Executive Summary

In 2012, UNICEF continued to deliver essential, life-saving support to Somali women and children affected by conflict, displacement and food insecurity, at a level generally comparable to the previous year. Therapeutic feeding was provided to almost 400,000 acutely malnourished children under 5 years of age, while blanket supplementary feeding reached over 266,312 families (equivalent to 1,597,872 individuals). Child Health Days immunized 1 million children, protecting them from diseases such as measles and polio. A total of 421,598 people, including school children and users of health facilities, gained sustainable access to safe drinking water as compared to 892,000 in 2011. A further 956,675 people, including internally displaced persons (IDPs) and vulnerable households, gained access to safe water through temporary measures. Distribution of cash and food vouchers gave 65,000 households the ability to improve their nutritional status and move away from negative coping mechanisms. Some 1,000 children associated with armed conflict have benefited from rehabilitation and reintegration programmes. UNICEF support allowed 429,974 children to finish the 2011/12 school year.

A Joint Health and Nutrition Programme (JHNP) was launched with an inception phase in early 2012. The programme, implemented by UNICEF, the World Health Organization (WHO) and the United Nations Population Fund (UNFPA), is led by the zonal health authorities. It is multi-donor funded, involving Australia, the United Kingdom’s Department for International Development (DFID), the Swedish International Development Cooperation Agency (Sida) and USAID (in addition to UNICEF’s own core resources and technical assistance), with interest from other donors to join in 2013. The programme aims to improve the health and nutrition status of the Somali people, including a reduction of child and maternal mortality. Key progress included the development of draft Health Sector Strategic Plans.

In November, 2011, UNICEF was among a total of 16 organizations banned by Al-Shabaab from operating in areas under their control. This severely affected branded implementation well into 2012. Nevertheless, UNICEF found innovative ways to reach populations in need through alternative routes and partnerships. While the implications of the ban have eased to some extent, restrictions on direct activities and staff movement continue as a result of ongoing conflict and military incursions. New areas have opened up to humanitarian assistance as a result of efforts by the African Union Mission in Somalia (AMISOM) and the Somali National Forces, allowing access for the first time in five years to some areas where UNICEF is starting to resume activities.

Lack of funding for education in emergencies in 2012 resulted in the termination of many education partnerships in the Central and Southern Zone (CSZ) of Somalia, limiting the number of children that partners are able to support and losing the momentum gained from high enrolments made during the 2011/12 school year.

UNICEF, the World Food Programme (WFP) and the Food and Agriculture Organization (FAO) have developed a Joint Resilience Strategy to strengthen household and community resilience. The strategy, advocated for by the three agencies, along with a three-year Consolidated Appeal Process, will help frame UNICEF support in Somalia in the coming years.

Country Situation as Affecting Children & Women

While Somalia saw positive movements in 2012 in terms of politics, humanitarian access, and food security, the majority of children continue to suffer from some of the most severe vulnerabilities and deprivations in the world. Many are still out of reach of UNICEF support.

On 1 August 2012, a National Constitutional Assembly in Mogadishu adopted a Provisional Constitution that significantly strengthens the rights of children. On 10 September 2012, a new Somali Parliament selected Hassan Sheikh Mohamud as President of the Federal Republic of Somalia. A Prime Minister and Cabinet are also in place. The Government’s area of influence has expanded through the operations of AMISOM and the Somali National Armed Forces. This has resulted in areas opening up to life-saving humanitarian interventions for the first time in five years. Nevertheless, restrictions imposed on UNICEF (among several
other organizations) by Al-Shabaab in 2011 are yet to be formally lifted. As of late August 2012, almost a year after the ban, humanitarian access in 32 of the 51 districts in CSZ were still defined as “extremely restricted/denied” [1].

By the end of 2012, 2.12 million Somalis, more than half of whom were children, were in an Acute Food Security Crisis—a significant decrease from the figure of 4 million at the start of 2012 when areas of the country were still suffering from the famine. The UNICEF-supported Food Security and Nutrition Analysis Unit (FSNAU) Post-Gu Nutrition Analysis, and partner reports, showed that children continue to suffer greatly, with 16 per cent acutely malnourished, and 3.5 per cent severely so. A mix of factors contribute to the continued dire situation, including insecurity; restrictions on humanitarian access; reduced coping mechanisms; poor performance of crops; lack of access to markets; restriction of commercial and population movements; lack of income generating opportunities; and deep-rooted poverty. High prices present the overriding barrier to food access.

One in 10 Somali children die before their first birthday and one in 12 women die from pregnancy-related causes. Somalia has some of the largest numbers of unimmunized children in the world and is thus a reservoir of vaccine-preventable diseases such as polio and measles. Factors leading to health deprivations include an extremely weak health system with few policies; poor infrastructure; weak human resources; insecurity; low demand for services; and partners with low capacity.

Across Somalia, unpredictable rainfall patterns, ongoing conflict and a general lack of maintenance has resulted in only 29 per cent of the population accessing clean water and 39 per cent accessing safe sanitation. Diarrhoea, symptomatic of water and sanitation-related illnesses, is closely associated with malnutrition and is the cause of death for 19 per cent of children who die before their fifth birthday. Open defecation rates are as high as 83 per cent in rural areas, putting communities at high risk for diarrhoeal disease. Acute Watery Diarrhoea/Cholera remains endemic and claims hundreds of lives annually, particularly in densely populated areas in CSZ, including IDP camps. Access to safe water and sanitation remains low due to weak governance; insufficient skilled staff; weak accountability for service delivery; and low/irregular salaries. Inaccessibility and limited number of local service providers contributes to the high cost of providing services. IDPs are particularly vulnerable, with 44 per cent of IDPs relying on buying water that comes from sources more than two kilometres away and that, on average, costs USD 7.50 per barrel.

Somalia continues to be one of the worst protective environments in the world due to conflict and displacement; social norms that are presently regressive; and a lack of legislative framework and mechanisms for service delivery. While it is impossible to know the number of children forcibly recruited in 2012, partner reports through the Monitoring and Reporting Mechanism of Grave Violations showed that 2,008 boys and 43 girls had been recruited (with these numbers likely to rise). The new President has pledged his support for the Action Plans to Eliminate Recruitment and Use of Child Soldiers and to End the Killing and Maiming of Children, signed in 2012.

Girls and women face grave rights violations: Gender-Based Violence (GBV), early marriage for girls as young as 9 years of age, and Female Genital Mutilation/Cutting (FGM/C). Consolidated reports from UNICEF partners from January to October 2012 showed more than 3,753 reported cases of GBV (2 per cent male). GBV is perpetrated with impunity. According to a UNICEF-led survey in 12 border areas in mid-2012, these violations are not considered to be 'violations' in a culture where the rights of women are simply not considered. FGM/C is a social convention; girls face social pressure from both family and friends to conform, and it is often linked to virginity, fidelity and dowries.

A 2011/2012 Primary School Census was conducted in the north for the first time since 2006/07, showing a rate of increased enrolment of more than 50 per cent, partly as a result of increasing population and stability. Yet, still only 42 per cent of children are estimated to be enrolled in school across the country, and only 36 per cent of those are girls [2]. More girls are attending school (from 33 to 43 per cent), likely a result of ministry commitment and increased social awareness. Continuing barriers to education in the north include low government budget allocations, school fees and low quality of teaching.

Education is even more difficult to access in CSZ. While it is impossible to ascertain the number of children in
school across CSZ, UNICEF and cluster partners helped keep 571,607 children in school through the 2011/12 school year despite famine, displacement and conflict. Education is delivered almost entirely through Community Education Committees in CSZ. These committees levy fees on families in order to operate schools. This creates a barrier to access for the poorest, and the system is inadequate for retaining quality teachers.

Unfortunately, ongoing insecurity in CSZ has meant that little data and analysis are generated on the situation of children in these areas. While a Multiple Indicator Cluster Survey was completed for the north, the data is not yet available. In 2012, UNICEF completed Sector Studies; School Censuses; a Hydrological Survey in the north; and supported Food Security and Nutrition analyses through FSNAU.

[2] Estimated from Primary School Census in the north and partner reports in CSZ; population figures are also estimates.

Country Programme Analytical Overview

The goal of the UNICEF Somalia Country Programme is to accelerate progress towards the Millennium Development Goals (MDGs) by further increasing access to basic services for accelerated child survival and development, strengthening the institutional capacity of government, and enabling children and women to claim their rights.

The Country Programme was prepared within the broader United Nations Somalia Assistance Strategy (UNSAS) preparation process. The UNSAS presents national priorities as endorsed by government and all international development partners. Semiformal consultations, comprising several “strategic moments of reflection” with government and non-government partners, including Somalia experts, youth consultations and a formal donor survey, informed the UNICEF Country Programme planning process.

The key focus for 2012 was to sustain critical efforts in Somalia so as to capitalize on gains made in 2011 and to ensure that the situation did not deteriorate back into famine. For the first half of the year, the Somalia Country Office (SCO) remained at Level 3 emergency, only downgrading to Level 2 after midyear, albeit with a number of caveats (for example, recruitments and partnerships). As always, the Core Commitments for Children in Humanitarian Action (CCCs) remained central to all interventions.

SCO increasingly shifted towards a resilience programming approach and developed a Joint Resilience Strategy in partnership with FAO and WFP that calls for a ‘paradigm shift’ in the way of operating in Somalia. The focus is to invest in empowering households/communities to reduce, mitigate and manage their risks in order to reduce the need for emergency assistance in the medium and long term. The joint strategy for enhancing resilience in Somalia is grounded on three building blocks: [i] Strengthen productive sectors for vulnerable working populations; [ii] Basic services to protect human capital; and [iii] Predictable safety nets for a minimum of social protection. UNICEF’s contribution within the joint strategy spans across all the three blocks, with more activities concentrated within block two (on basic services).

A considerable challenge in 2012 was the global changeover to VISION, which in some cases impacted upon the efficiency of contribution management. Due to certain limitations, including limited funding for certain programmes and the ban on UNICEF operations in Al-Shabaab areas, a number of partnerships were suspended.

Humanitarian Assistance

The UNICEF support to CSZ and areas of the north continues to focus on humanitarian assistance, with an additional aim towards building community resilience to future shocks. In 2012, as Somalia recovered from the 2011/12 famine, UNICEF mobilized a massive humanitarian response that included therapeutic feeding for acutely malnourished children; blanket supplementary and wet feeding programmes; cash and food vouchers; immunization campaigns; distribution of emergency health supplies; access to temporary and
sustainable water sources; emergency sanitation and hygiene promotion; emergency education; and support to GBV survivors and children associated with armed conflict.

UNICEF responded to three declared emergencies in 2012. First, flooding in the Beletweyn district, Hiiraan region displaced 5,500 households. The response by international and local non-governmental organizations (NGOs) was coordinated by the Office for the Coordination of Humanitarian Affairs (OCHA) and UNICEF. UNICEF’s response included Water, Sanitation and Hygiene (WASH) supplies, mobile health teams, supplementary feeding, bed nets, and Non-Food Item kits. Second, there was a cholera outbreak in Lower Juba affecting an estimated 250 children under 5 and 400 people over 5. UNICEF coordinated a health response (with WHO) delivering diarrhoeal disease kits, as well as a timely WASH response.

The Murjan Cyclone caused flooding in Bossasso in North East Zone (NEZ). UNICEF partner TASCO led a response team to assist the 12,000 victims of the flooding.

Effective Advocacy

Mostly met benchmarks

The country programme engages in advocacy at several levels and for both general humanitarian issues and sector-specific issues affecting children (e.g., FGM/C). In 2012, the main efforts in advocacy were for the following:

- Negotiating humanitarian access to children affected by famine in areas not under government control;
- The release of children engaged in armed conflict;
- The inclusion of key components of UNICEF’s programme for Maternal and Child Health in the Joint Health and Nutrition Programme;
- Endorsement of the Joint Strategy on Resilience at Istanbul International Conference on Somalia and inclusion of resilience outcomes in an expanded three-year Consolidated Appeals Process (CAP) for 2013-15;
- The new Peace Building, Education and Advocacy programme, which aims to strengthen policies and practices for education and peacebuilding in conflict-affected contexts and will provide an entry point for peace advocacy for the Somalia programme in 2013;
- Finalization of the Federal Constitution with consideration of Child Rights;
- Development and release of the first multi-year Consolidated Appeal for Somalia (three years);
- The Equity Agenda, inter alia: UNICEF successfully advocated for investment in urban water supply to benefit the urban poor; Education Sector Plans now include a focus on pastoralist (often marginalized) children.

Capacity Development

Mostly met benchmarks

Communication for Development

Initiating action to meet benchmarks

In 2012, UNICEF Somalia and partners undertook an array of Communication for Development (C4D) activities, including:

- Interpersonal and group counselling for Infant and Young Child Feeding (IYCF) practices continued on a large scale in all zones, an integrated programme for the promotion of nutrition and hygiene is being implemented in nutrition sites, and a weekly radio programme with associated outreach activities addresses barriers and solutions for optimal nutrition and hygiene practices. UNICEF is using a combination of mass media and interpersonal messaging to reinforce behaviour change initiatives.
· Mass hygiene promotion activities, including radio announcements and SMS messages to inform, influence and involve individuals, households and opinion leaders in adopting new attitudes and/or behaviours. These strategies have been adopted because they reach a wide audience, including over 1.5 million people during Global Handwashing Day, and because they are possible in the limited humanitarian space in CSZ.
· Awareness-creation on immunization campaigns and health facility outreach immunization activities continued. Separate messages targeted different audiences, including religious and community leaders, mothers, and grandmothers.
· A C4D strategy on the abandonment of FGM/C was developed for both Somaliland and Puntland. The strategy was recently launched in Puntland. The campaign is multi-dimensional, using mass media material such as radio messages and billboards; messages through religious leaders; and, finally, behaviour change at the community level. Government ministers, religious leaders and community leaders will use these materials at every public forum to help ensure that there is widespread awareness and commitment to change.

Challenges include the lack of C4D coordination structures within UNICEF and limited capacity among partners. The newly established C4D Strategy and internal structures will improve the coordination of activities and the effectiveness of interventions in 2013. C4D activities will also be improved through the strengthening of partner capacity.

There is a need to implement an integrated communication programme that utilizes a mix of complementary channels for each audience, with emphasis on interpersonal communication. A four-year integrated C4D strategy for Behaviour Change Communication (BCC) has been created for Accelerated Child Survival and Development (ACSD) and will be implemented in 2013. The strategy is based on seven key behaviours (such as immunization, exclusive breastfeeding and hand washing with soap) and will be implemented based on the life cycle, for example, targeting healthy behaviours for infants, children and adolescence.

### Service Delivery

*Fully met benchmarks*

UNICEF and its partners are the primary providers of basic health, nutrition, water, sanitation, education and protection services in Somalia. In 2012, UNICEF, working closely with the relevant government authorities, provided essential supplies, training and/or operational costs for 200 partner organizations to deliver services. This major service delivery role is due to the lack of a fully functioning government in Somalia and low government capacity to deliver services in Puntland and Somaliland. UNICEF is also responsible for UNSAS Outcome 1 on social service delivery.

### Strategic Partnerships

*Partially met benchmarks*

The constantly changing government and non-state actor scenario in Somalia makes it difficult to have a systematic approach to partnership. Progress was made in developing Standard Operating Procedures (SOPs) for partnership management and work has started on the development of a database and mapping system.

A new strategic partnership was developed with FAO and WFP for the Joint Strategy on Resilience. UNICEF also joined WHO and UNFPA for the Joint Health and Nutrition Programme, to be led by the zonal health authorities and joined by Australia, DFID, Sida and USAID, with the possibility of other donors coming onboard in 2013.

UNICEF leads the WASH Cluster, Nutrition Cluster and Child Protection Working Group and co-leads the Education Cluster, so it is actively engaged in partner coordination mechanisms. Areas for improvement include establishing regular forums for partner feedback and participation in programming.
Knowledge Management

Initiating action to meet benchmarks

The constrained humanitarian access in CSZ and the remote location of the Support Centre from beneficiaries makes it difficult to collect and analyse information on a regular basis. UNICEF continues to work with the Food Security and Nutrition and Analysis Unit to refine their seasonal surveys to collect and analyse information that is relevant to UNICEF programming. The WASH programme initiated a process of ‘snap shot’ assessments at the start of the dry season using selected indicators to highlight gaps and critical water shortages. The clusters continue to analyse data on the humanitarian situation and the response in each sector, but these efforts need to be developed into more comprehensive sector information management systems that can be integrated into government departments.

Human Rights-Based Approach to Cooperation

Mostly met benchmarks

The appointment of a new Federal Government in Mogadishu provided opportunities for UNICEF to advocate for the inclusion of human rights principles and standards, especially with the new Ministry of Social Services Development. Throughout the year, the Government’s sphere of influence continued to expand, resulting in focus areas opening up for the first time in five years.

The Joint Programme on Local Governance and Decentralized Service Delivery (the JPLG programme) continues to provide opportunities for communities to find a voice through the formation of village structures and involvement in development planning. The community consultation and action planning related to the joint resilience strategy also emphasizes community rights and responsibilities with respect to speaking out on strengths and barriers to resilience. Going forward, the emphasis will be to introduce a balance between upstream (policy and advocacy); midstream (social sector governance and national/regional/district-level system strengthening); and downstream (community-level service delivery).

Through the Integrated Capacity Development for Somali Education Administrations programme, UNICEF has worked with regional- and national-level Education Section Committees to improve their planning and coordination, allowing them to be more responsive to children’s rights.

Child Protection Committees (CPCs) were revitalized in 2012 and made accountable to Village Development Committees. CPCs raise awareness on a range of children’s rights as well as the responsibility of community-level duty-bearers to protect these rights and the role of community to advocate for these rights to be protected.

The Government has not yet ratified the Convention on the Rights of the Child (CRC) or the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); however, their principles continue to be at the core of UNICEF’s work. Elements of the CRC and CEDAW are now to be found in the constitution, and Letters of Agreement with the Government are guided by both.

Gender Equality

Partially met benchmarks

UNICEF Somalia continued to consider the varying needs of girls, boys, men and women across its programming. Gender was mainstreamed in the new, expanded three-year CAP and specific resilience factors for women and children were captured during the community consultation process under the joint resilience strategy. Wherever possible, programming is based on sex-disaggregated data, and monitoring activities,
surveys, studies, and evaluations of projects and programmes are disaggregated to understand the varying impact of UNICEF interventions on girls, boys, women and men.

UNICEF understands and responds to the needs of young men (recruited as fighters) and women (recruited to marry fighters, provide logistical support and collect intelligence) in armed conflict with youth-at-risk programming and rehabilitation/reintegration programmes, including psychosocial support and non-formal education.

Violence against children is almost endemic in Somalia; children experience violence throughout their lives. At a young age, girl children are subjected to FGM/C. From as young as 9 years of age, girls are forced to marry older men and subjected to sexual violence and rape by a range of perpetrators, from their unlawful husbands, to men known to them, teachers and armed militia. Around 2 per cent of rape survivors are boys. UNICEF and partners are pursuing a sex- and age-appropriate community-based approach for the provision of frontline medical and psychosocial care to GBV survivors. UNICEF and partners are also undertaking a broad-based set of programmes to advocate for the abandonment of FGM/C, including community empowerment, advocacy through religious and traditional leaders, and changing the legal environment.

With support from the European Union, and technical assistance from UNICEF, the Ministries of Education in Somaliland and Puntland have functioning Gender Units that are managing a girls’ scholarship programme; training female teachers; conducting social mobilization for a girls’ education campaign; fostering the construction and rehabilitation of Girls Only Schools; and helping ensure the provision of separate WASH facilities for girls. Ministry commitment both in the north and CSZ has been central to the 12 per cent increase in girls’ enrolment from 2011 to 2012.

