained to initiate school visits to all 953 schools at least twice a year, which will be supported by the GPE.

Sector coordination also improved and all three zones held joint reviews of the Education Sector in 2014.

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

Analytical Statement of Progress:
Overall, 23,739 children in IDP settlements and newly accessible areas were supported with school supplies. Resources were leveraged for an additional 35,000 children in IDP settlements, where schools were reopened thanks to teacher incentives. Nevertheless, severe funding constraints continued to affect the response to education in emergencies in 2014.

OUTCOME 18 Girls and boys affected by armed conflict and other emergencies are better protected from violence, abuse and exploitation

Analytical Statement of Progress:
The Somali National Forces and AMISOM conducted several joint military operations against Al-Shabaab, which led to child rights violations, abuse and exploitation. These were implemented in two phases: in March and April and between August and October. Violations continued with complete impunity despite serious condemnation by various parties, including the United Nations Security Council, the international community and the Special Representative of the Secretary-General for Children and Armed Conflict, who visited Somalia in August 2014. UNICEF Somalia strengthened advocacy to end violence by emphasizing the implementation of the global campaign ‘Child, Not Soldiers!’, and the implementation of the two action plans, one on ending the recruitment/use of children and the other on ending the killing and maiming of children. A major milestone crossed was the Government’s commitment to protect children by signing the standard operating procedures on the reception and hand-over of children from armed groups.

Joint efforts by UNSOM and United Nations agencies enabled the Monitoring and Reporting Mechanism to cover 60 districts in 11 regions of CSZ. During the reporting period, a total of 909 incidents of grave child rights violations were reported to the Country Task Force on Monitoring and Reporting and 784 of these were verified. These incidents led to 1,709 grave violations, which affected 1,577 children (1,338 boys and 239 girls). Compared to the previous reporting period, there was a significant decline, almost by half. In 2013, 1,404 incidents were reported and the United Nations Country Task Force on Monitoring and Reporting verified 1,300 of these. The incidents led to 3,732 violations that affected 2,892 boys and 403 girls. The main reason for the decline were challenges in accessing conflict-affected regions for monitoring purposes, especially during the joint offensives that were implemented for the better part of the year.
Analysis by perpetrator shows that there has been a shift in the trends of the two key parties to conflict in Somalia. In the previous reporting period, most violations were perpetrated by SNA (44 per cent) followed by Al-Shabaab (40 per cent), while in 2014, most violations were perpetrated by Al-Shabaab (39 per cent) followed by SNA (34 per cent). The reason for the change is that generally Al-Shabaab is the main perpetrator of recruitment and use cases while the Government is mainly responsible for abduction and illegal detention cases. Therefore, if recruitment is the highest violation in a particular year, then Al-Shabaab will be the main perpetrator of Security Council Resolution 1612 violations. In 2013, there was an increase in security operations implemented by the SNA targeting Al-Shabaab and their supporters. This led to arrests and illegal detention of civilians, including children, hence why SNA was the main violator of Security Council Resolution 1612.

Overall, the majority of violations in 2014 were on the recruitment and use of children (45 per cent), followed by killing and maiming (28 per cent), abduction (21 per cent), while sexual violence (4 per cent), attacks on schools and hospitals and denial of humanitarian access (2 per cent) were relatively low.

Inclusive community-based reintegration services were provided to children formerly associated with armed forces/groups and those at risk. UNICEF Somalia built the capacity of the Somali National Armed Forces on child rights; international instruments and their obligations through training; identification of Child Protection Units’ military focal persons in sectors; development of age determination checklist; and formation of screening teams.

During emergencies, women, children and families accessed protection services in line with the CCCs. UNICEF Somalia worked efficiently to ensure that all eight core commitments in emergencies were addressed. The main focus was in CSZ, with some assistance provided in NEZ. NEZ attained six out of eight benchmarks, reaching 100 per cent since two benchmarks were not relevant for the zone. CSZ attained all eight benchmarks. Despite funding constraints, UNICEF Somalia supported community and school-based mine risk education in conflict-affected areas.

