Update on the context and situation of children

The triple threats of COVID-19, locust invasion and conflict, particularly political instability associated with delays in the electoral process, have exacerbated existing vulnerabilities in Somalia. The incidence of poverty stands at 69 per cent, which is 18 percentage points higher than the 2017 unweighted average of low-income sub-Saharan African countries. This makes Somalia one of the poorest countries in the world. Poverty is widespread and deep, particularly for rural and nomadic households and those in internally displaced persons (IDP) settlements. Furthermore, 73 per cent of children under 14 years of age are poor. In addition to monetary poverty, most Somali households suffer from other forms of non-monetary deprivations. Almost 9 out of 10 Somali households are deprived in at least one dimension: monetary, electricity access, education or water and sanitation. Nearly 7 out of 10 households suffer on two or more dimensions. Once almost entirely rural, Somalia currently has an estimated 46 per cent urban population. The rapid increase in urban population comes with challenges in the provision of basic services and inclusive access, particularly for IDPs. Somalia’s domestic revenue base is insufficient for investments beyond basic operational support to government institutions. Under the 2020 federal budget of $476 million, around 4.4 per cent was allocated for education, 2 per cent for health and 6.8 per cent for social protection. Of the final actual expenditure of $485 million, 1.8 per cent went to education, 1.3 per cent to health and 12.3 per cent to social protection. With the additional fiscal space now that Somalia has reached the heavily indebted poor countries (HIPC) qualification threshold, the allocation of funds to social sectors from the national budget is expected to continue to increase, as more and more international financial institutions (IFIs) start implementing on-budget projects.

Federalism remains one of the most politically contested aspects of the unfinished political settlement in Somalia. The division of functional and fiscal responsibilities between the Federal Government and Federal Member States (FMS) is yet to be defined and agreed upon. The UN Joint Programme on Local Governance and Decentralized Service Delivery (JPLG) has expanded its institutional capacity strengthening to new FMS. The JPLG has also increased footprints in the new FMS, and the Service Delivery Model (SDM) has further attracted political, institutional and financial commitments in Somaliland, Puntland and the new FMS. Currently, UNICEF supports 9 Somaliland, 11 Puntland and 13 new FMS districts, as well as the Benadir Regional administration, in the areas of capacity building, decentralized service delivery, social accountability and community participation.

Driven by climate shocks, conflict and increased vulnerability, 5.9 million people (of which 66 per cent are children) required humanitarian assistance in 2021. This includes 4.3 million non-displaced people, 1.6 million people displaced by conflict, insecurity, droughts and floods, as well as 109,989 refugee returnees and 28,002 refugees and asylum seekers. Furthermore, persons with disabilities in Somalia face significant stigma from community members who often do not recognize their basic human rights. This is particularly true for children and women with disabilities, who are at heightened risk of experiencing Gender-Based Violence (GBV).

Somalia is currently experiencing drought due to the cumulative effects of three consecutive below-average rainy seasons, which led to severe water shortages and rising food prices. More than 2.8 million people in 66 of the country’s 74 districts have been affected, with nearly 133,000 displaced in search of food, water and pasture. The Government declared a state of emergency in November and appealed for international assistance. This is one of the rapid actions taken to deliver assistance at scale and to avert the risk of famine based on the lessons learned from the 2011 famine and the 2017 drought.

Conflict remains a core driver of displacement. In 2021, 539,000 people were displaced due to conflict and insecurity. The FMS with the highest shares of conflict-induced displacement are Banadir, Bay, Gedo and Lower Shabelle.

Somalia has recorded 23,190 COVID-19 cases (along with 5.7 per cent (1,314) associated deaths), as
of 4 December 2021. Somalia’s overall health system remains fragmented, under-resourced and ill-equipped to provide life-saving and preventative services. The majority of Somalia's disease outbreaks can be attributed to low vaccination coverage, shortage of functional public health facilities and low capacity for surveillance and for rapid response to alerts.