Under the Joint Programme on Local Governance and Decentralized Service Delivery, UNICEF helped ensure increased opportunities for women to exercise their right to participation by encouraging their representation on Village Committees.

Environmental Sustainability

*Mostly met benchmarks*

In order to minimize climate change impacts and promote environmental sustainability, UNICEF supports and encourages initiatives that minimize environmental degradation and foster environmental sustainability. In 2012, initiatives on solar-powered water supplies were expanded, with the construction of 27 solar-pump water supply stations completed around the country. The Community-Led Total Sanitation (CLTS) programme was scaled up and resulted in more than 50 communities becoming Open Defecation Free (ODF). This programme has the potential to make a significant impact on environmental sanitation through its community empowerment approach.

Child Protection projects on solar lighting and fuel efficient stoves contribute to energy efficiency while reducing the risk of gender-based violence for vulnerable women and girls in IDP camps. Efforts will continue with the aim of starting to collect Carbon Credits as revenue to support operational costs.

South-South and Triangular Cooperation

In 2012, WASH supported exchanges between Somali partners and relevant partners from the Kenya country programme. In October, 10 NGO partners from Somaliland and Puntland were guided by the Kenya Ministry of Public Health and Kenya Country Office (KCO) to visit sites where CLTS has been successfully implemented. In November, the Kenya Ministry of Water hosted five officials from the Somaliland Ministry of Water and water utility companies. This visit considerably enhanced the participants’ understanding of governance and decentralization in the water sector.
## Narrative Analysis by Programme Component Results and Intermediate Results

### Somalia – 3920

#### PC 1 - Child survival

**PCR 3920/A0/06/001 ACSD -** Fewer children die before the age of five because they and their mothers have access to higher-quality health care, WASH education, and nutrition services

**Progress:** UNICEF efforts to reduce under-5 mortality included two rounds of Child Health Days (CHDs) reaching more than 1 million children with a package of high impact interventions. CHDs reached children missed by routine immunization, the coverage rates for which stagnated in 2012. Somalia sustained its polio-free status but the threat remains imminent with 800,000-1,000,000 children not reached over the last five years due to access restrictions. Community Case Management (CCM) started slowly with only 214 Village Health Workers beginning work. The planned roll-out of the Essential Package of Health Services (EPHS) that would have contributed to rebuilding and strengthening the health system has been delayed due to major funding shortfalls.

Access to safe water supply and sanitation remains extremely low due to weak governance; insufficient numbers of skilled staff; weak accountability for continuity of service delivery; and low and irregular salaries. Inaccessibility and limited number of local service providers contributes to the high cost of providing services. Acute Watery Diarrhoea (AWD) is endemic and claims hundreds of lives annually. UNICEF and partners prioritized: the restoration of strategic boreholes over the construction of new boreholes to reduce the environmental and social impact; subsidizing the operation/maintenance these boreholes; support for the disinfection of shallow wells; and household water treatment and safe storage. A total of 421,598 people gained sustained access to safe drinking water and 956,675 gained temporary access.

UNICEF subsidized sanitation provision through latrine construction or slab distribution, largely in CSZ, while adapting Community-Led Total Sanitation (CLTS) approaches in the north. CLTS is a revolutionary approach in which communities conduct their own analysis of open defecation and take action to become ODF. A total of 210,936 people gained access to safe excreta disposal facilities.

UNICEF Somalia's nutrition response was scaled up significantly to further increase the availability of community-based management of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). From January 2012 through November 2012, UNICEF's nutrition programme supported the treatment of 226,802 severely malnourished children under 5; 173,052 moderately malnourished children under 5; and 52,097 moderately malnourished Pregnant and Lactating Women (PLW). Outcome indicators for these children were well within SPHERE standards.

UNICEF supported partners on the Basic Nutrition Services Package (BNSP), developed to deliver a package of cost-effective and efficacious interventions with a holistic life-cycle approach, based on the needs of children at different stages of growth. Significant gains were made on IYCF, with a scale up of IYCF programming starting again in CSZ in the second quarter of 2012.

**IR 3920/A0/06/001/001 1.1.H. Essential Package of Health Service (EPHS), including nutrition and WASH services rolled out in at least 10 districts each in North West Zone (NWZ) and NEZ by 2015**

**Progress:** UNICEF targeted (either fully, or partially) nine regions with an estimated combined population of 3.4 million, with the provision of EPHS-defined essential medicines and medical supplies.

With health facility assessments completed in 2011 for Nugal and Togdheer regions (seven districts), 2012 saw the finalization of micro-plans for all 55 facilities. The integrated micro-plans were developed in partnership with stakeholders and implementation partners in a process entirely led by the Ministry of Health (MOH) of Puntland and Somaliland, with support from UNICEF at the district, regional and central levels.
Implementation will commence in these two regions in early 2013. Assessments and micro-planning processes will be initiated for two more regions (Benadir and Galgadud) in CSZ in early 2013.

The roll out of the EPHS was greatly constrained by limited funding prior to mid-2012. Delays were also caused by the lack of a standardized salary incentive scale. This is expected to be resolved through a Compensation, Salaries, Incentives and Benefits Review for Health Personnel in the Public Sector of Somalia, which is ongoing. The study is expected to provide guidance on incentive levels acceptable to all stakeholders.

A key lesson learned has been the need for a more inclusive process around the development of comprehensive micro-plans. This should involve all stakeholders.

IR 3920/A0/06/001/002 2011 Children under five years receive a package of high-impact child survival interventions through campaigns like Child Health Days, annually for 2011-2013.

Progress: CHDs were designed to deliver, every six months, high-impact preventive services directly to children under 5 and women of childbearing age. Two rounds were held in 2012 in February/May and November/December with varying degrees of coverage due to persistent insecurity in CSZ and the ongoing Al-Shabaab restrictions on immunization campaigns. The first round reached 1,055,013 children with the polio vaccine (89% of the target), and 927,928 (86%) were supplemented with vitamin A. A total of 776,413 children (91%) received polio vaccinations during the second round, while 607,351 (88%) received vitamin A during the second round. Targets were set based on the number of children in the appropriate age range within accessible areas (e.g., 0-59 months for polio and 6-59 months for vitamin A).

CHDs remain an opportunity for Somalia to issue a package of interventions for children who are often isolated by armed conflict or by parents being unaware of the importance of immunization. A constant challenge for CHDs is to reach the originally planned targets (90% of all children in Somalia) due to the resistance and the refusal by Al-Shabaab of population-based campaigns. Although efficient and cost-effective, the CHDs are expensive and difficult to maintain both due to cost and the importance of shifting to strengthening health systems. It is therefore imperative that routine immunization is strengthened, and that the supply of, and demand for, immunization is increased in health facilities. Starting in 2013, CHDs will target only hard-to-reach districts and areas that will be newly accessible as a result of the expansion of the Central Government’s authority in CSZ, and hence haven’t been reached before.

Circulation of vaccine-derived poliovirus—polio that emanates from the weakened virus used during vaccination as opposed to wild poliovirus—is in resurgence. As such, six rounds of polio campaigns have been scheduled for 2013.

IR 3920/A0/06/001/003 1.3.H More than 70% of children under 1 are immunized through equitable, efficient and safe immunization services by 2015.

Progress: In collaboration with WHO and other partners, routine immunization activities were conducted in health facilities in the northern parts of Somalia and accessible areas of CSZ. Expanded Programme of Immunization (EPI) supplies were distributed and the cold chain was guaranteed, including for immunization outreach activities and accelerated immunization campaigns, in order to try to reach thousands of hard-to-reach children. According to provisional administrative reports for January-October 2012, only 52% of children under 1 were provided with their first dose of the Diphtheria, Pertussis and Tetanus (DPT) vaccine, 43% with their third dose of DPT, and 46% with one dose of measles. Only 50% of women of childbearing age received at least two doses of Tetanus Toxoid vaccine. These figures are based on targets for all children and women in the appropriate age range. The dropout rate for children across the country remains very high (21%) even in the north where the situation is more stable.

Only 47% of regions achieved over 70% DPT3 coverage and 37% of regions achieved over 70% coverage for measles; most of these regions were in the north, with the exception of Banadir in the south. Reasons for the limited progress towards the goal of 70% include poor infrastructure of health facilities; shortage of human
resources and lack of motivation; lack of EPI policies, national EPI plans and poor data management; prevalent insecurity in CSZ; a scattered population with many hard-to-reach districts; and poor social mobilization leading to refusals to be immunized. Somalia continues to have some of the largest numbers of unimmunized children in the world and is thus a reservoir of vaccine-preventable diseases such as polio and measles. A comprehensive EPI review has been conducted in Somaliland and will be extended to Puntland and CSZ in 2013. The findings will be used to develop an EPI-strengthening plan.

IR 3920/A0/06/001/007 1.1 N Essential Package of Health Service (EPHS), including nutrition and WASH services, rolled out in at least 10 districts in NWZ and NEZ by 2015

**Progress:** UNICEF contributed to assessments and the development of micro-plans for EPHS regions in Somaliland and Puntland. Drafts of micro-plans that incorporate nutrition are in place and will be funded in 2013.

IR 3920/A0/06/001/008 1.2 N - More than 90% of children nationwide receive a package of high-impact child survival interventions through campaigns like Child Health Days, annually for 2011-2013.

**Progress:** Nutrition contributes to CHDs through the provision of vitamin A supplements, deworming tablets, and screening and referrals for acute malnutrition. Full achievement of the target is hampered by the necessity for improvements in social mobilization. In addition, some children are targeted in routine services and therefore may not be eligible for all services during CHDs.

IR 3920/A0/06/001/009 2011 - H. 1.3 NEZ immunized through equitable, efficient and safe immunization services by 2015

IR 3920/A0/06/001/010 1.4.H At least 50% of children under 5 with pneumonia, diarrhoea or malaria are treated according to standard community case management (CCM) protocols in targeted districts by 2015

**Progress:** To date, 214 village health workers have been trained and are now undertaking Community Case Management (CCM) in 13 districts in Puntland and CSZ, targeting 26,750 children under 5. In collaboration with WHO, and using the global UNICEF/WHO “Integrated Essential Child Health Care Modules”, training materials, guidelines and implementation tools were developed, adapted and revised into Somali. Following the identification of the participating districts and villages, six NGO partners were selected for implementation. A total of 13 master trainers were trained from the implementing partners, who later conducted cascaded training for 39 regional/district trainers and supervisors. The CCM package in Somalia includes the treatment of pneumonia, diarrhoea, malaria and screening/referral for malnutrition.

Due to some partner challenges, UNICEF was unable to reach 77 village health workers out of the targeted 291, meaning a population of 53,900 (10,780 children under 5) went without a village health worker. The selection of village health workers was, in general, a major challenge as finding women with the ability to read and write was difficult (the adult literacy rate was 25% in 2006 according to the Multiple Indicator Cluster Survey—MICS). The procurement and distribution of village health worker supplies took much longer than anticipated due to complex supply and transport logistics inside Somalia.

The next steps for the CCM include holding a stakeholder workshop to assess lessons learned, and then to expand implementation to Somaliland. A community-based information management system is also currently being developed to collect data on children treated through CCM starting in 2013.

IR 3920/A0/06/001/043 1.5 Children and women have improved and sustainable access to and utilization of integrated, essential, quality services and nutrition to prevent and treat acute malnutrition.

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

**Progress:** AWD/cholera is endemic in Somalia and the combination of AWD/cholera and malnutrition makes destitute households even more vulnerable. In order to address the problem, UNICEF and partners have been working on the construction and rehabilitation of water supply systems; distribution of ceramic water filters and water purifiers for household water treatment; and the disinfection of water sources.

In 2012, 421,598 people from vulnerable communities including IDPs, schoolchildren, and users of health and nutrition facilities gained access to sustained water sources through the construction and rehabilitation of water supply systems (153,278 people in CSZ; 91,000 in NWZ; and 177,320 people in NEZ). It is estimated that this is a 4.44% increase in sustained access to water for the overall population of the country.

In addition to the above, an estimated 956,678 vulnerable people in the high AWD/cholera risk districts of Gedo, Banadir, Bay, Bakool, Hiran and Middle Shabelle regions have received and/or continue to receive access to safe water through temporary water supplies such as mass chlorination, water vouchering, and/or support for the operation and maintenance of water supplies. In NEZ, a total 1,500 ceramic filters from the stock have been distributed to 1,500 households.

The key challenge for increasing access to water remains the ability for UNICEF to access areas with very poor coverage—those under Al-Shabaab. In 2013-2015, it will be possible to increase access to a significant number of people in urban areas in both the north and south of Somalia, but making significant progress in underserved, rural areas remains a challenge.

**IR 3920/A0/06/001/045 1.7.W. More people in urban and rural areas use improved sanitation facilities and receive effective hygiene promotion packages**

**Progress:** The integration of safe water provisions, with sanitation and hygiene in schools, health and nutrition centres, was emphasized in 2012. Training manuals jointly developed by the Health, Nutrition and WASH programmes were used to train 30 partner organizations. Sanitation and hygiene promotion packages were also developed for the training of 202 Hygiene Promoters, primarily Community Health Workers (CHWs). More partners are now integrating hygiene promotion with water supply projects as a result of these trainings. Somali-specific Information, Education and Communication Hygiene Promotion materials were produced and distributed in communities, maternal and child health centres (MCHs), nutrition centres and schools and more than half a million people were provided with hygiene promotion in 2012 (see also results in PCR 3).

In CSZ, 102,336 people, including IDPs, gained access to improved sanitation facilities through the construction of latrines. A further 600 people gained access to safe sanitation through latrine construction in NEZ. Additionally in NEZ, 17 MCHs were provided with latrines and hand washing facilities benefiting an estimated 3,000 users per month, predominantly women and children. Eleven schools were provided with gender-sensitive sanitation facilities for boys and girls and hand washing facilities benefiting 1,500 children (900 boys, 600 girls).

In NWZ, 103,500 people, including 4,552 schoolchildren, are now benefitting from latrines and hand washing facilities in their schools. Some 44,100 people from 49 hard-to-reach villages made major improvements in household sanitation through the construction of their own toilets after their community was triggered through CLTS. These are villages in the catchment area of five MCHs where the water and sanitation facilities were also improved. By March 2013, the 49 villages are expected to be ODF. A total of 2,473 households from the community around the MCHs received ceramic filters for household water treatment. An additional 12 villages were triggered in Togdheer and Losada'awo benefiting a total of 40,000 people.

The overall result is that, countrywide, an increase of 1.13% of the total population has gained new access to safe sanitation in 2012.
services by 2015

**Progress:** Efforts to integrate nutrition screening and defaulter tracing with immunization outreach services have been constrained by a lack of clear guidance and clarity between health and nutrition teams/staff in terms of responsibilities when it comes to the integration of screening services and defaulter tracing. This issue will be addressed in 2013 through focused technical support for the development of guidance and training materials for linking Outpatient Therapeutic Programme (OTP) screening and defaulter tracing with EPI.

**On-track**

**IR 3920/A0/06/001/049 1.4. N. Under-5 children with pneumonia, diarrhoea and malaria are treated according to standard CCM protocols in targeted districts**

**Progress:** A total of 73,211 zinc dosages were purchased through social marketing in Somaliland (2011 to present) and 150,850 were distributed to UNICEF partners. Zinc is used to reduce the severity and duration of diarrhoeal episodes. Implementation of social marketing for the expansion of access to zinc has greatly increased coverage, although this is limited to Somaliland (due to the lack of a partner capable of undertaking social marketing in the other zones).

**Constrained**

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

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

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

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

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

Strengthened partnerships and the timely positioning of emergency nutrition supplies enabled UNICEF to reach the majority of children and women in need of assistance with life-saving essential nutrition actions. UNICEF supported an enhanced Blanket Supplementary Feeding Programme (BSFP) to increase access to food by vulnerable groups in order to lower children’s risk of becoming acutely malnourished. Since January 2012, BSFP has reached over 266,312 families (including 399,468 children under 5) with at least one ration of CSB+ and oil, with a total of 657,116 household rations distributed since January 2012. Wet feeding centres were located in key areas of transiting IDPs (Dhobley, Dolow, and Luuq) and provided hot meals to over 35,961 families since January 2012 (including 45,417 children under 5).

A further 65,000 families received six rounds of cash/food vouchers in 2012. The cash/vouchers were correlated with an improvement in food consumption and a decline in negative coping strategies, which include eating fewer meals and selling livestock and assets.
IR 3920/A0/06/002/001 2.1.H UNICEF zonal offices have developed and are using integrated disaster risk reduction (DRR) strategies for ACSD (health, nutrition, WASH, NFIs) by 2012.

**Progress:** No significant activities were undertaken during 2012. However, community consultations have been conducted in Dollow with the objective of understanding the risks, vulnerabilities and capacities/solutions of communities and ensuring community input is the basis of resilience programming, for inclusiveness and accountability. This was followed by a planning workshop of the three participating agencies, coordinating the planning of resilience-building interventions in Dollow. A workplan was established by mapping current/planned activities, identifying the existing gaps and the opportunities for linkages, and the further strengthening of resilience. Resilience/DRR will be integrated into all programme components during the Mid-Term Review.

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

**Progress:** The AWD/Cholera Preparedness and Response Plan was developed for SCZ with technical support from Health and WASH cluster partners. In 2012, the preparedness of partners and local authorities for AWD/cholera outbreaks was enhanced through the development of guidance materials in AWD/cholera outbreaks/emergencies. Essential supplies, including NFIs, were pre-positioned in warehouses across all zones enabling timely response to cholera/AWD and other emergencies.

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

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

**Progress:** In 2012, the preparedness of partners and local authorities for AWD/cholera outbreaks was enhanced through the development of guidance materials on nutrition actions in AWD/cholera outbreaks/emergencies. Essential nutrition supplies were pre-positioned in warehouses across all zones enabling timely emergency nutrition response. Shifts in focus and resources towards the development of health sector strategic plans and costed nutrition plans of action constrained the implementation of activities contributing to realization of this IR. The development of nutrition preparedness and contingency plans and training for local authorities and partners in nutrition preparedness and contingency plans and CCCs has been reprioritized to 2013.

IR 3920/A0/06/002/006 2.2. W: Zonal and/or regional authorities and partners in 50% of targeted, high-risk areas are prepared and have the capacity to deliver emergency response (health, nutrition, WASH, NFIs)

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

Through the WASH cluster, UNICEF engaged ten NGO partners to manage RSHs in CSZ. RSHs were established to reach the vulnerable populations after the Al-Shabaab ban. Supplies have been pre-positioned to meet the needs of over 70,000 households in case of an emergency. Seventy-five per cent of the 67 districts of CSZ are geographically covered with pre-positioned supplies that are continuously replenished from UNICEF Somalia Support Centre (USSC) stocks. In NEZ, supplies were pre-positioned with MOH.
IR 3920/A0/06/002/008 2.4. C Cash-based programmes access life-saving support through cash/vouchers

**Progress:** In 2012, UNICEF reached 65,000 vulnerable households with six rounds of monthly unconditional emergency cash transfers/food vouchers. These distributions covered Lower and Middle Juba, Lower and Middle Shabelle, Mogadishu, Hiran, and the Bay and Gedo regions.

Households were selected based on nutritional criteria, such as those with acutely malnourished children and children at risk of malnutrition, including, but not limited to, elderly- and single-headed households looking after children under 5. The amount transferred in each area ranged from USD 85 to 115 depending on FSNAU's Minimum Expenditure Basket for the area. The programme was initially delayed, both by the limited initial commitment to cash/vouchers and by the lengthy process of negotiating access to villages through local authorities in order to register households independently.