UNICEF led child protection coordination at the national level in Nairobi, at the regional level in Mogadishu, Hargeisa and Garowe, and provided support in Baidoa. Child Protection Working Group members’ capacities were strengthened through training on rapid assessment, child protection minimum standards and emergency preparedness and response plans. Child protection activities were coordinated through the Children and Armed Conflict Working Group, Defence Working Group, Country Task Force on Monitoring and Reporting, the National Disarmament Demobilization and Reintegration Programme, the Child Protection Working Group and the Mental Health and Psychosocial Support Working Group. However, many child rights violations remained unreported due to restricted access and security constraints, and many children remained unable to realize their right to protection from violence, abuse and exploitation due to gaps in the protective environment, particularly in the normative frameworks.

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

Analytical Statement of Progress:
Although UNICEF Somalia saw developments in strengthening the protective environment in Somalia, provision of support to the most vulnerable children and their families remained a challenge. In collaboration with Country Task Force members, UNICEF Somalia maintained the Monitoring and Reporting Mechanism database and supported monitoring and response capacity on grave child rights violations for monitors. The Monitoring and Reporting Mechanism enabled the analysis of trends, which fed into quarterly reports submitted to the Security Council Working Group on Children and Armed Conflict and the 11th Secretary-General Report on Children and Armed Conflict for Somalia, which was submitted to the Office of the Special Representative of the Secretary-General for Children and Armed Conflict. Monitoring and reporting also enabled UNICEF in its capacity as the co-chair of the Country Task Force on Monitoring and Reporting to engage the Government in high-level advocacy to ensure the protection of all children.

Advocacy initiatives with the Government enabled the creation of the Age Screening Team, which undertakes screening of children during government recruitment exercises. The Team includes the United Nations, UNSOM, AMISOM, donors and government officials. Due to the African Union’s involvement in the conflict, and in order to strengthen the protection of children, UNICEF Somalia and UNICEF Headquarters jointly supported the deployment of a child protection advisor to AMISOM, based in Mogadishu.

To ensure that children are released and reintegrated with their families and communities, the Country Task Force advocated with the Government to implement the signed standard operation procedures on the separation and handover of children through the Children Affected by Armed Conflict Working Group. Inclusive community-based reintegration services were provided to 500 children formerly associated with armed forces and armed groups and other vulnerable children at risk.

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

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

**Analytical Statement of Progress:**
UNICEF Somalia worked efficiently to ensure that all eight core commitments for child protection are addressed in emergencies. The main focus has been on CSZ and NEZ.

In NEZ, five out of eight benchmarks have been met, which is 100 per cent for the zone as benchmarks 2 (Monitoring and Reporting Mechanism), 7 (Children and Armed Conflict) and 8 (MRE) are not valid for the zone. MHPSS coordination should be strengthened in zone.

For CSZ, eight out of eight benchmarks were attained. Constrains related to limited funding impacted MRE, GBV and some coordination work in MHPSS.

NWZ is implementing Commitment 1, which has been successful.

All child protection programmes integrated psychosocial support for child beneficiaries, from community-based emotional support to more specific trauma-based support for children and armed conflict. Identification, Documentation, Tracing and Reunification programmes can be
strengthened, particularly in regards to defining the best interest of the child in family reunification questions. Cross border movements have made IDTR interventions challenging.

Funding has drastically fallen for child protection in emergency interventions, and it is heavily affecting the support and care of children in conflict – and emergency – affected areas. The majority of humanitarian funds came to an end in June, however limited funds became available through the Central Emergency Response Fund in October. The lack of funding had a major impact on GBV prevention and response services. UNICEF, which had been the largest service provider until 2013, had only two on-going projects from the middle of 2014. This had a tremendous effect on the availability of GBV services in Somalia.

OUTCOME 19 Improved access to justice, social services and a minimum package of preventive and protective processes for Somali children, realized through a functional child protection system linked with comprehensive community based child protection mechanisms

Analytical Statement of Progress:
Progress has been made in improving Somali children’s access to justice and social services and establishing a minimum package of preventative and protective processes through a functional child protection system linked with comprehensive community-based child protection mechanisms. Most notable was the Parliament’s approval of the ratification of the CRC and its three Optional Protocols. Work is on-going with the Federal Government on legal revision through the Joint Rule of Law Framework, and special provisions have been made to support Somaliland under the same type of United Nations Joint Rule of Law Framework.