Humanitarian organizations in Somalia are facing access constraints in some affected areas. In 2021, 34 (46 per cent) districts were identified with moderate to severe access constraints. The number of reported access incidents decreased by 18 per cent during the second quarter of the reporting period, compared to 88 access incidents in the same period in 2020. This spike in access incidents in May 2020 is largely attributed to hostilities and movement restrictions in the Southwest State and Jubaland. According to the Secretary General’s annual report on Children Affected by Armed Conflict (CAAC), Somalia is the world’s most dangerous conflict area for children. Somalia had the highest number of verified violations (23,374) over the last five years.

As Somalia deals with a complex, volatile and evolving situation compounded by already scarce and over-stretched resources, UNICEF continues to expand its response across all sectors in order to meet the urgent humanitarian needs of those affected. UNICEF used a life-cycle approach to integrate resilience into and strengthen community and state-level systems. By linking to the National Development Plan (NDP-9) priorities, children and families obtain access to essential services, while also starting on livelihood paths and improving resilience and sustainability. Resilience is a central pillar for UNICEF’s humanitarian and development work. Sustainability is promoted via localization and community participation. The country's deteriorating humanitarian situation also necessitates integrating long-term solutions into the ongoing humanitarian response, in line with the principles of the Triple Nexus. A programme strategy articulation note is being drafted to address the cross-cutting issue of accountability, as well as ensuring evidence generation and integration of social behaviour change in the affected population.

**Major contributions and drivers of results**

**Goal Area 1: Every Child Survives and Thrives**

Somalia has among the highest maternal and child mortality rates globally. In response, in 2021, UNICEF contributed to the roll-out of routine immunization services nationwide and supported at least 398 health service delivery points (330 fixed facilities and 68 mobile and outreach services) through humanitarian and development health programmes. Over 1.3 million people received curative services from the first outpatient department (OPD) consultations. Additionally, 72,141 women completed their fourth antenatal care visit, and 92,324 deliveries were supported by skilled birth attendants. The national coverage of DTP-containing vaccination for infants increased from 73 per cent in 2020 to 86.4 per cent in 2021. Similarly, measles vaccination coverage increased from 70 per cent in 2020 to 82.7 per cent in 2021. These results were achieved by delivering an essential package of health services, providing PPEs to health workers, providing vaccines at health facilities, implementing the urban immunization strategy, reaching children and nomadic populations in remote areas through outreach and mobile services and integrating health and nutrition interventions in fixed and outreach/mobile services. Meanwhile, with the support of demand generation and vaccine deployment, COVID-19 vaccines reached nearly two million people (10.1 doses/100 population). Eight million people were reached through COVID-19 focused community and media engagement efforts. To bolster an enabling policy and programming environment, the District Health Information Software (DHIS2) was updated to strengthen the availability and use of automated dashboards, scorecards, alerts and reports to improve health service delivery for reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition services. UNICEF supported the costing of Every Newborn Action Plan (ENAP) and the finalization of the RMNCAH Investment Case, Integrated Management of Newborn and Childhood Illnesses (IMNCI) guideline and Female Health Worker curriculum, as well as guidelines for supply quantification, forecasting and supply planning.