The preliminary findings of the final evaluation completed for all organizations participating in the cash and food voucher group indicate that, for all livelihood groups targeted, the programme appears to correlate with (if not cause) an improvement in food consumption and a decline in negative coping strategies, which include eating fewer meals and selling livestock and assets. The evaluation highlights that from August-September 2011, beneficiaries were eating between one and two food groups, then that number increased to four in the case of the provision of vouchers, and approximately six in the case of cash by December 2011-January 2012. Data also shows a decline in negative coping strategies.

The preliminary findings further indicate that the programme size is still small in comparison to remittance flows; and current monitoring data suggests that there have not been adverse impacts (such as inflation) on the market, but rather that the injection of cash has stimulated demand and ensured traders have been able to move goods to rural areas and markets, ensuring supply. Overall, the evaluation preliminarily concludes that the cash/voucher component was aligned, appropriate, and fit-for-purpose in the context of the famine response.

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

**Progress:** UNICEF supported an enhanced Blanket Supplementary Feeding Programme (BSFP) to increase access to food by vulnerable groups and to alleviate pressure on treatment programmes by lowering children’s risk of becoming acutely malnourished. Since January 2012, BSFP has reached over 266,312 families (including 399,468 children under 5) with at least one ration of CSB+ and oil, with a total of 657,116 household rations distributed since January 2012.

**Constraints:** The ban on UNICEF by Al-Shabaab (AS) in late 2011 hampered access to certain locations in CSZ, creating a break in service provision for BSFP partners. This led to a less than anticipated reach for 2011 indicators related to BSFP. However, 2012 indicators are on track. In order to address restricted access, UNICEF has actively worked with partners to find alternatives to ensure that supplies and operational support continued to reach partners in the AS areas and that essential services were provided to those in need. Additionally, since February 2012, the supply chain has been improving due to changes in the security situation, which created newly accessible areas as well as the use of alternative solutions to supplying insecure areas.

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

**Progress:** There has been no major WASH-related disease outbreak in Somalia in 2012. However, UNICEF and partners continue to maintain substantial emergency supplies at the RSHs due to the continued high risk of outbreaks. Regular meetings of the RSH managers were convened to share experiences and lessons learned about the Hubs, a new approach implemented since the ban was imposed on UNICEF by Al-Shabab. The ten RSHs were regularly replenished to avoid gaps in the flow of supplies. Feedback from the ten RSH managers indicates that the level of preparedness to respond to any WASH-related emergency intervention has improved tremendously with the stockpile of supplies at regional level. In areas where UNICEF has no access and UNICEF supplies are not acceptable, WASH NGOs are running RSHs with alternative funding.
coordinated through the WASH cluster.

**IR 3920/A0/06/002/012 2.3. H EWEA Plans – developed according to Early Warning Early Action plan**

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

**On-track**

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

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

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

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

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

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

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

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

**Progress:** Interpersonal and group counselling for IYCF practices continued on a large scale in all zones, an integrated programme for the promotion of nutrition and hygiene is being implemented in nutrition sites, and a weekly radio programme with associated outreach activities addresses barriers and solutions for optimal nutrition and hygiene practices. UNICEF is using a combination of mass media and interpersonal messaging to reinforce behaviour change initiatives.

UNICEF is looking to diversify the communication channels used to diffuse key messages. This includes a religious leaders programme and supporting partners to work more closely with community focal points. A common community strategy will be agreed upon and CHWs will diffuse both nutrition and hygiene
messaging and services. Research and analysis will be undertaken to examine the practices and behaviours as well as the opportunities for optimal complementary feeding.

Awareness creation on immunization campaigns and health facility outreach immunization activities continued. Separate messages targeted different audiences including religious and community leaders, mothers, and grandmothers.

UNICEF and partners supported mass hygiene promotion activities, including radio announcements and SMS messages to inform, influence and involve individuals, households and opinion leaders in adopting new attitudes and/or behaviours. These strategies have been adopted because they reach a wide audience, including over 1.5 million people during Global Handwashing Day, and they are possible within the limited humanitarian space in CSZ.

The efficacy of this approach in creating actual behaviour change has been questioned by the MOH in Mogadishu as it does not provide a platform for feedback or interaction. However, opportunities for interpersonal interactions with the beneficiaries are limited by access restrictions, including in some of the areas in greatest need.

Challenges also include the lack of Communication for Development (C4D) coordination structures within UNICEF and limited capacity among partners. The newly established C4D Strategy and internal structures will improve the coordination of activities and the effectiveness of interventions in 2013. C4D activities will also be improved through the strengthening of partner capacity.

There is a need to implement an integrated communication programme that utilizes a mix of complementary channels for each audience, with emphasis on interpersonal communication, reinforced by traditional media; entertaining communication channels or activities; strong mass media campaigns as well as technologies like mobile phones. Surveys and field assessments indicate a growing number of mobile phone users.

On-track

IR 3920/A0/06/003/002 3.1 H C4D/BCC strategy for ACSD preventive and promotive measures is developed and being implemented

Progress: A four-year integrated C4D strategy for Behaviour Change Communication (BCC) has been created and will be implemented in 2013. The strategy is based on seven key behaviours (such as immunization, exclusive breastfeeding and hand washing with soap) and will be implemented based on the life cycle, for example, by targeting healthy behaviours for infants, children and adolescence. Formative research on the key behaviours will be conducted in 2013 and findings from the research will be used to refine the strategy, making it more context-specific and addressing major communication gaps. The strategy will also create clear targets for C4D interventions.

One of the key challenges that must be addressed in 2013 is the strengthening of the C4D coordination mechanisms at the zonal level. There is also a continued need to strengthen the C4D capacity of government and NGO partners. Monitoring tools for the district and community level will need to be developed to allow UNICEF to measure the results and impact of C4D interventions.

Constrained

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

Progress: UNICEF and partners reached mothers with children under 5 years, caregivers (grandmothers and siblings) and even children themselves with simplified behaviour change messages. Targeted behaviours included shifting to safe water sources; sanitation demand-creation with a focus on the rural poor, hard-to-reach communities, and school and health facilities; and hand washing with soap. Hygiene packages were provided to 830,000 people in CSZ, enabling them to improve their hygiene behaviour throughout the year.
Over 1.7 million people, including 16,000 schoolchildren, were reached with simplified messages during the Global Handwashing Day events, which were mainly celebrations and demonstrations in schools as well as mass media messaging. This strategy, however, falls short of the interaction with the target beneficiaries as they are hardly consulted during the development of the materials. Communication for behavioural change is more likely to be sustained if individuals and communities engage in, and own, the process and content of communication.

Four villages in Puntland have attained ODF status through CLTS. CLTS activities are ongoing in six villages in NEZ and 47 villages in NWZ. A hygiene and sanitation stakeholder workshop was also organized in Hargeisa to sensitize 32 participants from the MOH and local NGOs on the CLTS approach. At the end of the workshop, the participants agreed on eight key priority activities for the zone for the next three years.

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

**Progress:** To improve family and community care practices and life skills that improve child survival, UNICEF has supported participatory approaches to empowering communities to eliminate water and sanitation-related diseases, including community management of water and sanitation facilities and building on existing knowledge and practical skills in the use of participatory hygiene education tools.

In NEZ and NWZ, a series of training sessions for teachers, hygiene promoters and women’s groups have resulted in regular hygiene and sanitation promotion in 20 schools.

In CSZ, 857,497 people, including IDPs and members of vulnerable households, were reached through mass hygiene promotion activities such as radio announcements and SMS messages, along with about 30,000 people in Puntland. A total of 522,011 people, including IDPs, were provided with means to practice good hygiene and Household Water Treatment and Safe Storage (HWTSS). This included 43,000 households being provided with hygiene packages through Outpatient Therapeutic Programmes.

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

**Progress:** Awareness and demand for services at the household level has been improved through the use of diverse strategies including advocacy, training, social mobilization and community dialogues. Social mobilization activities aimed at increasing knowledge around, and acceptance of, immunization were conducted in support of CHDs and National Immunization Days (NIDs) across Somalia.

Community dialogues have been used to increase awareness and promote behaviour change across different target audiences on key Child Survival behaviours. A total of 240 teachers were mobilized and trained to increase awareness and promote services. These teachers held school-based awareness sessions for 2,400 children and 1,200 families in CSZ. A total of 150 health workers were trained to enable them to offer health education on key Child Survival messages to 5,000 clients. Also, 150 Community Health Committees (CHCs), 60 community mobilizers, 100 Traditional Birth Attendants (TBAs) and 45 health workers from 34 MCHs in Togdheer, Sahil and Maroodi Jeex regions in Somaliland were trained in community dialogue and tracing for children and women who drop out of their vaccine schedule, reaching 126,000 households.

Twelve 30-minute programmes aimed at increasing awareness on immunization; danger signs of childhood illnesses; Antenatal Care (ANC); pregnancy danger signs; and exclusive and complementary breastfeeding; will be aired on one radio station in each of the three zones. This will start in Somaliland in February 2013, with the other zones still finalizing the programmes. The effectiveness of these programmes will be measured after six months.

To date, C4D interventions have been ad hoc and many implementing partners did not have the adequate capacity to implement interventions. With the roll-out of the C4D Strategy in 2013 it is expected that...
implementation will be more structured and streamlined. UNICEF will develop the capacity of C4D partners during 2013, through the development and implementation of user-friendly materials for the community dialogues, including monitoring tools for result tracking.

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

**Progress:** The nutrition programme is working on developing partnerships with NGOs to cover primary schools with deworming interventions in partnership with WASH promotion. The partnership is functional in NWZ but implementation slowed as the NGO did not complete all activities within the school term. In NEZ, the exclusive use of the MOE to implement has not been successful due to limited capacity and the zone is recommended to seek NGO partners to assist and will do so in 2013. A few partners in CSZ deworm in schools without UNICEF support but there is a need to continue to develop partnerships.

**IR 3920/A0/06/003/008 3.3.H Households use family and community care practices and life skills that impact on child survival, growth, development and protection**

**Progress:** Workers (CHWs) in the three zones, to promote family and community care practices among the relevant target audiencesSocial mobilization micro-plans have been developed for CHDs and NIDs in all three regions, to increase the community demand for, and utilization of routine immunization. Community dialogue sessions on key maternal and child health services were conducted during the two rounds of CHDs, covering 5,960 men and women in the three regions.

Community resources and influential persons who can be allies for ACSD interventions were mapped in Burao and Togdheer regions, Somaliland. UNICEF will create key partnerships with these allies to promote family care practices.

In 2012, activities were geared towards building structures and the capacity of implementing partners and communities in order for them to be able to encourage new positive behaviour. There were limited interventions that focused on strategic change of behaviour. For 2013, there are plans to have more structured engagements with the communities aimed at promoting community care practices with monitoring tools that will enable the tracking of results.

**IR 3920/A0/06/003/009 3.3.N Households use family and community care practices and life skills that impact on child survival, growth, development and protection**

**Progress:** The promotion of general nutrition, hygiene and health-seeking behaviour is being expanded within nutrition sites. The development of partnerships in CSZ was restricted in 2011 and the first half of 2012 due to the famine response. However, in the second half of 2012 more access was possible and 15 new trainers were developed while approximately 30 new IYCF counsellors were trained in of the second half of 2012. In addition to this, the number of women who deliver without a qualified health professional remains a constraint. A partnership with BBC Media Action looks to increase awareness through a weekly radio drama programme covering six key behaviours: early initiation of breastfeeding, exclusive breastfeeding, appropriate complementary feeding, feeding of the sick child, hand washing and safe disposal of feces. While significant progress still needs to be accomplished in the reversal of suboptimal behaviours, the programme is on track for a national level 10% (and likely higher) increase in the early initiation of breastfeeding by 2015.
including low demand for services. However, some progress is being made on improving ANC, skilled birth attendance rates, Emergency Obstetrics and Neonatal Care (EmONC) and Postnatal Care (PNC). UNICEF and partners are expanding EmONC services nationwide through training; provision of supplies and operating costs; and rehabilitation of facilities. UNICEF maintained support to 323 Maternal and Child Health (MCH) facilities in 2012, a key component in increasing facility-based ANC, skilled birth attendance, facility-based deliveries and PNC.

From 2011 to 2012, there was a 26% increase in women attending two or more ANC visits, a 48% increase in facilities-based births; a 35% increase in PNC coverage, a 43% increase in postpartum vitamin A supplementation for lactating mothers, and 75,561 pregnant women delivering their babies with skilled birth attendants either at home or in a facility.

A weak health system with little or no policies, poor infrastructure and weak human resources is a key factor that continues to hinder progress; other factors include ongoing insecurity and low demand for services, and a multitude of partners with low capacity.

The new political environment (election of the new Government) is a clear opportunity to improve the health system in CSZ, which would have an effect on improving maternal health. The establishment of the JHNP presents another key opportunity for UNICEF and partners to improve planning, coordination and fundraising in 2012.

Maternal nutrition is a vital part of the prenatal and postnatal processes, but it is an often forgotten component of programming. UNICEF is supporting partners to provide pregnant and lactating women with multiple micronutrient supplements to support both the woman and the infant. These tablets can increase the chance of a healthy delivery and a healthy infant. In addition, IYCF counsellors address necessary aspects of maternal nutrition and encourage mothers to reduce their workload in the final trimester. Counselling, which includes maternal nutrition, needs to be further expanded to ensure that consistent messages are being passed by all health care providers, especially TBAs and others based at the community level.

IR 3920/A0/06/004/001 4.1.H More adolescent girls, mothers and newborns receive essential maternal and newborn care in health facilities through quality, affordable and effective Maternal, Newborn and Child Health (MNCH) services

**Progress:** In 2012, UNICEF maintained support to 323 MCH clinics (175 in SCZ, 57 in NEZ, and 91 in NWZ) and 571 Health posts that continue to be the main points of facility-based delivery of health services within the public sector in Somalia. Support included essential medicines, renewable medical supplies, bundled vaccines, equipment, and running costs including staff incentives to ensure that 4 million people had access to functioning facilities. A total of 620,163 children under 5 used the outpatient services. From 2011 to 2012, there was a 26% increase in women attending two or more ANC visits; a 48% increase in facilities-based births; a 35% increase in PNC coverage; a 43% increase in postpartum vitamin A supplementation for lactating mothers; and 75,561 pregnant women were delivering their babies with skilled birth attendants either at home or in a facility.

Maintaining a constant supply of essential medicines to facilities remains a major logistical challenge in Somalia. UNICEF also lacks the required competency to manage pharmaceutical products and constantly struggles to ensure that no stock-outs occur. As such, UNICEF is looking to outsource this component to a suitable partner within the next two years. The partner would ensure that the MOH has the capacity for stock management at all levels of the health system and across the country, with a view to the MOH taking over the task in the future.

Plans to roll out a comprehensive training for facility-based health staff members to improve the quality of health services have been delayed due to negotiations with stakeholders, including the finalization of the training module. A training curriculum based on the Global WHO/UNICEF Integrated Management of Neonatal and Childhood Illness (IMNCI) model was revised and adopted by all three MOHs in October, and 15 Trainers of Trainers (TOTs) were trained in Somaliland. Trainings in Puntland and CSZ will be completed in January.
2013 and cascaded trainings are scheduled for 2013 to reach all supported health facilities.

On-track

IR 3920/A0/06/004/009 4.2.H More women have access to skilled birth attendance and emergency obstetric and newborn care

**Progress:** Following assessments completed in 2011, 14 Basic Emergency Obstetric and Neonatal Care (BEmONC) facilities (seven each for Somaliland and Puntland) and four Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) facilities (two each for Somaliland and Puntland) went operational in 2012. Support included rehabilitation/construction of maternity wings in nine facilities, increased number of staff at the facilities to ensure 24 hour a day operating hours, improved availability of essential medical supplies, and establishment of a referral system for when the facility is unable to handle the delivery. Facility-based delivery has increased from 1,526 in 2011 to 4,180 in 2012 with a total of 75,561 pregnant women having babies delivered by skilled birth attendants either at home or in a facility, which is an increase of 26% from 2011.

Lengthy contracting processes, coupled with the challenging construction environment in Somalia (lack of highly qualified and experienced contractors), has contributed to delays in facility preparation. However, it was decided to begin the 24 hour a day staffed operation of facilities before the completion of construction and delivery of supplies. Delayed agreements on staff incentives delayed finalization of partner agreements and the eventual start of this component.

In 2013, UNICEF will continue to sustain these 14 BEmONC facilities and expand to include three more, one in each zone. An evaluation is planned for mid-2013 for this component. Findings will be used to strengthen the component and possibly expand implementation to more facilities in 2014.

Baseline for percentage of women assisted by skilled birth attendance during their last delivery either at home or in a facility is based on MICS. The program is reporting administratively on a yearly basis through Health Management Information System (HMIS) reports, which may be under-reporting.

On-track

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

**Progress:** UNICEF also continued to support partners on the technical and material delivery of the essential components of the Basic Nutrition Services Package (BNSP), developed to support the delivery of a package of cost-effective and efficacious interventions with a holistic life-cycle approach, based on the needs of children at different stages of their growth. Given that Somali IYCF indicators are some of the worst in the world, UNICEF will increase its focus on IYCF programming.

Only 54% of pregnant women attending ANC receive multiple micronutrients. A supplement that can decrease their chances of becoming anaemic and can also address a host of other mild to moderate micronutrient deficiencies. More efforts needs to be made to scale up the accessibility to this supplement by working with health workers, community-based workers and well as with mothers themselves. The process for rolling out IYCF counselling has been ongoing since March 2012. While progress is fairly good in NWZ and NEZ, it is more constrained in CSZ. Countrywide over 250 individuals (community- and facility-based) have been trained in IYCF counsel, although few of these have been trained in a more comprehensive package, encompassing other aspects of essential newborn care.

Constraint: A very low number of women deliver with the help of a trained and qualified health professional.

Constrained

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

**Progress:** With WHO and zonal MOHs, Health Sector Strategic Plans for each zone have been drafted with finalization expected in January 2013. They will form the basis for support to the sector. Other subsector
Policies will be developed in 2013, including EPI and Community Health policies. UNICEF entered into a strategic partnership with WHO, UNFPA and Somali Health Authorities under JHNP, aiming to significantly and rapidly improve maternal and child health and subsequently reduce mortality, while strengthening the systems that support improved quality and access to health care. Donors include Australia, the United Kingdom (UK), Sweden and the United States (US), with other donors expected to join.

The zonal water authorities are fully committed to the development of the WASH sector. However, the ministries continue to struggle with weak financial and technical capacities as well as an absence of necessary policies and implementation plans. For the public sector to play its regulatory and oversight role, the Government will have to identify skills gaps and prioritize the capacity development of its officials. The recently enacted Somaliland Water Act, passed with UNICEF support, is a first step in improving the enabling environment.

A draft Water Sector strategic framework for Somalia was developed and presented in the Water Forum at the international conference on Somalia in Istanbul. Exchange visits were facilitated for senior government officials from Somaliland to Kenya on CLTS and decentralization.

Leadership for planning and coordination of nutrition activities has been augmented in the northern MOHs through support for MOH nutrition unit structures at central and regional levels through JHNP. Similar structures are envisioned to be initiated in CSZ in 2013.

An enabling policy environment for the delivery of nutrition services has been strengthened through support for a five-year IYCF strategy and plan of action endorsed by local authorities and partners. The process for developing costed nutrition plans of action as part of the health sector strategic planning process was initiated. This will strengthen planning processes within the nutrition sector and contribute to the development of investment cases for child and maternal nutrition.