Birth registration has progressed in Somaliland. A pilot project commenced in November 2014, representing the first government civil registration activity in any zone in over 22 years. Several Somaliland government ministries are committed to the pilot programme, which is moving forward. It is estimated that only 3 per cent of births are registered in Somalia, and until the commencement of the pilot project in Somaliland, no government registrations had occurred since the collapse of the Siad Barre Government. Instead, births have been registered by hospitals or other non-government institutions on an informal basis. Legislation needs to be enacted to support government-based civil registration throughout the country. This issue is on the government agendas of the three zones.

Advocacy and policy dialogue efforts on FGM/C resulted in outlawing all forms of FGM/C in Puntland, the endorsement of the FGM/C Policy by the Puntland President and the Cabinet, and the issuance of a religious leaders’ decree or ‘fatwa’ in Puntland. There have been positive behaviour changes related to the abandonment of all forms FGM/C by community members, as demonstrated by 150 communities declaring abandonment.

Significant progress was made in gaining the Federal Government’s commitment to addressing sexual violence in conflict in 2014. UNICEF supported the MoWHR to facilitate the development of the National Action Plan on Sexual Violence in Conflict, which the Federal Government presented at the ESVC Conference in London.

The Community-Based Child Protection Programme continued to be implemented in 28 districts. Children and youth group participation in child protection activities was enhanced through the establishment of child rights clubs and participation in youth groups. Community-based child protection mechanisms have been effective in preventing and responding to threats to children’s well-being. Even though there has been no formal evaluation of the programme, there are indicators of effectiveness and sustainability, which include community-driven groups
and committees’ commitment to prioritizing the child protection agenda. Local councils have also demonstrated commitment to prioritizing child protection as a development agenda item by initiating activities to address child protection and providing financial and human resources to address child protection concerns in their respective districts.

The UNICEF Youth for Change Programme is currently being implemented in all three zones, with 200 children selected as beneficiaries in each zone (total 600). The Youth for Change Programme is a joint initiative of UNICEF, UNDP and ILO targeting youth who have been identified as at risk by their communities. This programme provides psychosocial support, non-formal education, peace-building skills, mentoring and citizenship education to prepare children to re-integrate as positive members of their communities who are accepted back into their communities.

All GBV survivors reporting to UNICEF partners received psychosocial support and were offered referrals to medical services.

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

Analytical Statement of Progress:
Progress has been made across the three zones in relation to the establishment of functioning child protection systems, and a minimum set of legislations, policies and capacity for service delivery has been established. The priorities of the regional governments have resulted in varying progress on interventions. For example, birth registration has progressed in NWZ with the recent launch of the pilot registration by the MoH, the Ministry of Interior and UNICEF, marking the first government-endorsed civil registration process anywhere in Somalia in over 20 years. The Puntland Government has expressed an interest in progressing civil registration in 2015, and has agreed to borrow from the progress and lessons learned in Somaliland’s Civil Registration Programme. The United Nations High Commissioner for Refugees (UNHCR) and UNICEF are currently discussing cooperation possibilities for assisting the Puntland Government to progress civil registration. Civil registration is currently not a priority for the Federal Government due to a number of factors, including their prioritization of improving the security situation and state building. As a result, no progress has been made in this area in CSZ.

The development of social work/education was initiated with the respective line ministries in CSZ and NWZ. While committees to oversee the development in CSZ were established, formalising the coordination remain a challenge for NWZ. Terms of reference were agreed upon with all line ministries across zones. The contracting of an external university to support education is on-going, however the budget presented by the selected university was too expensive. UNICEF Somalia is working on solutions for this.

Agreements were reached with ministries on the recruitment of social workers at the regional level and case workers at the district level to enhance child well-being. While a structure has been agreed upon in CSZ, costing remains to be done.

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

Analytical Statement of Progress:
Progress has been made in assisting the Federal Government and the Government of Somaliland to establish laws, regulatory frameworks and services to address children’s access to justice. The top priority for UNICEF for progress with the Federal Government in this area was the ratification of the CRC. This was delayed by the political crisis in the last quarter of 2014, but on 13 December, the CRC was presented to the Parliament of the Federal Government, where it was approved. The President will then sign the instrument of ratification, which will be presented to the United Nations Secretary-General.