In 2021, the Food Security and Nutrition Analysis Unit (FSNAU)’s results for the Gu season showed
that wasting decreased to 11.1 per cent from 11.8 per cent in 2020. Severe Acute Malnutrition (SAM) prevalence was estimated at 1.5 per cent in 2021, down from 1.8 per cent in 2020’s Gu season. A total of 257,021 children aged 6 to 59 months with SAM were admitted for treatment in 2021, against a target of 249,783 children. About 95 per cent of children 6 to 59 months admitted with SAM were discharged as recovered. More than 90 per cent of all sites offering Outpatient Therapeutic Programs (OTPs) did not report any stock shortages of Ready-to-Use Therapeutic Food (RUTF), surpassing the 90 per cent target. The decline in wasting rates can be attributed to many factors including malnutrition prevention interventions in Somalia. Maternal, Infant, and Young Child Nutrition (MIYCN) counselling and micronutrient supplementation were implemented in all states. The contributions of multisectoral programming were demonstrated in the resilience programme in Gedo and Banadir regions. Beneficiaries in social protection programs like the Baxnaano program were counselled on malnutrition prevention and treatment. A total of 2,280,959 children (1,110,700 boys and 1,170,259 girls) aged 6 to 59 months (136 per cent) received Vitamin A Supplementation (VAS), surpassing the 2021 target of 1,678,679 during the first semester of 2021, compared to only 30 per cent children reached in 2020. The relaxation of COVID-19 protocols in 2021 and adherence to the guidelines ensured that VAS campaigns were conducted in all states. About 190,000 pregnant and lactating women were reached with iron and folate. A total of 111,857 children aged 6 to 23 months received Micronutrient Powders (MNPs) in 2021. Furthermore, 1,186,018 primary caregivers of children aged 0 to 23 months, against a target of 1,051,586, received MIYCN counselling. Communication for development initiatives to support malnutrition prevention programmes were implemented in all states.

**Goal Area 2: Every Child Learns**

Somalia has one of the highest proportions of out-of-school children anywhere in the world. Less than 30 per cent of school-aged girls and boys are enrolled in primary education and fewer still are demonstrating achievement of the foundational learning outcomes and skills required for a successful transition to secondary education. A social and behavioural change strategy was drafted to promote girls’ education and primary education through community and media engagement interventions.

UNICEF supported the participation of 455,000 girls and boys in improved formal primary schools and Alternative Basic Education centres through a package of primary school-based interventions, which included the renovation and construction of school infrastructure (including improved water and sanitation facilities in 134 primary schools), the provision of cash incentives for students and schools, the distribution of classroom and student supplies, teacher trainings and the strengthening of Community Education Committees. Within this overall figure, 176,000 children impacted by climate- and conflict-related crises were supported, ensuring that those previously in school were able to continue their education and that out-of-school children were provided an opportunity to embark on accelerated education pathways. A Safe Schools Declaration policy was finalized in 2021 with UNICEF assistance, outlining measures to prevent, manage and respond to attacks on education services and ensure safe learning environments in schools and universities.

As co-chair of the federal, Somaliland and Puntland State education sector coordination structures, UNICEF engaged extensively in the development of Education Situation Analyses as a first step towards the drafting of new Education Sector Strategic Plans (ESSPs). The ESSPs to be launched in 2022 are a critical framework within which UNICEF and UN Agencies will align their financial and technical resources for the coming five years. Their development provides an important opportunity to align with Sustainable Development Goal (SDG) indicators and demonstrate risk-informed and equity-focused strategic priorities.

Over the course of this first year of the current Education Programme (2021–25), considerable efforts were made to finalize a revised lower primary education curriculum in Puntland and initiate the development of an updated upper primary education curriculum for grades five to eight. An Early Childhood Education (ECE) curriculum framework was also developed with UNICEF assistance in Puntland, which helps to bridge pre-primary and primary student learning expectations. In response to the closure of schools due to COVID-19, UNICEF financed the digitalization of curriculum materials for primary and secondary education, so that students could access these remotely via mobile technology. Of particular note are the 13,000 learners reached with curricular and co-curricular content.
through a Puntland Learning Passport platform, introduced by UNICEF and the MoEHE.

**Goal Area 3: Every Child is Protected from Violence and Exploitation**

2021 has been an important year for UNICEF and the government in strengthening the protective environment for children in Somalia. UNICEF supported the establishment of multisectoral child protection and GBV services throughout the country by investing in three-year partnerships with 19 local NGOs and establishing two-year Rolling Work Plans with 14 government ministries in all districts of Somalia. UNICEF partners provide clinical, legal, psychosocial, case management and safety services during emergencies and regular times. 5551 survivors of GBV (276 boys, 1,943 girls, 3225 women, 107 men) and 14,813 unaccompanied and separated children (UASC) (8690 boys, 6,123 girls) received critical life-saving services through UNICEF support.