Advocacy efforts advanced through world breastfeeding week commemoration activities have greatly increased attention on infant and young child nutrition issues. Enhanced capacities for the protection of children's nutritional status were augmented. Strengthened collaboration with the private sector in Somaliland for the social marketing of diarrhoea treatment kits has enhanced access to life-saving Oral Rehydration Solution (ORS) and zinc supplements while strengthening linkages between the public and private sector.

**On-track**

**IR 3920/A0/06/005/007 5.1.H Policies and sector plans/strategies on child survival are developed, adopted and implemented**

**Progress:** Working with the WHO and the three MOHs, health policies were reviewed and updated. This led to the drafting of three Health Sector Strategic Plans, one for each of the zones. UNICEF supported the ministries to participate in the international "Committing to Child Survival – A Promise Renewed" conference. It is hoped that this will set the stage for the development of a comprehensive Child Survival strategy and action plan for each zone in 2013. The Health Sector Strategic Plans are expected to be finalized in January 2013 and will form the basis for support to the sector. Other subsector policies will be developed in 2013, including an EPI policy and a Community Health policy.

While the BNSP provides the framework for Partnership Cooperation Agreements (PCAs) there is still a limited understanding among partners and local-level authorities. The nutrition sector is still without a capacity development strategy. A process is currently ongoing within UNICEF to develop a strategic plan.

There is now an agreed-upon strategy and action plan for all three zones for IYCF. This will ensure a comprehensive and unified approach to address suboptimal behaviours. Nutrition coordination mechanisms in NWZ are operational and effective. Within NEZ they are only partially effective, and they will be set up in SCZ in 2013.

The process for developing costed nutrition plans of action as part of the health sector strategic planning
process for Somalia was initiated. It is envisaged that this will strengthen the planning process within the nutrition sector and contribute to the development of investment cases for child and maternal nutrition.

UNICEF in-house capacity for strategic capacity development (and the time to develop the plans) needed to be provided by a Technical Assistant, who is now on board. Coordination mechanisms in NEZ are poor due to a lack of experience with the MOH of Puntland as well as the lack of a consistent presence of UNICEF nutrition staff in Garowe.

**IR 3920/A0/06/005/008 5.1.W Policies and sector plans/strategies on child survival are developed, adopted and implemented**

**Progress:** With technical support provided by UNICEF to the Puntland MOH, a Hygiene and Sanitation policy has been drafted and is under final review by the Ministry. The lack of legislation and regulation for sanitation and hygiene has partly contributed to the low coverage in these areas. With the policy in place, the Puntland MOH would also be encouraged to increase budgetary allocations for its implementation. With UNICEF support, the Government of Somaliland passed and launched a new Water Act.

UNICEF, in collaboration with the relevant water authorities, developed a Water Sector Strategic Framework that was presented at the Second Istanbul Conference on Somalia in May/June 2012. UNICEF is continuing to work with the line ministries to ensure equitable delivery of sustainable water services. Decentralized management and service delivery; use of innovative technologies; capacity development of service providers, including the private sector; and government-led sector coordination have been identified as the strategic areas of focus.

A WASH Sector Study was completed in Somaliland and Puntland through the JPLG programme. Counterbalancing public oversight with private sector participation in urban and rural water service was strongly recommended. This model complements the core strategy of the JPLG, which is based on community empowerment and community ownership of projects and accountability on the part of the local government, while contributing to peace and equitable priority service delivery.

**IR 3920/A0/06/005/011 5.2.H Strategic partnerships and linkages between the public and private sector in health, nutrition, and HIV has been built and strengthened**

**Progress:** UNICEF entered into a strategic partnership with the WHO, UNFPA and the Somali Health Authorities and developed the Joint Health and Nutrition Programme (JHN) that aims to significantly and rapidly improve maternal and child health, and subsequently reduce mortality, while strengthening the systems that support improved quality and access to health care. The JHN is a comprehensive, multi-donor, multi-partner five-year programme designed to contribute to the achievement of the Millennium Development Goals (MDGs). Initial donors include the Governments of Australia (through AusAID), the United Kingdom of Great Britain and Northern Ireland (through DFID), Sweden (through Sida) and the United States of America (through USAID), and it is expected that other donors will join later. In its current status, the programme targets 9 of the 18 regions across Somalia, which are home to an estimated 3.4 million people (in particular, 700,000 children under 5 and 335,000 pregnant/lactating women). It gives a significant role to the Somali Health Authorities—a shift from the past when the UN and partners took the lead. The programme has improved coordination between the participating UN agencies and with the Somali Health Authorities; it has also contributed to joint planning. Resources are now being better leveraged and prioritization is done within the zones. In 2012, a total of USD 29.7 million was mobilized through JHN and allocated to agencies. The majority of the initial focus was on mobilizing resources and it is hoped that in 2013 and beyond, joint activity planning will be strengthened. No linkages with the private sector were made by the health programme in 2012, though they were undertaken by nutrition.

UNICEF and Population Services International (PSI) have a partnership for the social marketing of Diarrhoea Treatment Kits (DTKs). DTKs are marketed and sold largely through private pharmacies and doctors’ offices. PSI has established a social marketing franchise for this purpose. The project has supported the increased usage of ORS and zinc together for the treatment of diarrhoea. Constraints faced include the insufficient
ability to support these types of partnerships in other zones, which is limited by the lack of capacity of NGOs that are present. While PSI is considering a move into Puntland, CSZ remains without an identified partner.

**IR 3920/A0/06/005/012**

**5.3.H Government and community capacity to manage and administer ACSD services is strengthened in 50% of regions in NEZ**

**Progress:** UNICEF continued to financially and technically support a number of key child survival staff (in focus areas such as immunization, HMIS and reproductive health) within the zonal MOHs and at the regional level. Two senior immunization staff members, one each from the ministries in Somaliland and Puntland were sent on a two-week course in Harare, Zimbabwe that focused on managing immunization programmes. It is expected that the knowledge gained during this training will be used to roll out the Reach Every District (RED) approach in Somalia to improve immunization coverage. Two staff members from the MOH HMIS units of Somaliland and Puntland were sent to the Aga Khan University in Karachi, Pakistan for a one-month course in Statistics, Data Management and Analysis and Computer Skills. The skills they gained will help to improve data collection, management and use for decision-making. Working with the Global Fund and the WHO, UNICEF initiated the process to send three staff from the MOHs to undertake an International Master of Public Health Programme with the University of Tehran. Twenty-one senior government officials, regional health leaders and managers undertook a five-day Introductory Team-Building Training Programme in Kenya supported by the Japanese International Cooperation Agency (JICA) with assistance from UNICEF. The purpose of the workshop was to strengthen the essential management capacity of health managers and their teams, through selected topical and practical managerial areas required for effective and efficient health systems management for change. The lack of well-defined district teams or structures, as well as community structures, resulted in delayed direct support to the districts. In 2013, as part of the support provided for the roll-out of the EPHS, district teams as well as community structures will be put in place and strengthened.

Leadership for the coordination and supervision of nutrition programme activities at the regional level was strengthened in Puntland through the provision of incentive and supervision support for six Regional Nutrition Officers in the MOH in Puntland. In Somaliland, the recruitment process for new Regional Nutrition Officers took much longer than anticipated, but it is envisaged to be concluded by end of 2012 and the staff will be on board in 2013. Ensuring an appropriate level of nutrition technical expertise within the MOH regional offices has been constrained by a lack of staff members in the regions who already have basic nutrition training from tertiary institutions and requisite work experience. Supporting capacity development of recruited staff will be a key area of focus in the 2013 workplan. The formation of a new Government in Mogadishu presents an opportunity to engage with MOH in CSZ in defining an appropriate institutional framework for nutrition at the regional level and supporting its resourcing and implementation. Opportunities exist within the JLPG programme to support the strengthening of governance of health and nutrition programmes at the regional level and efforts were undertaken in 2012 to strengthen linkages between JPLG and EPHS at the micro-planning level in EPHS regions in Somaliland and Puntland.

**IR 3920/A0/06/005/013**

**5.4.N Health workers of 50% of nutrition partners have improved capacity and means to effectively deliver the Basic Nutrition Services Package (BNSP)**

**Progress:** While around 80% of nutrition partners are implementing five out of eight components of the BNSP, information on the number of staff trained on all the complement of BNSP components is currently unavailable. More effort will be placed on BNSP advocacy and competence in 2013 to ensure a comprehensive understanding of the package and its importance.

**IR 3920/A0/06/005/014**

**5.5.W Management, operation and maintenance of rural and urban water supplies established and maintained through Public-Private Partnerships (PPPs) and other models**

**Progress:** Given the current state of the water sector and levels of government spending, the public sector is nowhere near able to meet the growing demand for sustainable water supply systems without creating an enabling environment for the involvement of the private sector and civil society organizations. UNICEF is continuing to provide technical support for the establishment of Public-Private Partnerships (PPPs) for the management of water supply systems. PPPs have been established in multiple towns over the past ten years...
in collaboration with MMEWR, the Puntland State Agency for Water, Energy and Natural Resources (PSAWEN), and the respective municipal authorities. In 2012, PPP arrangements were also developed for Lowaycado and Kalawle/Luhgaya water supply systems that benefit about 22,000 people.

UNICEF supported the establishment of two central repair centres for generators and Grundfos Pumps, which will also support the operation and maintenance of strategic water supplies in NEZ. These repair centres are expected to increase functionality of water supplies and reduce the downtime of strategic boreholes, hence reducing drought stress for pastoralist households.

**Constrained**

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

**Progress:** UNICEF provided support through implementing partners to facilitate community participation in programme design and implementation, including in the maintenance of water supply and sanitation facilities, which develops capacity for sustainable water supplies.

UNICEF continued a strong collaboration with the Water Ministry of the Transitional Federal Government in 2012, up to the end of the transition period when the new Federal Government restructured the line ministries. UNICEF supported the ministry with complete sets of new office furniture for the Mogadishu office as well as water quality equipment, which were used to monitor levels of contamination of shallow wells in Mogadishu. In Puntland and Somaliland, UNICEF has been mentoring line ministry officials by providing technical assistance on contract procurement (tendering and awarding) and management. Six water supply contracts were processed for MMEMR in Somaliland and three with PSAWEN in Puntland, as well as two sanitation contracts for the MOH in Puntland. Standard Tender Procedures for MMEWR in Somaliland were drafted, approved and implemented and tenders were awarded for the construction of 17 water supply points in Somaliland. A workshop on solar and wind power technology was held in Hargeisa, which helped build skills in alternative technologies for both the public and the private sector. In addition, the WASH standard design manual was produced and 50 partners (including government) were trained on its use.

A total of 132 additional community committees for the management of water supplies were trained on WASH system management, including workshops on WASH in schools; hygiene promotion in emergencies; and CLTS. Implementing partners in CSZ were equipped with bacteriological test kits (H2S) and residual chlorine test strips for monitoring water quality at the household level. In Somaliland, H2S test kits were used in the triggering of CLTS.

The planned comprehensive NGO capacity-building was not started as planned in 2012 due to difficulties in finding qualified and available organizations to carry out the initial scoping study.

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**PC 2 – Education**

**On-track**

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

**Progress:** Each zonal education ministry across Somalia has developed an Education Sector Plan. The plans are closely aligned to Education For All (EFA) and Millennium Development Goal (MDG) targets that have been set in medium-term development and financing frameworks. Parallel to this major advance in the enabling environment, financing for education must be expanded if the regions are to meet the minimum international standards of 17% of national budget allocations earmarked for education (established by UNESCO). Currently, Somaliland commits USD (USD 8.8 million less than 8%) of its budget to education, and Puntland only USD 1.98 million (3.5%), in spite of a pledge of an 8% allocation for 2012. However, the trend of budget allocations in Puntland and Somaliland is increasing. Lack of financing for education in Somalia undermines the ability of government authorities to recruit, train and deploy teachers; support education facilities: construct new schools: and invest in long-term development. Given these low budget allocations.
UNICEF Annual Report 2012 for Somalia, ESARO

Donor contributions remain critical for the sector.

Currently, the burden of teacher costs is placed on Community Education Committees (CECs), where the core funding source for schools and teachers are the school fees collected from families and communities. These costs are prohibitive for the majority of poor children, creating a barrier to their schooling and hindering progress towards the MDG of universal primary education. Lack of funding for education in emergencies in 2012 has resulted in the termination of education partnerships in CSZ, limiting the number of children that partners are able to support and causing the loss of enrolment gains made during the 2011/12 school year. Nevertheless, comparing the two most recent school censuses (2006/2007 and 2011/2012), enrolment in the north increased by more than 50%, partly as a result of an increasing population and stability in the region. Also, more girls are attending schools (with an increase from 33% to 43%) and the Gender Parity Index has increased from 0.51 to 0.76. Increased female participation in schools is seen to be a result of ministry commitment and increased social awareness. Unfortunately, female teachers make up only 17% of the teaching staff, an indicator which is seen as a possible barrier to further increasing girls’ enrolment.

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

Progress: So far, 3,320 communities are being supported in the mobilization and training of Community Education Committees in school management. The Ministries of Education (MOEs) in Somaliland and Puntland worked with a team of trainers made up of Regional Education Officers (REOs), District Education Officers (DEOs) and school inspectors to institutionalize and strengthen the capacity of Community Education Committees and Child to Child clubs (CtCs) to advocate for education and mobilize parents to enrol their children in schools. CtCs continued to receive additional support through NGO partners. The enhanced capacity of CECs and child participation through CtCs has resulted in an increase in enrolment of over 206,510 children (43% girls) between 2011 and 2012. This has been a major shift in strategy away from mobilizing CECs through NGO partners; it has enhanced ownership by the Ministry of Education (MOE) and is expected to reach all schools through trained Head Teachers equipped with the knowledge and skills to establish and nurture CECs and CtCs. This leads to increased community involvement in school management, as well as enhanced child participation. The clubs have also transformed routine school activities, getting children more involved in school life through drama and sports.

In CSZ, UNICEF worked with five education umbrellas and 28 local NGOs to support the work of 1,862 CECs with the support of a cadre of trained mobilizers managed by NGO partners. CtCs in CSZ continued to advocate for school enrolment to enhance children’s participation at the school and community level.

IR 3920/A0/06/006/002 6.2 Gender sensitive strategies, social mobilization and other specific measures enhance girls' enrolment and participation in schools by 2015

Progress: With support from the European Union, and technical assistance from UNICEF, the MOEs in Somaliland and Puntland have functioning Gender Units that are managing a girls’ scholarship programme; training female teachers; conducting social mobilization for girls' education campaigns; fostering the construction and rehabilitation of Girls Only Schools; and helping to ensure the provision of separate WASH facilities for girls. These gender responsive strategies have resulted in 88,799 more girls in school across Somalia (a 12% increase), as well as an increase in female teachers (20% in CSZ, 18% in NEZ and 16% in NWZ) from 2011 to 2012. Girls Only Schools, as well as improvement and provision of girl-friendly sanitation facilities in mixed schools, are believed to be a key factor for girls’ enrolment and retention in schools. This type of intervention has been actively encouraged and implemented in a number of schools across Somalia.

Lack of current and credible baseline data at the start of the country programme has been a great challenge, and the country programme was based on the 2006/2007 Primary Education Survey (PES) This challenge is being addressed through the annual school census that was implemented for the first time in 2011/12 in Somaliland and Puntland. Unfortunately, the school survey could not be implemented in CSZ for security reasons and due to mass displacement during the famine. Plans are underway for a census in Banadir region in CSZ. While it will only cover one region, it is hoped that it is expanded in 2013 depending on the evolving
security situation. The Multiple Indicator Cluster Survey (MICS) conducted in 2011, from which the final results are being processed, will further complement the need for data.

**IR** 3920/A0/06/006/003 6.3 Marginalized children and youth have access to education opportunities by 2015

**Progress:** In the 2011/2012 school year, due to increased humanitarian funding, 429,974 children (43% girls) were enrolled in UNICEF-supported schools. Furthermore, enhanced on-the-job and in-service training was provided for 6,742 (20% female) formal and non-formal education teachers, improving their ability to teach life skills to schoolchildren and youth. Out of those enrolled in UNICEF-supported schools, at least 173,000 were most vulnerable children. Additionally, over 106,000 youth accessed life-skills based Non-Formal Education (NFE).

The Alternative Basic Education (ABE) Pastoralist/Nomadic Education Programme targeting 7,200 children by the end of 2013 was launched in six regions of NWZ and NEZ. Support included rehabilitation/construction of learning facilities; establishment of flexible classes; teacher recruitment and training; CEC training; community mobilization; and printing/distribution of ABE materials. In the first year, a total of 3,922 students (1,804 girls) were enrolled through ABE centres, flexi-timing classes adapted to the needs of the nomads/pastoralists, and mobile schools. This included 1,831 (826 girls) students in NEZ and 2,091 students (978 girls) in Somaliland. In NWZ, a competency assessment of a sample of ABE and formal school students was conducted demonstrating that Level 5 ABE students achieved more in their Grade 8 national exams than their formal school counterparts, with 90% being promoted to secondary school. The Puntland MOE, together with partners, completed and validated the harmonization of the NFE/ABE curriculum, which is now being printed for distribution.

A Peace Building, Education and Advocacy (PBEA) programme was established and the University of York was recruited to conduct a conflict analysis and design the programme starting in January 2013. The PBEA ‘fast track programme’ started in CSZ with two stakeholder analysis workshops attended by 49 participants and aimed at mapping partners’ capacity to respond to immediate needs where activities are considered as peace dividends in newly accessible areas.

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

**Progress:** Throughout the year, UNICEF and the Education Cluster provided MoE and implementing partners’ staff with various training sessions on the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education: Preparedness, Response, Recovery, and the INEE Guidance Notes on Teaching and Learning, Contingency Planning, and DRR, enabling them to assess and respond to emergency education.

Distribution of education supplies to schools in CSZ was constrained due to local bans by Al-Shabaab on humanitarian organizations, UN agencies and NGOs, preventing them from operating in Somalia and having a particular affect on the distribution of supplies. However, the situation improved in the last few months of 2012 and supplies were distributed to 62,350 children (43% girls) in Mogadishu, Afgoye and other parts of Lower Shabelle, including Merka and other emergency schools on the outskirts of Barawe. Despite the ban, education supplies were also distributed to Balad, Jowhar and Warshiek in Middle Shabelle region, reaching 381,401 children in total (43% girls). Available funding allowed for the scaling up of education emergency response activities and resulted in high enrolment in schools, as indicated by the Education Cluster Reports. For the school year 2012/2013 starting in August, no funding was received against the CAP, and negatively impacted on the implementation of planned activities. UNICEF had to suspend/terminate a number of agreements with implementing partners. To effectively coordinate education and child protection interventions in emergency and nonemergency settings, a multi-agency emergency response network ensured that children affected by disasters access education and are protected. Hence, the education cluster served as the main structure to effectively coordinate joint response efforts being made by different agencies during the emergency.

Challenges: Capacity of the ministries in the three zones remains weak, and they depend on partners’ emergency response funding receipts against the CAP, which negatively impacted the implementation of
planned activities and led to UNICEF having to suspend/terminate a number of agreements with implementing partners.

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

**Progress:** Child-friendly schooling is a continuous challenge due to the level of degradation of the education system; dilapidated education facilities; prolonged emergencies and crises; and the chronic shortage of funds. As such, it will be a long time before all schools attain a basic minimum of quality child-friendly schooling standards. Across Somalia, the demand for school rehabilitation and construction to ensure proper child-friendly standards is unmet. Increased enrolment, attributable to a variety of factors, including rising population figures and improved stability in Somaliland and Puntland, has placed an enormous strain on already under-resourced education structures.