The United Nations Joint Rule of Law framework continued to prioritize legislative reform pertaining to support for children’s rights, including juvenile justice. Domestication of the provisions of the CRC will need to be made in the drafting of new child-friendly legislation, including juvenile justice legislation. In addition, new structures, or modifications to existing structures such as juvenile courts, police units focusing on juvenile justice, etc., will also need to be established. In Somaliland, where there is existing juvenile justice legislation, the Government has identified the need to operationalize the legislation to a greater extent as much of the legislation’s provisions exist only on paper. Creation of a probation officer department, and other mechanisms must be completed to ensure that the legislation is fully implemented. There is also a need to revise the existing Juvenile Justice Law to ensure that children are afforded the opportunity to be diverted from the criminal justice system at the earliest possible opportunity. At present, only a judge can divert the child at a later stage of a case.

Advocacy and policy dialogue efforts on FGM/C have resulted in outlawing all forms of FGM/C and child/early/forced marriages by the Government of Puntland, the endorsement of the FGM/C Policy by the President and the Cabinet in Puntland, and the issuance of a religious leader decree or ‘fatwa’ in Puntland. In addition, a law outlawing all forms of FGM/C was finalized in Puntland and advocacy for approval by Parliament is on-going. In CSZ, the Federal Government of Somalia adopted the FGM/C policy developed in Puntland. In both CSZ and Somaliland, advocacy is on-going for the endorsement of the policy by the Cabinet.

UNICEF supported the MoWHR to facilitate the development of the National Action Plan on Sexual Violence in Conflict, together with all line ministries within the Federal Government. The Action Plan was presented at the London Summit in June. UNICEF is further supporting the MoWHR in the development of the Sexual Violence Act. UNICEF, the Government, and other United Nations AFPs recently reviewed the draft Sexual Violence Act in Mogadishu. Inputs will be captured in the next draft.

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

**Analytical Statement of Progress:**
The assessment of the Community-Based Child Protection Programme was a priority in 2014, as the current model has been implemented since 2009. Although bids were invited and received, none of these were acceptable in terms of quality. It was decided to re-advertise and the process in on-going. To ensure that investments were not wasted, in 2014, no new communities were targeted. Instead, the Programme focussed on strengthening the service delivery capacity of community-based child protection programmes in existing locations. The Programme was implemented in 28 districts. Linkages between the CPCs and the village development committees, which are structures under the Local Government, have been established and CPCs in Somaliland and Puntland are accountable to the village development committees. The CPCs, child protection advocates, and IDP focal points supported 11,260
cases (6,894 girls and 4,366 boys). Linkages with government authorities have been established and district councils in Puntland and Somaliland have supported community-based child protection by designating council staff to address child protection concerns.

Children and youth groups’ participation in child protection activities has been enhanced through the establishment of child rights clubs and participation in youth groups.

The Youth for Change Programme is in its third year of implementation. The Programme has demonstrated quite an impact. In districts where the Youth for Change Programme has been implemented, the number of offences committed by children under 18 has declined. Demand for the programme has been created, as demonstrated by the large number of families that have registered their children for the Programme. In 2014, however, due to reduced funding by the Government of Japan, the number of youth targeted had to be cut back to 200. The Government of Japan reduced funding to this Programme, which is jointly implemented by UNICEF (for children under 18), UNDP (for youth over 18) and ILO (for economic reintegration), by 60 per cent.

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

Analytical Statement of Progress:
There is anecdotal evidence that progress has been made towards the total abandonment of harmful practices in Somalia, including child/early marriage and FGM/C, even though these practices are deeply embedded and closely held traditions. Anti-medicalization strategies have been finalized in Somaliland and Puntland. Government ministries in all zones are spearheading advocacy for the abandonment of FGM/C and child marriage.

