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UNICEF Somalia

# Helping to Build Resilience to Crises


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# Foreword

When I visited a health centre in Kismayo city in Somalia's Lower Juba region in 2022, I met many desperate mothers who had trekked long distances to bring their children to be treated for severe acute malnutrition. These children are the fortunate ones. Tragically, some children do not make it to health centres and die at home or are buried en route. There are insufficient resources in Somalia to meet the massive needs caused by these widespread, devastating droughts that hit the country with alarming frequency.

For those children who survive, their dreams are all too often shattered due to factors beyond their control. Besides the cyclic droughts, conflict affects many areas, deadly epidemics are a constant threat, locust invasions often destroy livelihoods and, global hyperinflation caused by the Ukraine war and the fallout from the COVID-19 pandemic hits the poorest hardest. Children in Somalia are being robbed of their dreams, dreams which children in other parts of the world can take for granted. Many will wake up not even knowing whether they will have enough food and water that day or whether they will go to school and learn; nor do they know whether they will be protected from violence, abuse or exploitation.

Yet, this does not have to be the case in Somalia. Amidst these huge challenges, there has been significant improvement in child wellbeing indicators in recent years. Notably, since Somalia ratified the Convention on the Rights of the Child (CRC) in 2015, there has been progress in developing policies and legislation to enable the realization of child rights, including in education, health and child protection. This has resulted in reductions in maternal mortality, improved access to water and increased primary school enrolment. Yet the progress has been uneven. The most disadvantaged include the nomadic and semi-nomadic populations, families from minority clans, those living below the poverty line of US$1.90 per person per day, persons living with disability and girls. Moreover, we need to ensure that when the country faces shocks, national systems can respond at scale.

The 2021-2025 UNICEF Country Programme of Cooperation with the Government of Somalia is designed to be flexible, to support families during cyclic emergencies (which are likely to worsen with climate change) and to bolster the country's long-term development. Therefore, to strengthen the connection between the immediate humanitarian response and longer-term goals, UNICEF is increasingly working with community-based local partners, including those in hard-to-reach areas. We have adopted resilience-strengthening approaches in all our programming. The aim is to bolster the resilience of children, families and communities, as well as that of systems and institutions in line with the Government's vision so that people in Somalia can withstand cyclic natural disasters and other shocks.

Girls and boys in Somalia must be able to dream about a better future and reach their potential. In this country kit, you can read about how UNICEF is supporting the government and NGO partners to carry work in all sectors, and importantly, you can read the stories of hope despite the odds.

*Wafaa Saeed, UNICEF Somalia Representative*

# Introduction

## Somalia at a Glance

**Capital city**
Mogadishu

**Population**
12.3 million[1]

**Fertility rate**
6.9 births per woman[2]

**Adolescents (10-19 years)**
26 per cent of the total population[4]

**Children under 15 years**
5.6 million (45.6% of the total population)3

**Population under 30 years**
78%[5]

**Incidence of poverty[6]**
69%

**Main languages**
Somali, Arabic, Italian and English

**Provisional Constitution adopted in 2012**
establishing a federal state

**Main religion**
Sunni Islam

**Landmass**
637,657 square kilometres

**Economic mainstay**
Agricultural livestock accounts for 65% of both GDP and labour

**Coastline**
3,333 kilometres, the longest coastline in mainland Africa

[1]UNFPA. Population Estimation Survey of Somalia. 2014.
[2]Directorate of National Statistics, Federal Government of Somalia. The Somali Health and Demographic Survey 2020.
[3]UNFPA. Population Estimation Survey of Somalia. 2014.
[4]Directorate of National Statistics, Federal Government of Somalia. The Somali Health and Demographic Survey 2020.
[5]Ibid.
[6]This is the international poverty line of US$ 1.90 per person per day.