Multi-year partnerships have facilitated the scaling up of social norms change programmes addressing the root causes of all forms of GBV, particularly FGM and child marriage, reaching 131,187 people across 14 districts. Eliminating harmful norms (particularly gender norms) requires multi-year investments to develop new knowledge and skill sets for local NGOs and government partners. To eradicate harmful norms, community workers must initiate challenging conversations on gender that confront aspects of Somali culture, religion, clan politics and gender relations, and require shifts in the way power is held and used. The programme confronts traditional and religious leaders, as well as other members of the community. None of this work was previously possible, since annualized funding limited partnerships to 12-month cycles, and prevented any long-term capacity support, or multi-year impact level interventions. This work provides a solid foundation for the eradication of harmful practises over the lifecycle of this country programme.

New partnerships with all FMS and strong commitments from the Ministries of Justice (FMS and Federal), have contributed to the establishment of diversion procedures. In 2021, 1,289 children (1,095 boys, 184 girls) were diverted from criminal proceedings and provided with comprehensive services. Puntland and Somaliland are innovating new electronic birth registration systems and the government’s commitment to scale up birth registration across Somalia is high.

In 2021, UNICEF identified over 2,556 cases of abuse affecting 2,040 children (1,563 boys, 477 girls) through its monitoring and reporting mechanism (MRM), cementing Somalia’s status as one of the most dangerous conflict regions in the world for children. To address the consistently high number of abductions and recruitments by Al-Shabaab (AS), UNICEF conducted research into the drivers of child recruitment in 2021, which will be released in early 2022. Early findings reveal the prevalence of ‘conscription’ type policies by AS for boys, as well as a sophisticated recruitment process through Qur'anic schools.

UNICEF has successfully reintegrated 954 children (160 girls, 794 boys) back into their communities. New partnerships signed with the Ministry of Internal Security and a strengthened direct relationship with the Somali National Army (SNA) have resulted in increased numbers of AS children being referred to UNICEF from the SNA and National Intelligence Security Agency (NISA). In spite of funding challenges, UNICEF’s youth and adolescent protection work continues to improve outcomes across all outputs. 185 former children associated with armed forces and armed groups (CAAFAG) and GBV survivors (97 male, 88 female) set up socially conscious businesses. The girls’ empowerment and self-defence programme reached 53 schools and 30 mentors/coaches have started training on innovative approaches to improve mental health and well-being for traumatized young people including former AS, rape survivors, children at conflict with the law, street children, etc. A study on adolescent pregnancy and another study on adolescents and FGM practices were conducted to generate evidence for related interventions. A C4D bulletin showcasing best practises is being established to institutionalize the U report, which will provide evidence and increase youth involvement and function as one of the key feedback mechanisms.

**Goal Area 4: Every Child Lives in a Safe and Clean Environment**

UNICEF and its partners have successfully provided access to safe water supplies, as well as basic and improved sanitation facilities, and designed an effective and inclusive community mobilization strategy to raise people’s awareness on the prevention of COVID-19 and Acute Watery Diarrhoea (AWD). Thus, a total of 423,885 vulnerable and emergency-affected people (119,068 girls, 134,983 boys, 97,891 women, 71,943 men) were reached through key community-centred hygiene promotion
WASH messages targeting safe water and latrine use and handwashing at critical times. UNICEF has initiated the distribution of Menstrual Hygiene Management (MHM) kits as part of standard WASH hygiene kits. A total of 44,433 MHM kits were distributed to women and girls in households and host communities, with a total of 2,890 school-aged girls reached by MHM kit distribution at the school level.