The function and foundation of a Child-Friendly School can only be fully assessed when the results from the 2012/2013 school census are made available. More funds are required if the goal of majority Child-Friendly Schools is to be met.

The poor quality of education is mostly attributed to the poor quality of teaching. The average primary teacher-student ratio in Somalia is 1:32, but this varies significantly by region. Measurement of Learning Achievement (MLA) Grade 4 results raised concerns, particularly in numeracy and writing skills, with a clear indication that enhanced competency-based learning is required. Beginning in 2013, MLA Grade 7 will be implemented, the results of which may contribute to a better analysis of the quality of learning.

Furthermore, the school census 2012/2013 will enable evidence for dropout rates for upper primary. In 2012, formal exam results indicate that fewer girls than boys continue to take and pass exams in all of Somalia; the situation being worst at the secondary level, corresponding to similar enrolment and dropout patterns. Comparison of 2011/12 Primary School census data and exam results demonstrates that most students enrolled in Grade 8 took the final primary exam; in Puntland almost 97% and in Somaliland 93%. The Grade 8 exam pass rate is high; on average over 90% succeed.

**IR 3920/A0/06/007/001 7.1** National Quality Standards for schools developed, adopted and utilized by 2013

**Progress:** This activity was deferred from 2011, when no progress was made due to the emergency response. In the first half of 2012, consultations took place with MOEs and other education partners in Somaliland and Puntland, who agreed on an outline to guide the development of Child-Friendly quality standards. Development of these standards requires considerable coordination, and neither of the two ministries have the required capacity. UNICEF has been supporting them to understand the process, and presently the MOEs in both Somaliland and Puntland have agreed to take the lead, and present the issue for discussion at the Education Sector Coordination Committee. This is also an area of intervention by other NGOs. Funding permitting, national quality standards will be a focus area in 2013. To ensure ownership, UNICEF continues to support MOE in leading the process, but due to a lack of MOE capacity progress is slow. Due to access limitations and security issues, similar consultations for CSZ could not take place at the same time as Puntland and Somaliland. Nevertheless, the delayed activities have now started to move, and planning has started for consultations to take place, where together with the MoE, implementing partners and education umbrellas will be the major actors.

**IR 3920/A0/06/007/002 7.2**
Teaching and Supervision Guidelines developed and operational by 2014

**Progress:** Development of quality guidelines for teacher examination, assessment and minimum standards has been taken on by other partners

In CSZ, capacity-building activities for the Federal Government MOE and education authorities in Galmudug MOEs were initiated to ensure that sector plans have clear guidelines on teacher qualifications, certification and supervision. Work was delayed due to limited access to the MOE in Mogadishu caused by security reasons and prioritization of the emergency response during 2011/2012.
UNICEF and Africa Educational Trust planned support to quality assurance, inspection and supervision of teachers by DEOs and REOs in Puntland and Somaliland. Through the EU-funded Integrated Capacity Development for Somali Education Authorities (ICDSEA) programme, a Quality Assurance/School Inspection and Improvement Handbook and Monitoring and Evaluation Supervision tools were developed and are in use, with the first supervision visits having taken place to test the Handbook during the last quarter of 2012. School inspectors were trained on the Handbook at the national MOE levels. UNICEF support builds on the above work, with sector plans finalized with MOEs, and training of regional inspectors and some school inspection visits having taken place in December 2012. School inspection visits will continue in January-February 2013. The challenge is low capacity; many inspectors are ready for retirement and therefore the Somaliland MOE is looking into replacing them. The programme had limited scope in 2012 but is expected to improve in 2013.

IR 3920/A0/06/007/005 7.3 Child-friendly learning environment according to national standards by 2014

**Progress:** The aim to introduce and expand child-friendly schooling to children in Somalia is a continuous undertaking, and this has been pursued in the three zones. Despite access problems in CSZ, children have been provided with child-friendly learning environments (for the Somali context), which included temporary and permanent classrooms, classroom furniture, separate latrines for girls and boys, water and hand washing facilities, as well as trained teachers and CECs. The scaling up of emergency education response in 2011 and covering the school year 2011/12 brought in significant funding and over 35 partners were involved in implementing these activities in CSZ. Education supplies are an important element of child-friendly schooling, and UNICEF was able to procure and distribute supplies and textbooks to 443,751 children in all three zones. Distribution of education supplies to schools in CSZ was constrained due to the Al-Shabaab ban, and not all intended targets could be reached.

Pre-service teacher training has not been provided due to limited institutions to provide such training and limited funding. In-service teacher training on child-friendly teaching methodologies and psychosocial support and care was provided to 40% of primary school teachers across the three zones, which resulted in improved teaching skills and understanding for teachers in respective schools.

IR 3920/A0/06/007/015 7.4 Primary School Completion: Boys and girls enrolled in primary schools are successfully completing Grade 4

**Progress:** Data for assessing the survival rate to Grade 4 is not available for Somalia; however, proxy data from the 2011/12 primary school census shows that survival to Grade 6 is 45% (43.5% for girls), and to Grade 8 it is 42.5% in the north.

A Grade 4 MLA test for literacy and numeracy was developed in Puntland and Somaliland to determine children’s learning levels and to assess the quality of the education system and curriculum. Sixty-eight per cent of students in the two zones met expected standards (scored over 60%) for literacy. However, only 19% met the expected level for numeracy. Students in Puntland fared better than those in Somaliland with 70% and 23% meeting expectations in literacy and numeracy respectively, compared to 64% and 15% in Somaliland. While it is unclear why there was a gap between the achievements of the two zones, low achievement is likely due to weaknesses in quality and systematic teaching and learning, e.g., the way teachers develop basic and early childhood skills. The results seem to indicate a lack of any systematic teaching of handwriting or the development of basic numeracy concepts.

IR 3920/A0/06/007/016 7.5 National school exams - Take Grade 8 final primary and Form 4 secondary exams as part of standardized assessment routines.

**Progress:** Grade 8 and Form 4 exam results from 2012 show that, in total, 29,368 students registered for the exams (20,701 for Grade 8, 8,667 for Form 4). At least 27,854 students (33% girls) took the exams: 19,613 students (33% girls) taking Grade 8 exams and 8,241 students (28% girls) taking Form 4 secondary exams. This is a significant increase from 2011 when 24,650 students (7,746/31% girls) were examined.
Overall, the dropout rate between the registered and examined students is only 5% (1,465). Exam pass rates are high; on average over 90% of examined students succeed. A further 720 students enrolled in the Non-Formal Education Exam in Puntland (95% girls/women), of whom 625 took it (95% girls/women).

As some Central South NGOs did not participate in the Africa Educational Trust (AET)/MoE/Education Umbrellas administered exams and organized their own instead, the CSZ figures may be higher overall than what is reflected here.

In-depth analysis of exam results is not yet available; however, formal exam results indicate that fewer girls continue to take and pass exams in all of Somalia; the situation being worst on the secondary level, corresponding to similar enrolment and dropout patterns. Comparison of 2011/12 Primary School census data and exam results demonstrates that most students enrolled in Grade 8 took the final primary exam—in Puntland almost 97% and in Somaliland 93%.

Challenges in rolling out these exams include mistrust between MOE and education umbrellas in CSZ on issuing certificates to students by MOE, as it deprived the umbrellas of income (each certificate costs). Overall relations and collaboration between the new MOE and Education Umbrellas are being strengthened through ongoing programmes and the Education Sector Coordination Committee. Somaliland struggled with more students than expected taking exams, which stretched available resources. The EU will fund the 2013 exams, possibly requesting internal government resources or exam fees to compliment limited donor funding.

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

**Progress:** Across Somalia, all three ministries are struggling with adequate budget where lack of financial capacity is greatly hindering the development and the overall quality of Somali education. MOEs don’t have a revenue source and thus depend on appropriations from the Ministry of Finance that are significantly lower than that of the average of any other African country (at 20% of GDP). Somaliland stays at 8%, Puntland at 3.5%, and appropriations are extremely minimal for CSZ. Nevertheless, there has been a steady progress in Somaliland and Puntland over the past three years.

The consolidated budget for Somaliland MOE is USD 8.8 million for the 2012 financial year. The actual spending in education is growing at USD 2.3 million, USD 2.4 million, and USD 6.2 million in 2009, 2010, and 2011, respectively. While a modest amount, this positive trend is praiseworthy. A significant percentage of the 2012 budget is expected to cover personnel costs, at 67.38% (an improvement from 2011 budget allocation of 90% for personnel costs), and school expenses, at 23.76%. The school expenses included in the budget are the minimum, with an allocation of USD 250 per month per school (e.g., stationary, water, other office supply costs, etc.).

In Puntland, the proportion of the total budget allocation for education has increased from 1.75% in 2010, 2.0% in 2011, to 3.5% in 2012. The salaries of teachers have been increased twice: by 35% in 2011 and by 49% in 2102. Linkages and coordination have been established with the Ministry of Finance where an education budget of 6% has been pledged by 2013.

External funding will remain vital for all regions in Somalia. The European Union, USAID, DFID (GEC), UN agencies, some bilateral donors and NGOs (using funds from donor agencies), communities, and supporters from the diasporas provide the bulk of the development funding. The government needs avenues of resource mobilization from the diasporas and encourages the role of the private sector.

**IR 3920/A0/06/008/001 8.1** By 2015, National Education Policy and systems enable education authorities to deliver equitable and quality education services

**Progress:** A five-year Education Sector Strategic Plan (ESSP) was developed in both Puntland and Somaliland. The MOEs underwent rigorous consultation processes to reflect voices of local stakeholders and
to emphasize local ownership. Technical Advisors (TAs) played a pivotal role as did the Education Officers that provided positive change to the MOE. Gender TAs contributed to mainstreaming gender in each sub-sectoral area. Emphasis on gender in policy formulation is a major step forward for Somali education. The TAs were guided and monitored by UNICEF partner CfBT, with direct supervision by UNICEF for the Gender Unit. Sub-sector policies and manuals that were drafted/revised will also serve as guiding documents. An interim Education Plan was developed in CSZ ('Mini-plan'). This represents resuscitation revitalization of the MOE and the public education sector for the region. The Mini-plan is being expanded into a full-fledged Plan in January 2013.

The MOEs in Somaliland and Puntland steadily developed their capacity, especially through the revision and rationalization of ministries’ organizational structures. A Post Graduate Diploma in Education Management and Administration programme provided capacity through skills development. Human resource (HR) officers were assigned to coordinate regional HR activities. Competency Guidelines, HR Policy Manuals, and Operational Procedures were developed where MOEs are expected to improve efficiently under competent HR. As for Somaliland, a Senior Leadership Succession Plan was developed and endorsed to rejuvenate the ministry. This is the very first retirement mechanism for civil servants in the country. HR and finance systems are still not functional in CSZ, mainly due to uncertainties in staff structure.

A Quality Assurance Unit was established in Puntland and Somaliland, also with the support of AET. In Puntland, the Minimum Standards for Teacher Certification were developed and endorsed, currently waiting for publication/distribution. As for Somaliland, Teachers’ Code of Conduct consultations will lead to validation of the National Standards Framework.

There is a need to improve coordination and the MOE’s understanding of the Joint Programme on Local Governance and Decentralized Service Delivery (JPLG)

**On-track**

**IR 3920/A0/06/008/014 8.2** Education authorities have the capacity to lead the coordination and implementation of Education Sector Plans and budgets that address equity and quality for formal and non-formal education (in emergency and non-emergency contexts)

**Progress:** For all regions, UNICEF’s technical assistance contributed to establishing a functional Education Management Information System (EMIS) system. Trainings on data entry, analysis, validation, publishing and management generated competent EMIS staff. While establishing EMIS, UNICEF built and consolidated local capacity, providing support at a pace appropriate to the local context. Somaliland and Puntland showed significant progress with data entry and auditing, and stakeholder validation of the 2011 school census was completed for primary, ABE and IQS schools. 2011/12 Primary School Census Statistics Yearbooks were printed and disseminated to the stakeholders and the data was used as the evidence base for the 2012 ESSPs. While the culture of utilizing data for policy design and decision-making processes is still new to Somalia, it is essential to providing additional guidance in how to link data with policy.

In CSZ, a pilot school survey was initiated in 16 districts of the Benadir region in Mogadishu.

Limited progress was made for school mapping due to lack of funding, lack of cooperation from private schools and insufficient data to analyse the questionnaire. In general, the role of the local government in education is a new process that requires more time and dialogues.

Gender Focal Points in Somaliland and Puntland, managed by the Gender Unit, played a vital role in promoting gender equity on the ground. Some information has been gathered, yet analysis is yet to come on improving the gender balance on the government payroll. Further effort is required to acknowledge accurate data and information on female personnel.

The MOEs in Puntland and Somaliland led monthly Education Sector Committee (ESC) meetings. In CSZ, under the guidance of UNICEF, Terms of Reference (TORs) were developed and the first ESC meeting was held in Mogadishu. The exchange of knowledge and information is expected to develop the coordination and harmonization of the sector.
**IR 3920/A0/06/008/015 8.3 Child-Sensitive Budgeting for Education – child-sensitive budgeting guidelines developed and endorsed by government-led increased allocations to education**

**Progress:** Securing education funding and effective budget management within the sub-sectors is one of the major responsibilities of the MOE. Both Somaliland and Puntland have steadily developed the capacity of their Finance Units through technical assistance provided from UNICEF partner CfBT. Both zones continue to undertake financial reform, including the adoption of automated systems, fiduciary controls, and strengthened linkages with the Ministry of Finance. A Chart of Accounts was developed to facilitate expenditure and income classification along with the automated system, enabling the ministries to generate timely reports. These efforts have enhanced transparency and accountability. In Puntland, the Ministry of Finance and Office of the Accountant-General staff are now acquainted with MOE’s financial and procurement procedures, budgeting, and financial reporting structure. A Financial and Procurement Manual was developed and adopted for sustainability, enabling adequate records to be maintained.

Financing continues to be one of the key bottlenecks in Somalia. Although limited, the education expenditure is growing. Puntland’s expenditure rose from 1.75% in 2010 to 3.5% in 2011, with a government pledge of 8% for 2012. For Somaliland, the consolidated education budget in 2012 is USD 8.8 million and the actual spending in education is growing: USD 2.3 million, USD 2.4 million, and USD 6.2 million in 2009, 2010, and 2011, respectively. The trend of budget allocation is positive, nevertheless, it is far from the African average of 20%. It is imperative that the MOEs continue to build a close relationship with the Ministry of Finance and promote the importance of the education sector.

Sub-sector financial plans have been completed in Somaliland and Puntland and the ministries were assisted in the costing of their ESSPs. An activity-based costing approach was adopted under a consultative and participatory process. Further, a draft Framework has been developed in both Puntland and Somaliland.

**PC 3 - Child protection**

**On-track**

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

**Progress:** In 2012 UNICEF concentrated on consolidating the emergency response work begun during the famine in 2011. The movement of large numbers of populations in 2011 due to the famine, and in early 2012 due to increased military operations in the south by AMISOM, the Kenyan Defence Forces and the Ethiopian Forces, made high demands on the programme. The recruitment and abduction of children and sexual violence increased exponentially. Advocacy to end the recruitment and use of children in armed conflict was escalated, using fora such as the Joint Security Committee (JSC), Government meetings and meetings with the international community. UNICEF, through its membership in the Military Technical Working Group, influenced the international community to join forces with the UN in order to put pressure on the Transitional Federal Government to sign the Action Plan to Eliminate the Recruitment and Use of Child Soldiers; and this came to fruition in July when the Action Plan was signed during the meeting of the International Contact Group (ICG) in Rome. This was quickly followed by the signing of the Action Plan to End the Killing and Maiming of Children, the first of its kind globally.

The Government’s commitment means that UNICEF and other stakeholders are able to facilitate the release of recruited children across Somalia and ensure that they have access to rehabilitation and reintegration services. The AU/AMISOM have also been part of the process, ensuring that during military operations to clear areas of Al-Shabaab presence, children associated with armed groups are released to UNICEF. The community-based structures that UNICEF has supported have helped to ensure that children are better protected from violations and have access to services. The structures also facilitate the reunification of separated children and the reintegration of Children Associated with Armed Forces/Armed Groups (CAAFAG).
Child-Friendly Spaces (CFS), initially established as part of the famine response in 2011, were from June onwards handed over to the communities to use as ‘child safe spaces’, learning spaces, etc., and trained staff are acting as a resource for IDP communities as they continue to function as Child Protection Advocates (CPAs) within the camps and communities. This has proven to be particularly invaluable in the context of Somalia where access to affected populations constantly changes. The CPAs and Community Monitors play a significant role in monitoring violations against children, including Gender-Based Violence (GBV). They also ensure that children have access to services and provide Mine Risk Education, thereby ensuring that both preventive and responsive services have been extended to the most vulnerable children.

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

**Progress:** The Action Plans were signed this year prior to the end of the transitional Government. The new president of the Federal Government has confirmed the Government’s commitment to the implementation of the Action Plans and the Children and Armed Conflict Agenda.

Pursuant to the terms of the Action Plans, the a Joint Technical Committee (JTC) responsible for the coordination and implementation of the Action Plans has been established under the auspices of the Military Technical Working Group (MTWG). This committee, established in October, is formally called the Children and Armed Conflict Working Group (CAACWG). There is widespread support for the CAACWG among donor members of the MTWG.

There has been renewed engagement with allied militia to obtain commitments to cease the recruitment and use of children. The UN Country Task Force on the Monitoring and Reporting Mechanism (MRM) was invited to participate in the pilot project led by the Somali National Security Forces (SNSF) to integrate approximately 1,500 allied militia into the SNSF in two regions, to ensure that children are excluded. If this is effective it will ensure that children currently with allied militia are released and have access to reintegration programmes.

There has been no progress on recruitment by Anti-Government Elements (AGEs) as there has been no possibility to engage with them.

As of December 2012, 1,000 children have benefited from rehabilitation and reintegration programmes. Currently, UNICEF-supported reintegration programmes are functioning in five regions of Central South Somalia.

There have been a number of constraints including issues of security in accessible areas. It is difficult to predict the number of children separating from armed groups and forces. A recurring challenge is the lack of a clear evidence base to guide this target. Efforts have been made to obtain from AMISOM the number of children in custody, but this information has not been forthcoming.

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

**Progress:** The (MRM) continues to function effectively. This is evidenced by the fact that in 2012, compared to 2011, there has been an approximately 160% increase in the number of reports received regarding the six grave violations which the MRM tracks. While this shows that the incidence of these violations has increased, it also is an indication that they have been previously under-reported. From January to December 2012, a total of 4,660 cases of grave rights violations against children were reported and verified, affecting at least 3,728 children (3,290 boys and 438 girls). Note that the number of children can be lower than the number of violations since one child can be a victim of more than one violation.

Most of the violations were recruitment (44%) followed by abductions (33%). Most were perpetrated by Al-Shabaab (63%) followed by the SNSF (27%). The majority of violations were reported in Banadir and Lower
Shabelle (21% each). In absolute numbers, most killings occurred in Lower Juba (91). Most abductions (489), maiming (191), sexual violence (92), and denial of humanitarian assistance (11) occurred in Banadir, while most recruitment (435) occurred in Middle Shabelle. Additionally, most attacks on schools (30) occurred in Lower Shabelle, while most attacks on hospitals occurred in Hiran and Lower Juba (4 each).

The signing of the two Action Plans was significantly influenced by the advocacy undertaken with the TFG, and donors and the wider international community using the MRM data. This data was especially used by Security Council members and donors to put pressure on the TFG to sign the Action Plans.