While Somalia's 20 year-civil war ended in 2012, the country still faces huge challenges. Cyclic natural disasters, a prolonged insurgency by Al-Shabaab, periodic desert locust invasions, hyperinflation and health epidemics including cholera, acute watery diarrohea, measles and COVID-19, have undermined the development of the country and have a devastating impact on the people.

Agricultural livestock accounts for 65 per cent of both Gross Domestic Product (GDP) and employment but livestock production is not keeping pace with the needs of a fast growing population; poverty has not reduced. In 2018, even before the COVID-19 pandemic and the 2022 drought, the GDP was revised downward to US$ 4.7 billion, with per capita income estimated at around US$ 332, one of the lowest in the world.[7] An estimated 69 per cent of the population lives in poverty and an estimated 73 per cent of children under the age of 15 years are poor.

The nomads and semi-nomads who make up over half of the population are especially vulnerable as are those who belong to minority clans. Somali society is mainly organized along clan lines. The larger clans are better positioned to offer economic opportunities, protection, social inclusion and a safety net for children, and they have better representation in government. In 2000, the then Transitional Government of Somalia adopted a '4.5' power-sharing formula, and since then seats in Somalia's Lower House have been distributed according to this formula in which the four major clans – Hawiye, Darood, Dir and Rahanweyn – have equal shares of political representation while a group of minority clans receives half of a share. As most NGOs are linked to specific clans, access to aid can be blocked by either armed groups or local clan politics.[8] Political leaders have discussed a transition to a 'one-person one-vote' model in future parliamentary elections yet current thinking among political analysts and international partners is that the 'one-person one-vote' model will be adopted first for local elections.

Aside from the ongoing threat from the militant group Al-Shabaab, there have been challenges in holding together the federal state. In 2001, Somaliland, situated in the Horn of Africa, declared its independence. However, neither the Federal Government nor the international community (with few exceptions) recognize Somaliland as an independent state. Puntland, an autonomous state situated in the northeastern region of Somalia, has enjoyed relative peace and stability compared to much of the rest of the country, yet is engaged in a protracted conflict with Somaliland over the contested parts of the Sool and Sanaag regions. The United Nations, the African Union and regional mediation efforts have until now been unable to resolve the current standoff over the contested border. The border conflict limits access to those living in the disputed territories.

[7] International Monetary Fund Somalia Country Report No. 19/256. August 2019.

[8] Nisar Majid and Ken Menkhaus, "Somalia Stability Fund Access and Inclusion Round Table Discussion Paper." March 2019. p.3.

Despite the challenges in uniting the country, in 2012, Somalia adopted the Provisional Constitution, establishing a federal system. The Federal Government of Somalia is the country's first internationally recognized government since the collapse of the Siad Barre regime in 1991. There are five federal member states (Puntland, Galmudug, Hirshabelle, South West State and Jubaland) and the Banadir Regional Administration (Mogadishu Municipality). They each have some autonomy over regional affairs and have their own police and security forces. In 2016, Somalia implemented a 30 per cent quota for women's political participation in parliament.

The 2021-2025 UNICEF Country Programme of Cooperation with the Government of Somalia operates at all levels – national, state and community. It is designed to support the Somalia's progress towards the Sustainable Development Goals (SDGs), the Convention on the Rights of the Child, as well as to contribute to Somalia's 9th National Development Plan 2020-2024, and the 2021-2025 United Nations Sustainable Development Cooperation Framework (UNSDCF).

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# Health

Helping to rebuild a nation
and strengthening resilience

## Empowering young mothers

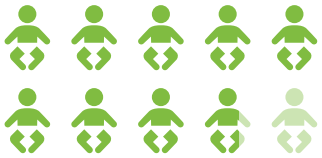
Imagine you had your first child at 15 years. You hadn't attended any antenatal care consultations. Towards the end of the pregnancy, you experienced severe pain and your legs swelled up. You needed to reach the health centre but you had not prepared for the trip. The 10-kilometre trek under the desert sun in pain to the nearest health facility was unbearable. You had to lean on your mother-in-law, taking frequent rests, and you were running out of water.