A total of 452,263 vulnerable people (137,393 girls, 115,866 boys, 97,699 women, 101,305 men) were provided with sustainable access to safe water, compared with a target of 320,000 people (141 per cent), through the construction of new boreholes and installation of pipeline extensions and water storage tanks, as well as clean, economic and environment-friendly solar energy systems upgrades. Contamination mitigation by elevating hand pumps contributed to strengthened infrastructure resilience and enhanced community maintenance in flood prone areas of targeted IDP settlements and vulnerable host communities. In chronic drought-affected districts, ground water investigations are underway in search of climate resilient water resources. Furthermore, 831,296 people (242,622 girls, 271,586 boys, 163,090 women, 153,998 men) were reached through emergency safe water services for drinking, cooking and personal hygiene through emergency water trucking, emergency maintenance, chlorination of water sources and household water treatments. This corresponds to 98 per cent of the set target of 850,000 people.

With regard to basic and improved sanitation services, 62,427 people (19,705 girls, 17,948 boys, 3,906 women, 10,868 men), corresponding to 36 per cent of the set target of 175,000 people, were provided with access to emergency shared and gender-segregated sanitation facilities through latrine desludging, the repair and construction of new latrines and the provision of handwashing stations. Several factors have contributed to the low level of achievement, most importantly the low prioritization of sanitation during the emergency response to COVID-19, and the focus on other needs, such as food and water. Furthermore, without designated IDP settlements, securing land for the establishment of sanitation facilities is challenging.

UNICEF has triggered the implementation of Community-Led Total Sanitation (CLTS) in 55 villages, out of which 24 villages were certified Open Defecation Free (ODF) by the relevant government-led certification teams. This represents an achievement of 22 per cent of the annual target of ODF communities (24 out of 110 targeted villages). To this end, 6,995 people were reached through basic sanitation services from Community-Led Total Sanitation (CLTS) intervention villages.

**Goal Area 5: Every Child Has an Equitable Chance in Life**

With a 69 per cent poverty incidence and 79 per cent of children living in multidimensional poverty, the Social Policy Outcome of the new Country Programme was designed to engage UNICEF in the state rebuilding efforts outlined in the NDP-9. This includes providing support for a transition from off-government and off-budget delivery of social services primarily through UN agencies and NGOs, to increasingly leveraging national systems for more inclusive, government-led social services, supported through long-term development finance now accessible to Somalia.

In 2021, the implementation of the shock-responsive Safety Nets for Human Capital Project (SNHCP), known locally as Baxnaano, has delivered four cycles of payments to 186,487 households (93 per cent of the total caseload) through WFP support to the Ministry of Labour and Social Affairs (MoLSA), with each family receiving the equivalent of $60 for each cycle. The emergency response to the locust invasion and COVID-19 added about 97,966 additional households. The regularity of Baxnaano social transfer deliveries should positively impact beneficiaries and having secure funding for the next two years should directly impact child poverty in the medium-term.

UNICEF has continued to invest in building MoLSA’s ability to develop a shock-responsive social protection system through providing staff trainings in inclusive social protection systems (including GBV and Sexual Exploitation and Abuse (SEA)), generating analytical evidence for decision-making, strengthening coordination mechanisms and building key systems for a government-led social protection system, in coordination with other relevant stakeholders. Notable achievements include the development and comprehensive testing of the software for the Unified Social Registry (USR), the completion of the first draft of the Operations Manual for the National Cash Transfer Programme (Baxnaano) and improvement in the functioning of coordinating structures in the social protection sector.
The Service Delivery Model (SDM) promoted by UNICEF grew from 11 to 21 districts in 2021, allowing a further expansion of local government support for basic social services. Activities like Training of Trainers on “Inclusive Local Governance–Mainstreaming Child Rights and Children’s Participation in Local Governance” now influence a large number of officials and newly elected district councillors. In November, Berbera city in Somaliland won the “Global Child Friendly City Aspire Award”.

**UN Collaboration and Other Partnerships**

UNICEF partnered with WHO and the MoH to publicize the arrival of vaccines under the COVAX facility through press releases, reception events, social media posts and stories from the field. In response to the COVID-19 pandemic, UNICEF contributed to the successful introduction of the COVID-19 vaccination programme, initially targeting high-risk and highly vulnerable adult groups. The target group was later expanded to include all adults 18 years and above. The country received over 2 million doses of vaccines, including Astra Zeneca/COVISHIELD, Johnson & Johnson and Sinopharm. As of 1 December, 1,589,530 adults (40 per cent women) were vaccinated (846,167 fully and 743,363 partially). This represents 10.19 per cent of the population, below the 20 per cent target, due to inadequate supplies.