**On-track**

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

**Progress:** A total of 353 Child-Friendly Schools were jointly established with the education programme during the famine and in conflict and emergency areas. Standards and guidelines for the implementation of Child-Friendly School (CFS) programmes were developed and adapted to the Somali context, and trainings were conducted through the Child Protection Working Group (CPWG). The spaces also allowed for the identification of separated and unaccompanied children. Various protection services, such as psychosocial support and referral to services, were provided to approximately 20,000 children who accessed Child-Friendly Schools. Clan-based networks were utilized to conduct family reunifications. Tools were prepared for the Identification, Documentation, Registration and Reunification (IDTR) of children and validated by the CPWG. A national training and consultation was conducted on family separation, attended by UNICEF implementing partners, government counterparts, UNICEF staff and members of the CPWG. The mapping of services for separated and unaccompanied children was completed for all zones to facilitate effective referrals, as well as towards the setting up of a task force to strengthen services for separated and unaccompanied children.

One hundred new Child Protection Committees (CPCs) were established in as many communities, and 80 existing CPCs were found to be functioning well through UNICEF monitoring. These CPCs referred over 351 child victims of abuse for medical services, reunified 92 unaccompanied and separated children with families, and supported the release of 101 CAAFAG. Over 2,700 malnourished children were identified and referred to nutrition services and Mine Risk Education was provided to over 24,000 IDPs. The CPCs have proven to be invaluable in protecting children at the community level, not least when UNICEF and other actors have no access.

UNICEF-supported programmes assisted 2,473 survivors of GBV and more than 1,080 cases of rape survivors. Rape survivors made up 44% of the total caseload, making rape the most common type of violence in CSZ. More than 35% of these cases are children, and 60 children were under 12 years of age, with more than 320 children being between 13-17 years. More than 230 women and children received Post-Exposure Prophylaxis, and more than 300 were referred to higher levels of medical care due to complications as a result of sexual violence. More than 540 referrals were made between service delivery points for survivors of violence. Over 19,000 fuel efficient stoves have been distributed in Galkayo and Mogadishu to prevent rape during the collection of firewood. Over 80% of women in Galkayo and Mogadishu see rape as the biggest threat while collecting firewood.

**On-track**

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

**Progress:** UNICEF supported AMISOM to develop training materials and modules on child protection and the Standard Operating Procedures (SOPs) relating to children associated with armed groups, with the aim of sensitizing and training AMISOM and SNSF troops on the handling and release of these children. UNICEF, on behalf of the UNCTFMR, delivered a pilot training as part of a much wider training plan being developed for the SNSF that is linked to UNICEF’s support to the AU in the development of a comprehensive training package on child protection.

The challenge is that multiple actors (including donors) are working to support AMISOM, resulting in the
development of multiple training manuals/materials by different actors involved in the training of military in Somalia. UNICEF has been advocating for one manual/set of materials through the training subcommittee of the TMWG within the framework of the JSC. The UNICEF/United Nations Political Office for Somalia (UNPOS) Human Rights Unit (HRU) and Child Protection Advisor (CPA) are seeking to consolidate the materials to ensure there is more coherent capacity-building of AMISOM.

SCO is also working with ESARO to develop training materials and modules on the SOPs. In the interim, UNICEF developed materials that were used to deliver a pilot training early in December, organized by the JSC Task Force on Disengaging Persons/CAFAAG. UNICEF developed TORs and shared them with the AU for the recruitment of a CPA for placement within AMISOM in Mogadishu. However, despite all the support provided, the CPA is not yet on board. This puts a lot of pressure on UNICEF to advocate for and conduct monitoring on the adherence of the International Standards in Child Protection.

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

**Progress:** In Somalia, institutional capacities of the Government vary significantly across the three regions, up to the point where the programme needs to have three completely different plans for the three regions. In 2012, there were no plans to work on this result area in CSZ, as government capacity there is almost non-existent. In the north, Government commitment to establish a systemic approach to child protection has been realized and a large part of the year was spent advocating for child-friendly legislation in line with international standards. Somaliland is a fair bit ahead of Puntland in developing legislative and policy frameworks that protect children. While the Juvenile Justice Act was enacted in 2008, gaps still exist in its implementation as the structures required for the Act are still weak. Other legislation, identified jointly with the Government, was needed to ensure that child rights were entrenched within the Personal Law (which governs the family), and the need for a policy on the abandonment of Female Genital Mutilation/Cutting (FGM/C). The need for a child protection policy has been identified through the interministerial task force on child protection systems and will be the basis of the development of a Children’s Act in 2013.

In Puntland, the Child Protection systems work began late in the year. Institutional capacity is far weaker in Puntland and the capacity for service delivery almost non-existent. However, the Government recognized the need for a child protection framework and legislation and UNICEF supported the development of guidelines for orphans and vulnerable children in the interim as a priority. The Child Protection system mapping, to be completed in 2013, will inform the Government on the strengths and gaps and help develop an Action Plan for institutional capacity-strengthening and systems-building. Partnerships with other UN agencies are key in the development of a robust justice system for children, and UNICEF has worked closely with the United Nations Development Programme (UNDP) and the United Nations Office on Drugs and Crime (UNODC) in ensuring that access to justice for children is embedded within broader access to justice plans of the Government. This also ensures that resources are pooled for the various components and strategic decisions made on what and where UNICEF resources are required.

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

**Progress:** Institutional mapping of the child protection system in Somaliland was completed early this year and the institutional mapping in Puntland began in December, to be completed in 2013. As a result of the mapping exercise, an interministerial task force for child protection has been established in both regions. In Somaliland, this task force ensured that Child Protection System-building was included as a priority of the National Development Plan, thereby ensuring national commitment. In Puntland, the interministerial task force has been signed off by the President. Both task forces are responsible for the development and implementation of plans for the shift to a systemic approach. To complement the institutional mapping, a community-based ethnographic study has been initiated. The study will show areas within a community that influence the protection of children and determine what could be the preventive factors and how these are linked to other parts of the child protection system, and, in particular, how these relate to the local
community and clan structures. The results of the study will enable strategic thinking and planning of community-based child protection systems, which will add to the resilience of the communities. In Somalia, where the context is ever-changing, this will enable UNICEF to focus on strengthening community systems that are more likely to be longer term.

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

**Progress:** Currently, the FGM/C policy in Puntland allows for a less severe type of FGM/C rather than calling for total abandonment. The Ministry of Women’s Development and Family Affairs (MOWDAFA) has, with UNICEF’s support, developed a policy for the total abandonment of FGM/C for Puntland that is ready for validation and adoption. This is expected early in 2013.

A new Communication for Development (C4D) campaign on the abandonment of FGM/C has been developed for both Somaliland and Puntland. This was recently launched in Puntland. Media campaign materials including Information, Education and Communication materials for FGM/C abandonment have been printed. The campaign is multi-dimensional, using mass media such as radio messages and billboards; messages through religious leaders; and, finally, behaviour change at the community level. Government ministers, religious leaders and community leaders will use these materials at every public forum to ensure that there is widespread awareness and commitment to change.

The Puntland Social Welfare Agency (PASWE) disseminated new guidelines for minimum Orphan and Vulnerable Children (OVC) services to service providers. A higher level dialogue between the Government and major business companies has been organized with the involvement of the president as part of advocacy for formal private sector contributions to child welfare programming of PASWE. With contributions from the private sector, the Government is expected to be able to support a proportion of service delivery costs. The institutionalization of Zakat Charity requires aggressive lobbying for PASWE to win the public trust. Zakat is a form of giving to those who are less fortunate. It is obligatory upon all Muslims to give 2.5% of their wealth and assets each year to the poor. With the contributions that the wealthy make for Zakat, service provision could be supported by the Government. Agreements to use Zakat contributions for service provision to OVC would ensure sustained access to services for these children.

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

**Progress:** Child Protection Working Groups (CPWG) were established in Bossaso, Garowe and Galkayo and members were trained on coordination skills. A Terms of Reference (TORs) for CPWG and a Standard Operating Procedure (SOP) for the referral of child protection cases were developed. Twenty-one monthly CPWG meetings were convened, seven in each location. These CPWG coordination meetings have developed guidelines for child protection service delivery, and supported the referrals of child victims of trafficking across regions. In Somaliland, the Interministerial Task Force developed an action plan with four priority areas in Child Protection, namely, the development of policy, legislation and regulatory frameworks in child protection; improved coordination and collaboration between Government, INGO and NGO service providers; capacity-building and institutional development; and data collection and information exchange for the enhanced protection of children in Somaliland. These priority areas were identified by the completed child protection systems mapping. The Task Force is now working towards ensuring that all child protection actors use this framework and that all resources are channelled into these four priority areas.

MOWDAFA, the Ministry of Justice (MOJ) and PASWE received capacity-strengthening support, including the secondment of one local consultant each, and the provision of office supplies and equipment, which has been essential for the delivery of their respective mandates and services. A remaining challenge, however, is to ensure that the Government recruits competent staff for its office to minimize dependency on consultants.
IR 3920/A0/06/010/005 10.5 Consensus reached on national plans for Birth Registration

**Progress:** The birth registration programme has not been started.

IR 3920/A0/06/010/006 10.6 Existing community-based Child Protection actors and structures in targeted regions/districts are increasingly accountable to the Government and follow government policies and standards

**Progress:** A comprehensive Community-Based Child Protection (CBCP) programme was piloted in the 10 Joint Programme for Local Governance and Decentralized Service Delivery (JPLG) districts (four in Puntland and six in Somaliland), where UNICEF is working to facilitate Village Development Committees (VDCs). Assessments were made to facilitate the revitalization of CPCs which had been established some years ago but were not always functioning. Manuals were developed to standardize the CPCs and CPCs were recruited and engaged using the finalized standards. Child Rights Clubs were established in schools and Community Education Committees were oriented on child protection. Suggestion boxes placed in schools helped identify child protection concerns in schools. Linkages between CPCs and Village Development Committees (VDCs) have been established and CPCs are now accountable to the VDCs.

CPAs, community-based volunteers trained in addressing child protection issues, were oriented on the Child Protection system and their role in linking CPCs to the VDCs. CPAs, because they are closer to families, raise issues which affect the protective environment in the community with the VDCs to ensure that decisions regarding child protection are made with sufficient information. They also flag issues that may be new to the community, ensuring that the VDC and local authorities are kept aware of new protection issues.

CPCs, CPAs, and IDP focal points supported 8,091 cases of child abuse, neglect and exploitation (5,487 in Puntland and 2,604 in Somaliland) through referrals, counselling, psychosocial support and medical assistance.

Linkages to government authorities at the local level have been made. Local council employees have been trained in child protection and awareness of protection issues was raised. Even though there has been no cash grant from the District Councils, local councils in Puntland supported CBCP by designating council staff to address child protection concerns in close collaboration with the VDC, CPA, and CPC. The councils have also allocated office space for the protection-trained council workers, thus indicating that these concerns are a priority in the district councils. Local councils have identified a child protection contact person in the four District Councils. Subsequently, there has been increased collaboration between the CPC, CPAs and VDCs on Child Protection concerns.

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

**Progress:** Legal systems to ensure child-friendly legislation are still lacking. In Somaliland, the Juvenile Justice Law passed in 2008 but is not implemented as structures such as juvenile courts and child-friendly police units are still weak despite efforts to build their capacity. Staff turnover, especially of trained police officers, is a significant constraint.

The political will from the MOJ to set up child-friendly laws and legislative systems, especially the Juvenile Justice Law, is an opportunity the programme will continue to explore. A decision was made to work with UNDP so that standards for children are developed in sync with adult services. In-house dedicated staff is required to take on this highly technical.

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

**Progress:** Somalia has an extremely high rate of FGM/C practice, almost 98% nationally. As a result, UNICEF has focused on the abandonment of FGM/C in this result area. This has been addressed through a multi-level approach that includes the following: advocacy and sensitization on the need for legislation and policy to support the abandonment of FGM/C; advocacy with, and capacity-strengthening of religious leaders; and, finally, community-level work including prevention and response. The gains have been slow but progress is being made. Policy for the abandonment of FGM/C has been drafted and 28 communities have declared total abandonment. The work with young people is extremely important as it will impact on the FGM/C status of the future generation.

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

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

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

**Progress:** Some 950 prominent leaders (510 in Puntland and 450 in Somaliland) were trained in facilitating dialogue on FGM/C abandonment. In Puntland, trained religious leaders have won the support of an additional 180 prominent religious leaders who are actively involved in advocating for FGM/C abandonment. Religious leaders’ advocacy reached over 200,000 community members including youth, traditional leaders and female circumcisers. Religious leaders also clarified that FGM/C is not a religious requirement.

In Puntland, a supervisory committee composed of trained leaders undertakes monitoring and documentation of the advocacy initiatives undertaken by the religious leaders. In Somaliland, religious leaders have been trained and supported to monitor and document advocacy dialogues and activities. A consultant under the Ministry of Religious Affairs supports the monitoring and documentation of religious leader’s activities targeting community members. Seventy-five communities in Somaliland and Puntland have now committed to abandon FGM/C, meanwhile 28 communities in Somaliland made public declarations on the abandonment of all forms of FGM/C. Advocacy by the Child Protection Committees has been instrumental in positively changing the attitudes of communities on FGM/C. In both Puntland and Somaliland, CPC/CPA interventions rescued 502 girls from FGM/C after they successfully convinced parents to abandon the practice.

A total of 215 FGM/C survivors (185 from Somaliland and 39 from Puntland) were referred for medical and counselling services.

Door-to-door dialogue sessions facilitated open discussions on FGM/C, and those reached were able to identify health consequences and a number have openly talked of their traumatizing experiences. In Somaliland, a draft strategy against the medicalization of FGM/C was finalized and nurses/midwives were trained to manage the physical and psychological complications of FGM/C in preparation for the integration of FGM/C into the health facilities.

In Somaliland, an interministerial decree advocating for the total abandonment of FGM/C was finalized.
Dialogue to facilitate consensus on abandonment is ongoing. A draft strategy against FGM/C medicalization was finalized.

On-track

**IR 3920/A0/06/011/006 11.3 Access to GBV services for survivors in targeted locations**

**Progress:** Gender-Based Violence (GBV) prevention and response has been integrated into the community-based child protection programme. CPA, IDP and GBV focal points have been trained in GBV prevention and response and the referral mechanisms between the CPCs, CPAs, and GBV and IDP focal points have been strengthened.

GBV partners received training on Caring for Survivors and Case Management. Further, there has been improved access to services for GBV survivors due to improvements in coordination and referral systems at various levels. SOPs for GBV and Child Protection have been developed. Further, the data collection tools were revised, which has helped in capturing data. GBV partners were also trained on the GBV Information Management System, which has also strengthened reporting, as evidenced by the increased reporting of GBV incidents. The UNICEF prevention and response to GBV, particularly sexual violence and intimate partner violence, have increased drastically during 2012, and, as a result, more survivors are coming forward and reporting incidents of violence through UNICEF partners. In total, in 2012 in the north, UNICEF-supported programmes assisted 2,281 survivors of GBV, among which were 330 cases of rape, and 29 cases of child rape. Physical assault is the most common form of gender-based violence, and this indicates that domestic violence and intimate partner violence is very high in Puntland and Somaliland. Sixty-four survivors received Post-Exposure Prophylaxis and over 1,900 of the survivors were referred for other services.

On-track

**IR 3920/A0/06/011/007 11.4 Adolescent boys and girls from vulnerable groups in targeted locations are empowered to respond to protection threats**

**Progress:** Since 2011, UNICEF, in collaboration with UNDP and ILO, has implemented a joint programme to contain and prevent violent conflict by engaging Youth at Risk through the creation of employment, livelihood and educational opportunities at the district level. Seven hundred adolescents from vulnerable groups and violence-sensitive areas in Bosasso and Burao have so far benefited from Life Skills-Based Education, Vocational Training, mentorship, and reintegration programmes. The programme also focused on raising awareness on issues related to youth and reintegrating adolescents back into the community.

Behavioural changes and positive decision-making have been observed in children as a result of the programme, including family reunification. Attitudinal changes towards youth were also observed in community members, parents and the Government.

One of the highlights of the programme has been the complete turnaround of a significant number of youth following their engagement in violent activities. Since the completion of the one-year programme in August 2012, children have been enrolled in schools and adolescents have found jobs. The local governments in Burao and Bosasso have acknowledged the contribution of the programme to peacebuilding and the empowerment of youth.

The joint programme has been supported by the Government of Japan for continuation, and agreements were signed on 31 August. As UNDP is yet to complete registration of the caseload, implementation is likely to begin at the end of January 2013. The UNICEF caseload includes 1,000 girls and boys.

In both Puntland and Somaliland, the girl-centred social norms pilot project focusing on empowering girls is in place. A baseline assessment on social norms has been finalized in the two zones and interventions are ongoing in Bosasso, Borama, Hargeisa and Berbera with support of the Girl Child Network. This project aims to empower girls to speak out and act against harmful traditional practices such as FGM/C and early marriage.
PC 5 - Fund management

PCR 3920/A0/06/012 PCR 12 By the end of 2014, sub-recipients of the Global Fund to fight AIDS, Tuberculosis and Malaria for HIV/AIDS and malaria are supported in the achievement at least 80% of all agreed results by strengthened fund management by the principal recipient

Progress: UNICEF Somalia manages the HIV and malaria grants in Somalia for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). UNICEF is implementing these grants through partners in collaboration with the Ministries of Health (MOHs) and AIDS Commissions, covering all three zones.

GFATM is currently the largest source of funding (85%) for HIV and AIDS in Somalia, with the rest coming from the UN and no government contribution. The GFATM HIV grant, in line with the National Strategic Framework (2009-2013), has expanded Integrated Prevention, Treatment, Care and Support (IPTCS) interventions, including the Prevention of Mother-to-Child Transmission (PMTCT), in 14 regions across Somalia. Since the beginning of this programme, HIV prevalence has remained low in Somalia at 0.6% and access to Antiretroviral Therapy (ART), Voluntary Counselling and Testing (VCT) and other services has improved, due to these interventions.

Health sector improvements include the upgrading of labs; training of lab technicians; provision of HIV supplies; and community mobilization on HIV. The current programme has strengthened coordination structures; established a framework for tracking the status of, and response to, the epidemic; and has established and significantly scaled up access to prevention, treatment and care/support. There is need to continue to improve the integration and scaling up of access and utilization of services, build the capacity of local institutions and communities, develop a surveillance system for HIV prevalence and undertake more research.

The most recent available data shows a significant reduction in malaria morbidity and mortality, estimated to have occurred between 2005 and 2009, during the period of UNICEF and Global Fund support. Malaria remains a public health problem; malaria models estimated 744,590 clinical malaria episodes and 7,460 malaria deaths in 2009. UNICEF is capitalizing on the reduction in malaria cases in Somalia, continuing successful interventions such as the distribution of Long-Lasting Insecticide Treated Nets (LLINs).

The malaria programme aims to increase the proportion of the population, especially those under 5, in targeted public and private health facilities who receive effective diagnosis and treatment for malaria; to continue to increase the proportion of the population using either LLINs or Indoor Residual Spraying (IRS); and to increase knowledge and positive behaviours related to malaria. The aim is to continue to strengthen health systems directly related to malaria, especially the Health Management Information System (HMIS); supervision; capacity of the National Malaria Control Programme (NMCP); and build complementarities with other ongoing health systems strengthening interventions.

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

Progress: HIV IPTCS service in Somalia is a comprehensive package offering interventions including prevention (VCT; blood safety; awareness and reduction of HIV stigma and discrimination targeting most at-risk populations; and youth programmes); treatment (ART; Opportunistic Infection (OI) prophylaxis and treatment; and STI management); and support for People Living with HIV (PLHIV) and OVC.