When you finally reached the health centre, the midwife said they needed to transfer you to a hospital. It was a couple of hours of agonizing waiting before an ambulance arrived to take you on a 20-kilometre journey across rough terrain. Fortunately, you arrived just in time, the emergency caesarean was performed successfully and your baby survived.

Your second born had an easier entry into the world. You received visits from the community health worker who reminded you about the importance of antenatal and postnatal consultations, and this time you made sure you attended them. You even made the journey to the health centre a couple of days before your due date with your mother-in-law. You had prepared food and had enough water. You felt thankful that you had more control over your health this time.

# Situation and challenges

## Health Situation at a Glance



The under-5 mortality rate is estimated at 121.5 per 1,000 live births

Almost 1 in 3 child deaths occurs in the first month of life.

Preventable illnesses are respon sible for nearly half of deaths in children under 5 years of age.

***Most children die from lower respiratory tract infections, diarrhoea and vaccine-pre ventable diseases.***

Neonatal mortality accounts for 31.5% of the overall Under 5 mortality rate.

Malnutrition is an underlying cause contributing to at least 50% of deaths of children under the age of 5[4]


A Somali woman bears about seven children in her lifetime (6.2 among urban and 7.1 among rural women).[9]

Neonatal mortality accounts for 31.5% of the overall Under 5 mortality rate.

1 in 20 women entering child-bearing age (15 years) today is expected to die of pregnancy-related complications before reaching the age of 50 years.

**Source:** Somalia Health and Demographic Survey, Urban & Rural 2019; Somali experts under the technical guidance of UNFPA P and D technical team; May 2020

Preventable illnesses are responsible for nearly **half of deaths** in children **under 5 years of age.**

[9] Somalia Health and Demographic Survey, Urban & Rural 2019; Somali experts under the technical guidance of UNFPA P and D technical team; May 2020

Decades of humanitarian disasters and conflict have taken their toll on Somalia's health system.

Reaching nomadic or semi-nomadic populations who make up over half the population, as well as excluded groups, such as poor families and those from minority clans, is a challenge.

Mortality data reflect these challenges. Somalia has the third highest under-five mortality rate in the world.[10] Out of every 1,000 live births, about 121 children will die before they reach the age of 5 years. Almost one in three child deaths occurs in the first month of life. Half of those deaths are preventable. Among the most common causes of death are lower respiratory tract infections, diarrhoea, vaccine-preventable diseases, such as measles, and poor infant and young child feeding and care practices. Under nutrition and Vitamin A and iron deficiency contribute to 50 per cent of deaths.

**1 in 20 women** entering child-bearing age (15 years) is **expected to die** of pregnancy-related complications before reaching the age of 50 years.

Maternal mortality rates are also among the world's highest with 1 in 20 women of childbearing age (15 years) expected to die of pregnancy-related complications before reaching the age of 50 years. The Maternal Mortality Rate (MMR) in 2017 was 829 out of 100,000 live births (confidence Interval: 385-1,590).[11] A Somali woman bears about seven children in her lifetime, six for urban women and seven for rural women.[12]

Many people do not even access healthcare, particularly in remote rural areas. Somalia has less than one health facility per 10,000 population and only 4 core healthcare workers per 100,000 people.

The country is just 21 per cent on track to ensure that for every 10,000 population,there are 25 beds available for inpatient care.[13]

Additionally, Somalia is in the initial stages of an epidemiological transition, according to the United Nations Common Country Analysis of Somalia's progress towards the 2030 Sustainable Development Goals (SDG)[14]. The burden of communicable and maternal and newborn child health (MNCH) diseases, which accounted for 72 per cent of the total burden of diseases in 2000, decreased slightly to 62.3 per cent in 2017. In contrast, non-communicable diseases (NCDs) saw an increase from 21.5 per cent in the year 2000 to 26.1 per cent in 2017. The double burden of communicable diseases, which are only decreasing slowly, and a rapidly increasing incidence of non-communicable diseases, such as diabetes, heart disease, stroke, cancer and chronic lung disease, are a major concern.