Establishment of the UN COVID-19 vaccination deployment Task Force was a key pillar that ensured all UN agencies operating in Somalia met regularly to discuss the contribution of each agency based on their respective comparative advantages. Aside from traditional donors like the UK, UNICEF successfully engaged with previous donors, including GAVI, and new donors – namely, USAID, Sweden, France, Germany, Saudi Arabia, and Japan – to support the roll-out of COVID-19 vaccinations.

UNICEF maintained close partnerships with Government line ministries, UN agencies, the Office of the Vice President in Somalia and Puntland, and Office of the Prime Minister in South Central Zones. UNICEF worked closely with the World Bank and European Union to strengthen multi-sectoral coordination.

UNICEF continued to be the main provider of nutrition supplies, with supply through signed partnership agreements with consortiums such as BRCiS/SHINE funded by FCDO. Supplies received from UNICEF complemented nutrition interventions implemented through the multi-year BRCiS/SHINE project.

UNICEF has implemented a Joint Resilience Programme with WFP since 2018 funded by KfW. The current third phase began in January 2021, with FAO bringing in the much-needed integration of food security and livelihoods programming into Nutrition and Education interventions. Using referral pathways, UNICEF and WFP have been able to link households with malnourished or vulnerable children to FAO livelihood activities, as a means of enhancing food security at the household level. UNICEF leveraged results for children, as the programme targets communities in the same geographical locations.

To ensure programme effectiveness, a strategically planned Communication for Development (C4D) campaign that targets key sustainable behavioural changes within families and the community was jointly planned and executed.

UNICEF continues to use the UN Partnership Portal as part of the e-Tools agenda aimed at simplifying and supporting the transparent recruitment of service providers. Between January and May 2021, UNICEF selected 10 Implementing Partners through this competitive approach.

UNICEF continues to work with UN agencies and donors on the Joint Justice Programme and the Joint Human Rights Programme. Both programmes are in a transition period and will be strengthened once the political transition is completed. These programmes require substantial vision and leadership at the federal level which cannot be guaranteed through caretaker ministerial arrangements. Nonetheless there is ongoing strategy development work between the UN and ministerial counterparts, including FMS level counterparts.
Lessons Learned and Innovations

**Goal Area 1: Every Child Survives and Thrives**
The response to the COVID-19 pandemic demonstrated that pre-existing structures for polio vaccinations could be harnessed for district-level disease surveillance, COVID-19 vaccinations and other activities required for routine immunization. During the COVID-19 vaccine roll-out, efforts placed on evidence-based programmatic focus, risk communication, engagement strategies and interventions tailored for women increased the coverage of women from 25 per cent to 39 per cent of the total vaccinated population. Building on existing programme partnerships facilitates humanitarian response and programme synergies among EPI, malaria, HIV and nutrition-related activities. UNICEF was able to implement COVID-19 interventions in a timely and holistic manner by amending existing development programme partnerships and enabling UNICEF partners to provide life-saving health services in humanitarian situations. Early planning paired with robust coordination with the Ministry of Health and strong supply chain management are essential to mitigate the impact of public health emergencies. Due to limited funding, UNICEF reduced the scope of community-level interventions in 2021, which likely affected health promotion and case referral activities. Health impacts can be maximized by providing adequate support to health facilities and communities, along with approaches aiming to strengthen health systems at the district level. State-level Ministries of Health (MoH) were less accountable to implementation of activities and achievement of results, as work plans were signed only between UNICEF and Federal MoH. In 2021, UNICEF engaged with the Government at the national and state level in the development of Rolling Work Plans, increasing the accountability and ownership of activities by the federal and state level ministries. This engagement empowered Field Offices in the planning and implementation of nutrition activities at the state level. The introduction of multi-year Programme Documents (PDs) mitigated challenges related to disruption of service provision due to expiry of PDs with CSO partners and delays in preparation of PDs. UNICEF prepared 47 multi-year nutrition PDs in 2021. This will allow UNICEF and partners to prevent nutrition gaps across the country.