The outreach HIV awareness target of 1,080 women, children, youth and at-risk populations was not met due to lack of funding. Other funding sources will be investigated in 2013. Other interventions (20,000 people reached with VCT, 1,278 with ART, and 20,000 with PMTCT) were fully delivered and targets overachieved due to scale up and increased demand for services.

VCT is offered in 51 Points-of-Care (POC) health facilities, including through outreach in IDP camps. In 2012,
the number of VCT POCs increased by almost 50% from 2010. From January to September 2012, 22,428 people (57% female and 5% under 15 years old) benefited from VCT. Of these, 2.28% were HIV-positive and all were enrolled in pre-ART and started Co-trimoxazole (CTX) prophylaxis. As of September 2012, there were 11 ART sites in Somalia, offering comprehensive HIV care, including ART and support for PLHIV (enrolled in pre-ART). A total of 1,328 HIV-positive people are currently on ART. The rate of uptake for services (VCT and ART) is fairly good and obstacles for access are mainly stigma and denial. Stigma and denial need to be targeted with awareness-raising.

More than 2,000 PLHIV benefited from programmes like OI treatment, Home-Based Care (HBC) and nutritional, psychosocial and financial support.

Sexually Transmitted Infections (STIs) are a key factor suspected to be fuelling the HIV epidemic and intervention programmes have proven to be cost-effective. In 2012, about 21,758 (61% are female) people were diagnosed and treated for STIs and referred for VCT.

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

**Progress:** Malaria remains one of the leading killers of children under 5 in Somalia. The Malaria Programme is aligned to the current national malaria prevention, treatment and support strategies articulated in the National Malaria Control Strategic Plan 2011–2015.

Prompt diagnosis and treatment relates to the first component of the Somalia National Strategic Plan for Malaria 2011-2015. The Global Fund Malaria Programme continues to provide support to MCHs, hospitals and health posts with Artemisinin-based Combination Therapy (ACT) and Microscopy and Malaria Rapid Diagnostic Tests.

In 2012, 513 functioning health facilities (NEZ - 100, CSZ – 166, and NWZ – 225) were supported for malaria treatment and diagnostic capacity across Somalia, none of which had stock-outs. Data reflected above is based on facility reports.

Similar findings were elicited by information gathered during supervisory visits conducted by MOH and UNICEF to the health facilities. During the reporting period, the National Malaria Focal Point for NEZ visited 41 health facilities and none of the facilities visited had stock-outs of ACT supplies. Similarly, the Malaria Zonal Coordinator for UNICEF and his counterparts from MOH visited a total of 76 health facilities across five zones of NWZ and 100% of the visited facilities had ACT supplies in their stocks.

Mass distribution campaigns of Long Lasting Insecticidal Nets (LLINs) were carried out during 2012, prioritizing areas with the highest transmission. UNICEF partners distributed 220,274 LLINs reaching 110,137 households in CSZ (Middle and Lower Juba, Hiran, Lower Shabelle and Benadir regions) with a small portion targeting pockets in NWZ with a high risk of outbreaks.

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

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

**Progress:** The PMTCT programme was re-launched in January 2010 in all the three Somali zones after being stopped from 2007 to 2010 due to lack of funds. Currently, 41 health facilities (13 sites in CSZ; 9 sites in Puntland; and 19 sites in Somaliland) are providing the full PMTCT package with a total of 22,464 women counselled and tested for HIV during the reporting period. The full PMTCT package includes Antenatal Care, testing/counselling, OI prophylaxis and ARVs). Thirty-nine out of the 66 (59%) HIV-positive pregnant women received ARV prophylaxis, or ART. The number of HIV-positive women is low and those who accept to receive
ARVs is even lower due to stigma. The uptake has been better than anticipated from pregnant women. Moreover, 88% of HIV-exposed babies received ARV prophylaxis.

UNICEF has been finalizing a PMTCT policy and guidelines for Somalia, which is meant to be completed in early 2013. About 500 OVC benefited from care and/or support programmes, including those providing food, school fees, learning materials, and school uniforms.

**IR 3920/A0/06/012/004 12.4. Increased coverage of Intermittent Presumptive Treatment (IPT) for pregnant women in CSZ**

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

This intervention targets pregnant women in highly malarious areas, thus it is only administered in CSZ, to curb infection during pregnancy, which leads to low birth weight, a major risk factor for infant death. During 2012, 16,009 women received two rounds of IPT according to national policy, amounting to 144% of the target. The high percentage of coverage was due to the low targets allocated during the planning period. IPT is provided in CSZ by the malaria programme partners as well as health facilities with Antenatal Care (ANC) clinics, thus giving it a wider coverage.

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

**Progress:** Regional hospitals with functional inventory control systems include: CSZ: Benadir Hospital, Eldere Hospital and Beletwene Hospital; Puntland: Galkayo Hospital, Qardho Hospital, Bosasso Hospital, Garowe Hospital; and Somaliland: Berbera Hospital, Las Anod Hospital, Burao Hospital, Gabiley Hospital, Borama Hospital. The criteria used to determine functional inventory control systems are based on WHO criteria. In order to strengthen the capacity of regional hospital stores and Maternal and Child Health Centres (MCHs) in relation to medicine and supply stock management, UNICEF organized trainings in collaboration with WHO for approximately 150 Pharmacist-Assistants, Storekeepers and Dispensary-Assistants working in selected Primary Health Care/Hospital Medicines Stores/Dispensaries. The training on “Effective Management of Essential Medicines/Supplies” was based on the WHO-recommended training curriculum. All supplies (Malaria, HIV and HSS) have been ordered on time.

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

**Progress:** Supportive supervision focused on the availability of diagnostics; levels of drug stocks; and laboratory services available in health facilities dealing with prompt diagnosis and treatment.

Supportive supervision was undertaken by the Puntland and Somaliland MOHs with the support of UNICEF staff and by UNICEF partners in CSZ. In 2012, 16 hospitals, 149 MCHs and 66 health posts have been involved in supervision. Through the supervision, it was noted that partners were experiencing difficulties in adherence to the newly introduced Rapid Diagnostic Tests (RDTs) and their usage at MCHs and health posts. The supportive supervision continues to offer on-the-job training for health workers as well as handle any doubts which health workers have about RDTs or ACTs and the usage of data collection tools. Feedback meetings on data quality collected at the health facilities were conducted in NWZ and NEZ; the feedback meetings aim to assist staff involved in data collection and reporting at the facility level to acquire more technical skills.

Sixty-one laboratories underwent quality control supervision. The supervision checklist looked into infrastructure, equipment, slide test confirmations and universal precautions and waste disposal. Actions and recommendations for the 61 laboratories were made. These included the provision of supplies, on-the-job training and the upgrading of equipment.
The implementing partners in CSZ encountered security challenges due to the political instability in their areas of operation. Such challenges hampered their movements to the health facilities, so supervision was not undertaken in some areas.

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

**Progress:** The AIDS Commissions were kept informed of HIV meetings held with partners during the year. In these meetings, both UNICEF and the Global Fund team from Geneva discussed progress, challenges and the eventual signing of Phase 2, Year 3 funding. UNICEF reviewed the UNAIDS Technical Support Division of Labour guidelines and made the decision to hand over management of the AIDS Commissions for Somaliland and Puntland to UNDP. The AIDS Commission for CSZ was already being managed by UNDP.

UNICEF has been finalizing a HIV Communication Strategy for Somalia, which is meant to be completed in early 2013.

During 2012, considerable efforts were undertaken to increase the capacity of the three National Malaria Control programmes within management and the coordination of malaria activities. This was achieved through the training of MOH workers on microscopy (9 in NWZ, 11 in NEZ and 10 CSZ); and malaria case management (88 in CSZ).

Some 325 Health Facilities (100 in NEZ, 225 in NWZ) have been supported through the provision of ACTs and RDTs for treatment and diagnosis. Support was delivered through the establishment of a Health Management Information System (HMIS) unit at regional and national levels. Laboratory units received support by the provision of incentives and supplies.

MOH has been accorded a chance to participate in the East Africa Roll Back Malaria Network (EARN) meeting, and the procurement and supply management trainings held in Tanzania and Tunisia, respectively. The National Malaria Control Programme Directors for the three zones were involved in the development of Global Fund-Malaria Monitoring and Evaluation systems, which was held in Uganda. So far, the implementation of the National Malaria Programme has received adequate support from the relevant MOHs. Satisfactory results on prompt diagnosis and treatment have been seen in health facilities in NWZ and NEZ. In CSZ, the National Malaria Control Programme is still in the formative stages. In 2013, UNICEF and the Global Fund will increase efforts in building the capacities of the National Malaria Control Programme in management, coordination and establishment of the HMIS unit.

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

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

**Progress:** The malaria programme has continually built the capacity of the partners, putting more attention on locally-based NGOs. Six partners have continued to be supported in this programme. HIV partners meet quarterly with the AIDS secretariats, supported by UNICEF, to discuss progress, challenges and the ways to overcome them.
**Progress:** The cross-sectoral support programme (led by the Planning, Monitoring and Evaluation Unit), continued to provide guidance, support and quality assurance to all UNICEF programmes and zonal offices for work planning, budgeting and strategy development; contingency planning and emergency response coordination; partnership processes and agreements; direct and third party monitoring systems; risk management; performance monitoring and results-based reporting; fundraising and donor relations; external communications and advocacy; situation analysis, data, research and evaluations; social policy and decentralized service delivery planning with communities and local government; and an array of programme coordination and office governance roles. Emphasis in 2012 has included enhancing the third party monitoring systems of UNICEF programmes in inaccessible areas; streamlining the office processes for quality assurance and management response to studies, surveys and evaluations to fill data gaps and inform programming and advocacy; improving the efficiency of risk management and partnership agreement processes to reduce lengthy approval processes and provide a solid framework for capacity-building work related to identified implementing partner weaknesses; and successful strengthening of civic education for targeted communities to empower citizens on their rights, responsibilities and obligations in relation to local governance and service delivery as the foundation of ongoing participatory local planning and social accountability processes in 31 districts across the three zones.

The greatest challenge of 2012 has been the repeatedly delayed release of MICS4 data, urgently awaited by all stakeholders. Although the MICS survey work was completed in 2011 in close partnership with the governments of Puntland and Somaliland, multiple delays have been faced during 2012 related to data review and the concerns of implementing partners on how contested areas are presented in the final MICS results. In addition, little progress was made in 2012 on CRC endorsement/ratification, the stagnation tied to the major political changes in the country during the year.

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

**Progress:** Evidence-based programming will be greatly facilitated by the finalization of the MICS4 for Somaliland and Puntland and UNICEF’s technical and financial support to the UNFPA-led Population Estimate Survey for Somalia. While the MICS4 findings have not been released at this stage (see PCR report), the final preliminary reports and results tables have been finalized and are ready for dissemination, while the final MICS4 reports write-up will be completed in the first quarter of 2013. The fact that the MICS results have not been released yet has delayed the inclusion of the MICS4 data in SomInfo. The SomInfo workplan has been developed, training activities on SomInfo were conducted in the fourth quarter, and a SomInfo database was established for the Global Fund Malaria programme.

Evidence-based programming and reporting has also been enhanced through the establishment of new third-party monitoring systems for inaccessible areas of central and southern Somalia; the development of a monitoring and reporting system for the Community-Based Child Protection Programme; mobile Expanded Programme on Immunization (EPI) outreach efforts in parts of CSZ; streamlining of the Nutrition programme monitoring and reporting system; and evaluation of and improvements to the Cash Programme joint monitoring and evaluation (M&E) system with consortium partners.

In further support of evidence-based programming, from a total of 34 planned surveys, studies and evaluations, six (18%) have been completed, 12 (35%) are underway and due for completion in early 2013, 15 (41%) are pending (primarily due to funding or access constraints), while two have been cancelled. Surveys, studies and evaluations that have been completed include: the Primary School Census; FSNAU nutrition surveys; Health, WASH and Education sector studies; an evaluation of Public-Private Partnership work for rural water supply in Somalia; and Phase 1 of the Evaluation of the Emergency Cash and Voucher intervention in CSZ. All have been disaggregated by gender and livelihood zones, as applicable.

**IR 3920/A0/06/013/002 13.2 Relevant ministries/institutions have enhanced capacity to monitor the situation of women and children and to influence policy/legislation and the targeting of response in national...**
Progress: With technical support provided by UNICEF, ministries in NEZ and NWZ and relevant institutions are improving their monitoring and planning capacities in various ways: by developing convergence frameworks and identifying convergence districts where various ministries have a coordinated approach; by supporting the joint monitoring missions of different sectors in a coordinated manner; by developing Disaster Risk Management and Contingency plans; or by supporting the development of sectorial studies.

Some challenges have been encountered in implementing other activities of this IR. As outlined above, the delayed release of MICS4 results and the global roll-out of a new version of DevInfo by the end of 2012 have meant that most targets for increasing national capacity on SomInfo are postponed to early 2013. CRC endorsement/ratification has been on hold during the major political changes of 2012, although NEZ continues to develop a draft national plan of action for children.

IR 3920/A0/06/013/003 13.3. Results-based reporting and effective contribution management enhances SCO’s accountability and resource mobilization efforts

Progress: The review and submission of reports has generally been done in a timely manner during 2012 (approximately 92% were submitted on time), despite the unusually heavy load due to the increase of grants in 2011 for famine response.

For the CAP, the Somalia Country Office (SCO) is 55% funded as compared to 79% and 52% in 2011 and 2010, respectively. It is important, however, to take into account that the 2011 famine presented an extraordinary situation with an extraordinary level of funding. For the Country Programme, SCO is 98% funded as compared to 80% and 47% in 2011 and 2010, respectively. The low level of CAP funding is assumed to be due to donor fatigue after the 2011 famine. Fundraising was not as aggressive in the second half of the year due to implementation capacity. The development of a new Resource Mobilization Strategy is ongoing and expected to be finalized by mid-February 2013.

A large portion of the contribution management and budget training sessions planned for UNICEF staff in 2012 were delayed due to the many complications of the global VISION roll-out, with multiple implications for grant management. Hands-on budget management training indirectly takes place with staff on a daily basis and a total of 71 staff attended VISION budget management training in the three zones. Other planned sessions will be carried over to 2013.

IR 3920/A0/06/013/004 2011 - CLOSED g and policy dialogue/advocacy (with a focus on convergence and equity) are facilitated through systematic data collection and analysis with data disaggregated by various factors including gender disparities and marginalized populations

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

Progress: Through local partnerships, mass media, community outreach and dialogues in 82 village clusters, as well as stakeholder workshops, citizens were empowered on their rights, responsibilities and obligations in relation to basic service delivery. An improved civic education strategy was reviewed with all stakeholders and a resource pack was developed, translated and rolled out to guide effective delivery in 10 districts of NWZ and NEZ, including the training of 26 facilitators in joint collaboration with the Danish Refugee Council. In CSZ, 52 community resource persons were equipped with social mobilization and civic awareness skills to enable them to undertake community dialogue and civic education, which began in five Mogadishu districts. Forty district staff members from Social Affairs and Planning Departments were equipped as facilitators with participatory planning tools to successfully manage community consultation in new districts (Gabiley, NWZ; and Jariban, Eyl, and Bandarbeyla, NEZ). Communities were supported to establish Community Monitoring Groups and trained to monitor local government performance in the implementation of district projects. Local governments were supported to undertake open public meetings (six in NWZ; four in NEZ) to provide feedback to their communities on achievements and challenges. Because three districts were added in NEZ,
the percentage of local councils holding public meetings remains low. Social auditing processes have helped the councils become more responsive and accountable to their citizens, improving trust and contributing to peace and stability. In partnership with local governments and the NEZ/NWZ Ministries of the Interior, UNICEF developed a draft policy guide for community engagement on local planning and social accountability to provide clear policy direction in the institutionalization of social auditing systems and restructuring of village governance structures to become more inclusive, legitimate and representative.

Lack of clarity of village boundaries, weak capacity of the district Social Affairs Department and programme funding shortfalls resulted in the reprioritization of activities in the second quarter of 2012. Implementation delays of other JPLG partners constrained CSZ progress.

Progress:
Throughout the year, UNICEF Somalia continued to advocate for children’s rights and funding particularly through videos, articles, photographs and multimedia pieces, often featuring children discussing their plight. These products have appeared on several UN websites, and on international and Somali outlets. Communications used the anniversary of the famine announcement to again focus media attention on children through a media trip, press interviews, etc. Later in the year, work was conducted with the sections for special coverage of GBV and education. Efforts to promote the voices and ideas of Somali children included working with Child Protection to select and help a teenage FGM survivor to attend a key AU Conference. The rights of the child and their implementation were further publicized through a newly designed website and social media, as well as briefings with journalists. Communications worked with the Representative on advocating with government administrations and other key partners for children’s rights and the fulfilment of pledges in the new Constitution and accompanied him to meet the new president.
Effective Governance Structure

SCO management/operations objectives were discussed in a staff retreat in May 2012. Priorities and milestones were set and the Annual Work Plan (AWP) developed. Improvements to the office governance structures focused on strengthening accountability, management of risks, effective use of resources, and staff performance for achieving approved results. The key management bodies included: the Country Management Team; Zonal Management Teams; Joint Consultative Committee; Contract Review Committee; Learning and Staff Development Committee; Programme Cooperation Agreement Review Committee; and Audit and Risk Management Working Group. The TORs of each statutory committee were updated with the approval of the Country Management Team (CMT) and shared with all staff. Fresh orientation sessions were conducted for the members of each committee. In addition, the Staff Association remained a strategic partner in ensuring staff welfare and morale, as well as in management and monitoring for results.

The CMT met five times and monitored office performance using a set of management indicators that were revised during the year. The key decisions taken by CMT for improved office performance included: comprehensive assessment of supply chain management; development and implementation of the risk management plan; security analysis and implications on staff safety; and an analysis of present and prospective partnerships that would expand UNICEF's scope of implementation in Somalia. The Zonal Management Team (ZMT) replicated the CMT at the zonal level and fed into the CMT process.

In addition, during 2012, Programme Group Meetings (PGMs) and the Humanitarian Coordination Management Team (HCMT) continued to support programme development and implementation. PGMs took place quarterly and focused on programme coherence and synergy; effective implementation and monitoring; and coordination between programmes and operations. The HCMT met twice a week, moving to a weekly basis after the shift down to a Level 2 Emergency, and it primarily addressed agenda items for the CMT in normal situations.

The office continues to participate in multiple governance structures and mechanisms at the UN country level, which include the Somalia Country Management Team; Somalia Zone Office Management Teams; Security Management Team; UN Area Security Management teams (at the zonal level); Operations Management Teams; and various Sectors and Clusters. These mechanisms have proven useful not only for effective coordination but also for programme management.

The office was audited during the year by the Office of Internal Audit and Investigation. The audit focused on governance and operations support, and some aspects of programme management during the period 1 January 2011 to 31 August 2012. The audit concluded that appropriate controls and processes over the country office were generally established and functioning in all components of governance that were reviewed, which included: supervisory structures; staffing structures; delegation of authority; performance management; risk management; and ethics.

It has been quite challenging to ensure the effective functioning of the governance structures mainly because of the difficulties in connecting offices and staff members in different locations; complex travel procedures and expensive travel options; and need to focus on emergency response.

Strategic Risk Management

Due to the high-risk operating environment in Somalia, and UNICEF's central role in providing life-saving assistance as well as in service provision, the office has been taking necessary risks—with adequate mitigating measures—in order to ensure the achievement of approved results.