[10] Levels and Trends in Child Mortality, 2019 report, Estimates developed by the UN Inter-agency Group for Child Mortality Estimation

[11] Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

[12] Somalia Health and Demographic Survey, Urban & Rural 2019; Somali experts under the technical guidance of UNFPA P and D technical team; May 2020

[13] Service Availability and Readiness Assessment (SARA), WHO and Somali Health Authorities, 2016

[14] Somalia Common Country Analysis / SDG3: Good Health; Lead Organization: WHO; Partner Organizations: UNICEF, UNFPA, IOM, UNHCR

Poor nutrition is contributing to the upsurge in non-communicable diseases. The Somalia Micronutrient Survey, conducted by UNICEF in 2019, estimated that nearly 40 per cent of women of childbearing age (15-49 years) were either overweight or obese, with the prevalence increasing by age.[15] Moreover, only 34 per cent of newborns experience early initiation of breastfeeding. Studies of similar poor infant and young children feeding practices in developed countries have shown a high correlation with obesity, diabetes, and cardiovascular disease later in life.[16]

Somalia has a concentrated HIV prevalence, which is confined to certain groups rather than the general population. The 2019 antenatal clinic surveillance data indicated HIV prevalence of 0.1 per cent and coverage of the programme for prevention of mother-to-child transmission (PMTCT) of HIV at only 24 percent.

The COVID-19 pandemic took its toll, threatening to further undermine health services. The first confirmed COVID-19 case in Somalia was reported on 16 March 2020. Since then, the country has experienced multiple waves of COVID-19, with the highest peak so far in February 2021.

The health system needs to also withstand cyclic natural disasters. For example, by August 2022, over 6.7 million people needed emergency healthcare, the highest since the 2010/11 famine. There were also more than 12,012 cholera cases (65 per cent were children under the age of 5 years) and 71 deaths. Between January and November 2022, more than 15,000 suspected measles cases were reported, four times the number reported in 2019, 2020 and 2021 combined.

## Overcoming the challenges

UNICEF supports national efforts to improve maternal, neonatal, child and adolescent health (MNCAH) outcomes, particularly in the most deprived rural areas. This means having an approach that looks at developing the health system, including using evidence-based planning, budgeting and monitoring, while at the same time being flexible enough to enable a rapid response to humanitarian emergencies, for example to outbreaks of cholera and measles which have in the past claimed thousands of lives.

Programming focuses on strengthening MNCAH services and family-care practices, and institutionalizing low-cost, high-impact community-health approaches. UNICEF contributes to national efforts aimed at ensuring that more newborns, infants and children survive and thrive, and fewer women, including adolescents, die during pregnancy or childbirth or soon after. A district health systems-strengthening approach is being taken to expand the delivery of essential facility- and community-based interventions in deprived rural areas including those with displaced populations to improve MNCAH outcomes, while maintaining a flexible emergency response.

[15] Somalia Micronutrient Survey 2019; UNICEF / MoH FGS

[16] Association between Characteristics at Birth, Breastfeeding and Obesity in 22 Countries: Thto e WHO European Childhood Obesity Surveillance Initiative – COSI 2015/2017. Obese Facts. 2019;12(2);226-243