**Goal Area 2: Every Child Learns**
An evaluation conducted by the Ministry of Education and Higher Education in Puntland identified the limitations of a student-based cash transfer programme, with a recommendation for a shift towards school capitation grants. UNICEF provided school-based capitation grants, thus enabling a more sustainable implementation of School Improvement Plans through income generation activities. In 2022, this approach will be merged into a multi-partner Joint Programme on Local Governance to strengthen district-wide education systems. Furthermore, a Learning Passport digital learning platform with over 13,000 registered students has demonstrated how children impacted by climate- and conflict-related emergencies can be efficiently reached remotely with curriculum and co-curricular learning materials. Initially introduced as a means of mitigating the impact of COVID-19 on children’s learning, this platform has the potential to form a key component of a blended schooling approach for children living in remote rural areas. The Education Programme ensured the availability of real time data on children’s and teachers’ presence and participation in schools using a Rapid Pro tool on mobile phones. This allowed for a better understanding of the impact of COVID-19 and determination of which school services were impacted the most.

**Goal Area 3: Every Child is Protected from Violence and Exploitation**
The social work professionalization programme is improving the quality of care across all elements of the child protection programme. Passionate young graduates have acquired professional skills in case management, counselling, social and behavioural change, legal principles, multi-sectoral service provision, social work principles and Islamic welfare principles, among others. Where graduate social workers are employed, UNICEF is witnessing creative problem-solving on difficult social issues.
spontaneous case conferencing among social workers from different agencies, accountability in the
case management process, documented case follow up and more generally, a level of passion and
excitement for this work. Social workers are earning respect from traditional leaders, government
officials, mayors, police, doctors, nurses and justice officials, who are referring more children to them
and building a platform for engagement on the eradication of harmful practises.

**Goal Area 4: Every Child Lives in a Safe and Clean Environment**

Despite using the latest hydro-geological assessment technologies, UNICEF experiences difficulties in
identifying successful boreholes, causing significant delays and expensive drilling operations. UNICEF
deployed the Turnkey approach for borehole drilling, which offers rapid deployment and enhances the
value of money invested.

Donor support for durable solutions for emergency response is being embraced across the board,
supporting new initiatives, including borehole drilling, development of multi-year Master Plans, and
engagement of Public-Private Partnership companies in water supply and capacity development for
WASH committees. Establishment of Regional Hubs for pre-positioning and replenishment of hygiene
kit items is an approach that has worked well in the context and has put UNICEF in a good position to
manage core WASH pipeline supplies.

With continued urbanization caused by conflict and climate change, development of Government-led
and multi-year Urban WASH Master Plans was useful in strengthening sector planning and effective
use of resources.

**Goal Area 5: Every Child has an Equitable Chance in Life**

The combination of COVID-19’s impact, along with a lengthy and difficult electoral process and
donor reassessment of priorities has tested the chosen implementation strategy for the Social Policy
Outcome. The dual track, with top-down approaches such as supporting cash delivery systems for
MoLSA at the federal level and bottom-up approaches through local governance and decentralized
service delivery, has proven to be a correct one.

UNICEF’s engagement has followed a robust strategic analysis of where and how UNICEF adds value
to government and development partners. This led UNICEF not to engage in humanitarian cash
transfers, but instead focus only on building social protection systems for MoLSA, or by committing
only to work on local governance as part of the JPLG.

Partnership with UN agencies through JPLG enabled UNICEF to establish a channel to engage
government in the delivery of basic social services, leveraging local resources. This has provided
venues for UNICEF programmes to progressively deliver through government channels and to engage
majors and district councillors in advocating for more and better services.