In 2011, the office established an Audit Risk Management Working Group (ARMWG) that coordinated the identification and assessment of risks in the office. In 2012, the working group also acted as a liaison with the UN Risk Management Unit for Somalia. With the support of the UN Risk Management Unit and in line with the Enterprise Risk Management policy, the country office's risk profile and risk management plan were developed and agreed improvement actions were implemented, including the development of SOPs to
streamline business processes.

The ARMWG is comprised of members from programmes and operations. In 2012, the ARMWG not only monitored changes in the operating environment and performance by partners and contractors on an ongoing basis, but also anticipated risks that needed to be managed and made appropriate recommendations to the CMT and the Representative. The recommendations of the ARMWG proved extremely useful in ensuring that the decisions and strategies of the office and programmes are risk informed, and that risks are identified and analysed in a timely manner and managed effectively. One of the recommendations was to collaborate and cross-reference with the Kenya Country Office for the assessment of partners that are supporting both the Kenya and Somalia programmes.

The office is applying various approaches to deliver and monitor programmes including: third party verification; the use of independent mobile monitors for reporting against the Core Commitments for Children in Emergencies; capacity assessment of partners; and targeted and special audits. All approaches are a part of the office risk management strategy.

In 2012 the office conducted an evaluation of the Cash Transfer programme, a very high-risk initiative. Implementation of the recommendations from the evaluation will be a priority for 2013.

The Country Office Business Continuity Plan is current and it is effectively implemented on a daily basis due to the security situation. A simulation exercise was conducted for the NWZ office and the gaps identified were addressed.

Somalia is a chronic emergency, and as such the office has been maintaining its readiness capacity at an appropriate level to respond to a sudden emergency.

### Evaluation

In line with the office two-year workplan for 2011-2012, the office developed a two-year Integrated Monitoring and Evaluation Plan (IMEP 2011-2012), which was revised early in the year taking into account newly proposed evaluations and any pending evaluation from 2011. Overall, the office had a total of five evaluations planned for 2012, of which one was completed; one has been partially implemented and scheduled for completion in the first quarter of 2013; two are yet to be started due to insecurity in CSZ; and one was cancelled. The Child Health Days (CHDs) evaluation was cancelled since the office is conducting an Expanded Programme of Immunization (EPI) review and a Routine EPI Non-Participation Survey that incorporated relevant questions relating to the CHDs evaluation. It should be finalized in 2013.

Development of a management response for the completed evaluation on Making Public-Private Partnerships Work for Rural Water Supply in Somaliland will take place in the first quarter of 2013, given that the evaluation was completed in late 2012. In the meantime, the WASH programme has taken the evaluation recommendations into account in the design of the new Urban Water Supply programme due to start in January 2013. Detailed lessons learned were also produced. Likewise, the management responses for evaluations completed in late 2011 (including one evaluation related to the five-year Strategic Partnership on Education and a TOSTAN evaluation) have been completed and tracked during 2012. Initial adjustments to the Emergency Cash and Voucher Response for the CSZ programme have been made based on the preliminary report of the ongoing evaluation of that initiative.

The Committee on Surveys, Studies and Evaluations (CSSE) continued to hold the oversight role for the office IMEP in 2012. This included reviewing and adopting the revised IMEP in early March 2012; reviewing the terms of reference for given IMEP activities; providing clearance for implementation; and reviewing the final evaluation reports. Further, the CSSE continued to review, on a biannual basis, the implementation of the actions of the management responses to the studies, surveys and evaluations completed in 2012 and these findings were shared with the Country Management Team for monitoring.
Effective Use of Information and Communication Technology

Better connectivity was reported this year in CSZ zone offices (Mogadishu and Galkayo) with new VSAT, Video Conference devices and Avaya PABX telephone systems installed in these offices. These upgrades enhanced inter-office communications, allowing teams to participate more fully during relevant staff meetings. Similar installation in the Baidoa office is expected to be complete in early 2013.

The ICT team provided active support to VISION implementation in USSC and zone offices. The team coordinated training activities, site preparation and role management. New services such as Dynamic Host Configuration Protocol (DHCP) and improved Wi-Fi service were introduced to improve service quality, especially for frequent travellers.

Solar power was successfully piloted in Galkayo and is currently supplying power to the server room and IT equipment with backup power of more than eight hours. Generators are no longer required to run around the clock for ICT services.

Support was provided to programmes in vendor/contractor selection processes and in providing technical inputs to projects such as the Sharepoint-based PCA database and the “HIV Management Central Database Registry System” project. Other Technology for Development (T4D) initiatives were also explored during field trips and discussions with programme colleagues and partners. A T4D committee was formed as part of the office governance structure and is currently headed by the Chief of ACSD. RapidSMS, GIS and ‘Access to Technology’ for children are some of the areas of interest for 2013.

The Business Continuity Plan (BCP) and ICT Disaster Recovery Plan documents were each revised twice in 2012. A BCP simulation exercise was successfully carried out in Hargeisa in September 2012. Audit remarks on BCP preparation and tests were positive.

USSC contracted the common Long-Term Agreement (LTA) supplier with KCO/ESARO in outsourcing hardware support services. As it is difficult to find quality suppliers in Somalia, most equipment was procured from the global LTA supplier for better price and quality. All old ICT equipment was sold to the highest bidder through an auction.

Staff recruitment remains a challenge due to a shortage of qualified candidates in Somalia. Nonetheless, a number of fixed term and temporary posts were filled in zone offices, which resulted in better service delivery during the second half of the year. A UNICEF standby partner, NRC, has been providing technical support for radio telecommunication since 2011.

Common services were effectively managed with the United Nations Office at Nairobi (UNON) in the areas of LAN cabling and Cisco IP telephone installation. Other services (VSAT, ISP, Firewall, VTC bridge, and Wi-Fi service) were co-managed with UNICEF KCO and ESARO on a cost-sharing basis. Meetings are ongoing with UN agencies in Somalia to share and explore possibilities of future collaboration.

Fundraising and Donor Relations

The year 2012 started with a humanitarian funding requirement of USD 289,129,855. This was reflective of the continuing, albeit smaller geographical spread of the famine and the subsequent continued large-scale interventions such as Blanket Supplementary Feeding. The requirement for Nutrition alone was USD 142,678,206. By the Midyear Review, despite the situation remaining extremely precarious, the famine was declared over and the ban against UNICEF in Al-Shabaab-controlled areas was in effect, resulting in a downscaling of certain interventions. UNICEF’s appeal was reduced to USD 164,305,381. By the end of 2012, 55 per cent of the CAP had been funded and the 2012 USD 56,200,000 Other Resources (OR) ceiling was fully funded. Nutrition received the largest amount of funds (USD 24.1 million), although it was only 50 per cent of what was required. Education and Health remained the least funded against the CAP, although both were well funded under the Country Programme.
Due to large-scale emergency funding in 2011, reporting remained heavy during 2012. Coupled with that, donors had increasing ad hoc information and reporting requests. Earmarking of funds predominantly remained the modus operandi. The US, UK, Canada and Japan, as the four largest humanitarian donors to UNICEF, greatly facilitated responses across all programmes (their contributions represented a total of USD 51.9 million, 57 per cent of overall funding). UNICEF National Committees contributed USD 21 million, a significant 23 per cent of receipts. The Common Humanitarian Fund (CHF) was also instrumental in filling gaps. Un-earmarked funding from certain donors offered a level of flexibility necessary to fill critical gaps.

UNICEF engages closely, both strategically and technically, with donors locally. This takes place mostly bilaterally but also through donor briefings and discussions, though these were fewer than ideal in 2012. Regular donor briefings will be a priority for 2013, not least in the quest to maintain the principle of transparency for which UNICEF is known. Towards the end of 2012, the development of a new Resource Mobilization Strategy was initiated and is expected to be finalized in February 2013.

UNICEF Somalia is integral to various Joint Programmes, including but not limited to, the JHNP, in which UNICEF as the Administrative Agent is instrumental in fundraising, and the Joint Programme on Local Governance and Decentralized Service Delivery (JPLG).

Predictable and long-term funding for Somalia remains imperative. The 2013-2015 first time multiyear Somalia CAP is expected to raise increased multiyear funding commitments. Addressing the root causes of the crisis cannot be done sustainably with the current stop-start nature of funding since it does not allow for comprehensive programme planning. Donors are cognizant of this.

Systems are in place to ensure the timely utilization of funds, in line with donor conditions. The aftermath of the large-scale response combined with the global roll-out of VISION as UNICEF’s new operating system resulted in significant challenges to effective and efficient grant management, which required considerably more staff time for lengthy processes than had not been necessary in the past. Donors were kept informed of the challenges, which are now mostly overcome. Ensuring that all incoming staff is fully trained on existing contribution management processes will be a priority for 2013.

Management of Financial and Other Assets

The 2012 audit concluded that the controls and processes over operations support (financial management; procurement and contracting; assets management; human resources management; and ICT management) were generally established and functioning during the period under audit.

The office maintained dedicated professional capacity in support of contribution management and budget management in 2012. Limited efforts were made to increase zonal office responsibility for the management of delegated/allocated funds; however, this was hindered by a lack of appropriate capacity at the field level. This will be strengthened in 2013.

The office experienced difficulties and delays in preparing bank reconciliations and in processing cash assistance transactions, primarily due to the Global System changeover and staffing gaps in finance. As 2012 was the first year for the office to record and report financial transactions and status under the IPSAS, it was particularly challenging. However, the office was able to complete the midyear and end-year closure of accounts in a timely manner. The only area where the office required external support was in the recording and reporting of inventory, which was completed with the support of the Regional Office, Supply Division and Division of Financial and Administrative Management. Some components of the inventory exercise are ongoing and are expected to be completed in the first quarter of 2013.

The office revised the SOPs for PCAs with a view to ensuring the efficiency of processes and effectiveness of the activities supported by those PCAs. In addition, special audits and micro-assessments were conducted for selected/identified partners to help streamline risk management for Direct Cash Transfers (DCTs). Orientation sessions on DCT processes were held for concerned staff as well as for programme partners at the zonal and country office level. Outstanding DCTs were reported on a biweekly basis and systematically monitored by the
Programme Coordination Unit. Progress was reviewed by the PGMs, ZMT and CMT as well as in bilateral meetings between PCU and programmes. Despite all efforts, the office could not maintain the target of a maximum of 5 per cent of DCTs outstanding over nine months. The amount of DCTs outstanding over nine months as at 31 December was 2,770,672 (8 per cent).

Although necessary measures were put in place to manage the uncertainties and capacity gaps for programme implementation, the fast changing environment did not allow the office to fully utilize available financial resources. As of 31 December 2012, 81.2 per cent of allocated Regular Resources (RR) was committed while 83 per cent of OER was committed. Out of 141 grants, a total of 19 grants were extended in 2012.

Supply Management

In terms of supply, 2012 could be considered the famine aftermath, though the Level 3 emergency lasted until July 2012. The Al-Shabaab ban on 16 organizations, including UNICEF, on 28 November 2011 came at a time when the supply pipeline was at its peak in terms of volume and, as such, it significantly impacted the already constrained logistics of operating in Somalia. Additional warehousing capacity had to be identified, and new or altered routings for the large volumes of essential supplies had to be explored and rapidly executed. In an effort to continue deliveries, new and innovative supply chain approaches were initiated under the leadership and guidance of the Supply Division.

The initial 2012 Supply Plan for USD 30 million was established more or less in line with previous years. The Accelerated Child Survival and Development supply component exceeded 90 per cent of the combined procurement activities (46 per cent nutrition, 29 per cent health and 15 per cent WASH). The options for local procurement in Somalia remain limited and more than 95 per cent of supplies had to be procured outside Somalia, either regionally or off-shore through the Supply Division.

In terms of logistics, 2012 activities remained high and heavily impacted by the large-scale procurement activities that took place in response to the famine during the last quarter of 2011. Combined with poor infrastructure and security and access limitations, the lack of direct commercial transport operators into Somalia continued to have a negative impact on overall supply chain costs. In many instances, this meant 40-50 per cent overhead on top of procurement values to cover the in-country logistics costs in Somalia. Due to the high volumes being moved, in-country logistics costs for Somalia exceeded USD 21 million in 2012. In a normal year, logistics costs would be around USD 6 million.

In 2012, SCO migrated its inventory system from UniTrack to VISION (SAP) with the subsequent implementation of the International Public Sector Accounting Standards (IPSAS). In view of the high levels of both inventory (peaking at USD 44 million in the beginning of 2012) and movement, the office faced significant migration challenges. Due to the complexity of the task, additional support from UNICEF Headquarters and the Supply Division was necessary in order to accomplish it. A stock count exercise has been completed and a reconciliation exercise is ongoing; it is expected to be finalized in early 2013.

Looking ahead, SCO will continue to review its supply chain both in terms of partner capacity needs, logistics routing, as well as local and regional procurement options through market surveys and supplier conferences. The latter will be planned jointly with other UN agencies operating in Somalia, as was done in 2012.

Human Resources

The most challenging issue SCO was confronted with was the high number of staff members experiencing ‘burn out’. SCO took measures to support affected staff, including through medical support as appropriate and granting Special Leave Without Pay (SLWOP), early movement and rotations. A concept paper on supporting and preventing staff burn out was drafted and should be finalized and implemented in 2013.
Given the degree of staff burn out, the complex environment of Somalia with limited access in certain zones, and lessons learned at the onset of the emergency, the office organized the training of 18 Peer Support Volunteers (PSVs) in June. The training was conducted by the UNICEF Global Staff Counsellor with support from the UN Somalia Staff Counsellor and addressed at least three PSVs in each field office in Somalia and USSC.

To effectively respond to the Level 3 Emergency, extended until July 2012, the office hired a large number of temporary staff. Temporary staff increased from 23 in July 2011 to 72 in March 2012. The office established streamlined processes and procedures to gradually downsize temporary staff, thus lowering the percentage of temporary to fixed-term staff.

During the first quarter of 2012, the office conducted briefing sessions in all field offices and USSC on the UNICEF Performance Appraisal System (PAS) and Learning/Training policies. The purpose of these sessions, to take place on an annual basis, is to ensure that all staff and supervisors are familiar with PAS, UNICEF learning/training policies and how both are interrelated and contribute to improving staff and office performance.

Taking stock of the improvement of the political, social and security context in Mogadishu, Baidoa and other parts of CSZ, the office undertook an exercise to consolidate the staffing structure of the CSZ office and increase its senior-level presence in Mogadishu. The duty station of nine staff members, including the Chief of Field Office, changed from Galkayo to Mogadishu.

With the gradual return of UN agencies to Somalia, the UN Somalia HR Working Group, led by UNICEF Somalia, established a Task Force to assist in the development of UN Somalia common strategies and plans to ensure that downsizing Nairobi-based offices and transitioning into Somalia are implemented as smoothly as possible with limited adverse effects on staff. UNICEF, inter alia, established and consolidated a full zonal office in Mogadishu; reopened an office in Baidoa; and reduced and streamlined the staff structure in Nairobi.

The recommendations and actions points of the 2011 “Win-Win Management” exercise and Global Staff Survey could not be implemented in 2012, due to the extension of the Level 3 Emergency situation. This will be a top priority in 2013.

The office pursued its commitment to UN Cares and implemented the 10 minimum standards on HIV in the workplace in collaboration with the UNON Task Force on HIV and AIDS and the Nairobi UN Joint Medical Services.

The international UN Physician, initially hired under UNICEF temporary appointment, was converted into a fixed-term position with UNDP Somalia. The position contributed to streamlining medical evacuations, organizing health education sessions for staff members and dependents, and supporting UN Cares activities.

Efficiency Gains and Cost Savings

During 2012 the office decided to construct an office block in Hargeisa on a plot of land provided by the Government. In view of the improved security situation in Hargeisa, the office also decided to close the guest house operation there by 31 December 2012. The project will be completed by April 2013 and is expected to generate savings of approximately USD 40,000 annually after a period of five years. Similarly, it was decided to install prefab warehouses in Mogadishu on a plot of land which was leased in order to ensure adequate standoff to the office premises. This project will be completed in the first half of 2013 and is expected to generate savings of approximately USD 72,000 annually.

UNICEF continues to share costs for the provision of security services in Somalia and Kenya. While the security cost in Kenya is not significant, the cost in Somalia is substantial due to the heavy security protocol for field travel.

UNICEF remained an active member of the UN Country Team (UNCT), the SMT and Operations Management
Team and participated in most common services initiatives in each office location. The Representative chaired the Medical Steering Committee and led UNCT missions to the AU, Turkey and London.

**Changes in AMP & CPMP**

Changes to the 2011-2012 Annual Management Plan (AMP) have been frequent and certainly will continue to be required in 2013 in the context of a highly volatile programme environment. These changes will largely depend on how the security situation develops. The Country Programme Mid-Term Review (MTR) will take place in 2013. The results of the MTR may necessitate changes in staffing structure and adjustments to management and programme strategies.

The support of the regional Programme Budget Review during 2012 has been instrumental in allowing the office to adapt to the changing working context in Somalia. Somalia will rely on the continuing support of the PBR in the coming year.

**Summary Notes and Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABE</td>
<td>Alternative Basic Education</td>
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<tr>
<td>ACSD</td>
<td>Accelerated Child Survival and Development</td>
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<tr>
<td>ACT</td>
<td>Artemisinin-Based Combination Therapy</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>ARMWG</td>
<td>Audit Risk Management Working Group</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>AWD</td>
<td>Acute Watery Diarrhoea</td>
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<td>AWP</td>
<td>Annual Work Plan</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>BSFP</td>
<td>Blanket Supplementary Feeding Programme</td>
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<td>BSNP</td>
<td>Basic Nutrition Services Package</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CAP</td>
<td>Consolidated Appeals Process</td>
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<td>CCCs</td>
<td>Core Commitments for Children in Humanitarian Action</td>
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<td>CCM</td>
<td>Community Case Management</td>
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<tr>
<td>CEmONC</td>
<td>Comprehensive Emergency Obstetric and Neonatal Care</td>
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<td>CHCs</td>
<td>Community Health Committees</td>
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<td>CHDs</td>
<td>Child Health Days</td>
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<td>CHWs</td>
<td>Community Health Workers</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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<tr>
<td>CPCs</td>
<td>Child Protection Committees</td>
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<td>CSZ</td>
<td>Central and Southern Zone</td>
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<td>Ctc</td>
<td>Child to Child clubs</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DEOs</td>
<td>District Education Officers</td>
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<td>DHCP</td>
<td>Dynamic Host Configuration Protocol</td>
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<td>DPT</td>
<td>Diphtheria, Pertussis and Tetanus</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>DTK</td>
<td>Diarrhoea Treatment Kits</td>
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<td>EARN</td>
<td>East Africa Roll Back Malaria</td>
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<td>EFA</td>
<td>Education For All</td>
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<tr>
<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EmONC</td>
<td>Emergency Obstetric and Neonatal Care</td>
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<tr>
<td>EPHS</td>
<td>Essential Package of Health Services</td>
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<td>EPI</td>
<td>Expanded Programme of Immunization</td>
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### Document Centre

#### Evaluation

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<td>2 Study on Sector Functional Assessments within Education, Health and WASH in Somaliland</td>
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<td>3 Study on Sector Functional Assessments Within Education, Health &amp; WASH in Puntland</td>
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<td>6 TOSTAN Pilot Project on “Ending FGM/C” in Northwest and Northeast Zone in Somalia</td>
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#### Other Publications

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<tr>
<td>1 Child Rights promotional desk calendars and wall planners</td>
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<tr>
<td>2 Children in Somaliland (situational booklet)</td>
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<td>3 Audio/visual packages, field diaries, multimedia pieces and press releases</td>
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