Overall, 150 communities have declared abandonment of all forms of FGM/C and 450 religious leaders have been trained to advocate for FGM/C abandonment and are actively involved in the advocacy campaign as champions. Public discussions on FGM/C in Somalia are no longer taboo, community members and policy-makers, including prominent sheiks, are actively advocating for the abandonment of the practices even in Friday prayer sessions. FGM/C prevention education has been incorporated in nine health facilities. FGM/C task forces are functional in Nairobi and in the three zones to strengthen coordination. The CPCs have rescued 600 girls from FGM/C and child/early/forced marriages.

All survivors of GBV reporting to UNICEF partners received psychosocial support, and were offered referrals to medical services. In NEZ and CSZ, survivors at further risk were offered interim care at safe houses or foster families if the survivors were children. All partners collected disaggregated data on GBV survivors, however additional support is needed in NEZ and NWZ to compile the data. A new GBV-related data management project was initiated, and will be implemented in 2015.

Case management tools are developed and being rolled out across zones. In addition, UNICEF Somalia is part of ESARO efforts to develop regionally appropriate case management materials that also look into the transition from humanitarian response to development.

OUTCOME 20 By the end of 2015 UNICEF’s positioning and programming across all sectors and country zones are context-sensitive and evidence-based

Analytical Statement of Progress:
UNICEF Somalia evidence-based programming was improved through a range of initiatives focused both on improving internal UNICEF procedures and processes, as well as on capacity-building support to national counterparts. In NEZ and NWZ, UNICEF supported Ministry of Planning and International Cooperation (MOPIC) to hire qualified personnel to strengthen their monitoring and evaluation departments and improve data collection. At the same time, through the JPLG programme, decentralized service delivery pilots were launched in the health, education and WASH sectors, facilitating greater roles for the local government in on-the-ground service delivery oversight. Several sensitization workshops and working group discussions on resilience, as an emerging area for chronic emergencies like in Somalia, were carried out for the zonal offices. UNICEF Somalia has also supported the development of a Social Protection Framework, which is currently being finalised to guide social protection programming in all three zones. In CSZ, UNICEF Somalia continued with the cash transfer programme, reaching over 19,000 families by June. As part of knowledge management, UNICEF Somalia revised and critically analysed the IMEP to guide strategic considerations on how it can be more strongly connected to country programme indicators. Preparatory work for real-time monitoring initiatives was carried out. Zonal offices also took measures to improve knowledge management by fostering the culture of weekly review meetings, improving field travel planning and reporting and conducting regular meetings of zonal management teams. UNICEF Somalia intensified internal dialogue around the UNICEF role in the larger context of aid to Somalia, and several reviews by third party verification teams were commissioned to look at wider programming environments. Programme cooperation agreement standard operating procedures were revised in order to strengthen UNICEF Somalia oversight of implementing partners.

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

Analytical Statement of Progress:
Capacity development of staff, implementing partners and government partners in peace building and resilience programming commenced in the three zones. Capacity building for peace building has focused on improving context-awareness and conflict sensitivity. Social services need to be delivered in such a way that they make a positive contribution to capacities to handle conflict non-violently. Capacity building in resilience programming has focused on delivering services close to communities, building local capacity and accountability. Following this, several programmes have been developed using a resilience/peace-building lens. A cross-sectorial resilience programme was successfully rolled out in CSZ.

Decentralised service delivery commenced in four Somaliland pilot districts in education and decentralised water management through public-private partnerships. Puntland initiated decentralised service delivery in health and water management, with improvement in service delivery tracked in both sectors.

Civic education multimedia sensitization meetings reached more than 2,500 youth and women in 30 Puntland villages. A documentary was developed based on civic education messages to improve the sense of citizenship, responsibility and rights linked to district councils and village committees. Over 1,700 people participated in community dialogues and more than 18,000 were reached through radio and SMS text messages. Civic education in Somaliland included district meetings and the development of a Facebook page, which attracted more than 2,000 followers. Local mayors participated in discussions over service provision in their respective districts, while ministries of interior in Somaliland and Puntland led the rollout of community consultations.
The JPLG supported community participatory planning where municipal development plans were elaborated with the participation of local communities. Training in participatory impact monitoring empowered communities to participate in monitoring and oversight of district government performance. Capacity building support provided to the ministries of planning in NEZ and NWZ resulted in enhanced appreciation of the importance of data management for social service planning and delivery.

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

**Analytical Statement of Progress:**
A comprehensive social protection framework study analysing the socio-economic situation and vulnerabilities in each of Somalia’s zones and summarizing existing and potential formal and informal forms of social protection, was developed. It suggests social protection programme priorities, taking into account implementation capacity in each zone, and provides a sample phased implementation approach.

The draft framework was shared with the Government, civil society, the private sector, the United Nations and donors in all zones. Approximately 100 stakeholders participated in these meetings.

Based on the studies and follow-up meetings with the Government, UNICEF developed concept notes for social protection systems and policy in Puntland and Somaliland. Both concept notes were endorsed by the Government at the ministerial level, and the Government of Somaliland convened a technical working group composed of the ministries of labour and social affairs, finance, and planning to manage the proposed social protection programmes. Efforts in 2015 will focus on operationalizing these activities.

In total, 34 government representatives participated in social protection workshops held in the zones. In 2015, UNICEF will continue to supplement this training through hands-on learning, as well as by identifying relevant social protection courses at a country, regional and global levels.

UNICEF is the co-lead of the Peace Building and State Building Goal 5 Social Protection Sub-Working Group and has convened three sub-working group meetings in CSZ, with participation from government officials and the United Nations. The first two meetings focused on defining social protection globally and presenting the initial findings from the social protection framework study. UNICEF proposed defining social protection as one of the Peace Building and State Building Goal milestones for 2015. This proposal was endorsed and is included in the final milestones. Likewise, following the presentation of the draft social protection framework study, developing a social protection framework for Somalia was included as a 2015 milestone.

A total of 29,600 households were supported with seasonal cash transfers in 2014 (19,400 in early 2014 and 10,200 in late 2014). These transfers targeted vulnerable households in areas with high rates of food insecurity, as determined by integrated phase classification scores.

The UNICEF Social Protection Team represented the United Nations during the New Deal Action Planning Workshop (Peace Building and State Building Goal 5), and provided recommendations on child-friendly interventions (including social worker workforce and child-
focused social protection systems). Somaliland and Puntland draft social protection concept notes both suggest a pilot child grant.

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

**Analytical Statement of Progress:**
Support was provided to 26 studies/research activities in 2014, out of which 16 were completed by the end of the year. Proposals for improved governance of IMEP were developed.

Significant efforts were invested in establishing a PCA database, which now enables up-to-date information on all PCAs since 2011, analysed by region and district, to generate monthly reports on expiring PCAs, active PCAs in a given district or by partner risk level, and compare active PCAs against accessibility maps.

Through third party verification contracts, 28 organizational profiles and three large scale verification assignments were undertaken in key programming areas, including verification of teacher incentives, polio C4D campaigns, and WASH projects. An analytical piece on taxation practices in areas under the control of government and non-state entities provided insight on the operating environment in both accessible and inaccessible areas. During the current lean season, third-party monitoring of beneficiary targeting and identification practices led to in-depth understanding, for the first time since programme inception, of how the cash transfer program is implemented on the ground.

Knowledge management of risk information on partners was greatly improved with the establishment of a risk library with information on more than 400 implementing partners. Of the 245 partners to whom funds were disbursed in 2013-2014, risk level was assigned to 135 (55 per cent of partners), based on third-party verification reports and data sources. Starting from mid-2014, new PCAs signed with high/very high-risk partners have detailed risk mitigation plans.

Capacity building for routine monitoring was undertaken through eight capacity building missions to the zonal offices, three workshops on monitoring and evaluation in each zone, developing action plans for zonal monitoring and evaluation improvement and on-going remote support. Trip management systems were developed and operationalized in all three zones, with new formats for trip reports and standard operating procedures for trip management. The Programme, Monitoring and Evaluation Team regularly undertook trip analyses and presented the findings to ZMT for further discussions and action. Zonal management indicators for NEZ and CSZ were developed and approved at the ZMT. Real time monitoring was identified as a priority for the office in 2014, with six pilots for SMS reporting using RapidPro identified and developed with support of the Programme, Monitoring and Evaluation Team, with five workshops on real-time monitoring delivered at USSC and Zonal offices.

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**Evaluation**

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