## UNICEF support includes:

- **Providing frontline and community health workers with the expertise and resources needed to deliver quality services.** This includes emergency obstetric and neonatal care. To support safer healthcare delivery, UNICEF focuses on enhanced infection prevention and control in health facilities, including the provision of safe water, sanitation and waste disposal. Supporting the scale-up of low-cost, high-impact interventions during the first 1,000 days of life at community level. This involves integrating nutrition, early essential newborn care and early childhood nurturing into existing maternal health interventions. These will promote young child survival and development and reduce the impact of non-communicable diseases. For example, by 2022, integrated health and nutrition services were provided through 247 health facilities.
- **Expanding HIV testing in selected maternal, newborn and child health facilities to other health-service sites among the targeted vulnerable population of the country,** considering the concentrated epidemic. UNICEF supports the scale up of early infant diagnosis to allow for the immediate commencement of antiretroviral therapy. Comprehensive antiretroviral therapy (ART) services are provided in 16 sites and this will be expanded to 22 sites based on evidence for the need in the additional sites. Malaria testing and treatment services are integrated into the health facilities in the areas where malaria is endemic. UNICEF is supporting efforts towards malaria elimination in five districts in Puntland.
- **Integrating the management of common childhood illnesses with routine immunization and nutrition interventions in health facilities and mobile outreach and community services.** To strengthen child-health outreach and delivery, UNICEF prioritizes the building of a stronger institutionalized community health-worker programme.
- **Strengthening the supply chain management of essential medicines and equipment, along with storage and cold-chain facilities.** This involves task-shifting to frontline health workers and promoting the use of innovative technology to improve the quality of care and enhance higher frequency monitoring to better understand the priority needs of vulnerable and disadvantaged populations. In 2021 and 2022, UNICEF procured and installed 316 solar powered refrigerators in health facilities and district vaccine stores across the country. These fridges are equipped with remote-temperature monitoring technology to ensure vaccine efficacy.
- **Supporting emergency health interventions.** For example, by 2022, 187 health facilities and 81 mobile clinics/ outreach services were supported to provide lifesaving health services to emergency-affected populations. UNICEF also supported the government vaccination campaigns and the cholera treatment centres. UNICEF activated five cholera treatment centres which treated 78 per cent of all reported cases in Somalia in 2022.
- **Supporting the COVID-19 response.** UNICEF supported the roll out of COVID-19 vaccinations through COVAX. As of December 2022, 6,324,409 adults (40.4 per cent of the Somali population) were fully vaccinated against COVID-19.

Read the story about Sokorey who almost died after childbirth and almost lost her newborn son.

"I thought I was going to die, but doctors and nurses saved my life here in Trocaire", says Sokorey Hassan. "My son also received immunization. None of my 11 children had been immunized before. Two of my children are still eligible for the vaccine, and I will ensure to bring them for immunization," she says,

https://www.unicef.org/somalia/stories/guiding-hands-during-complex-births-dollow



# Nutrition

## Helping to rebuild a nation and strengthening resilience

## A Desperate Journey

Imagine you are a young mother of two children. The drought has killed most of your livestock, and now your family is surviving on a bowl of camel milk and maize once a day.

You used to exclusively breastfeed your four-month-old baby but two weeks ago you stopped as you felt that you were not producing enough milk. Then your baby became sick with watery diarrhoea. You realize you must make the 50-kilometre journey to the nearest health centre, leaving behind your 4-year-old daughter with your mother-in-law. You worry about your daughter especially as there is so little food and she has started to lose weight too.

Carrying your baby, you trek across endless parched stretches of land for two days, sleeping in the open, trying to keep warm during the chilly desert night. The next day, you start your journey at sunrise but soon your water supply is dwindling and the scorching sun is beating relentlessly down. You feel weak, hungry and thirsty, and scared of attacks by insurgents but you must keep going. You have seen mothers bury their children.

You finally arrive at the overcrowded nutrition stabilization centre where a nurse attends to your baby after a couple of hours' wait. You don't know how long you will have to stay nor how your daughter is coping back home but you're relieved that you managed to make the journey to save your son's life.

# Situation and challenges

## Nutrition Situation at a Glance

**28%**
of children are stunted.[17]

**15.9%**
of children are wasted.

**34.5%**
of children are Vitamin A deficient.[18]

Anaemia is prevalent among children under 5 years of age (**43.4%**) and in non-pregnant women aged 15 to 49 years (**49%**).

Only 37.1 per cent of women and 17.6 per cent of children aged 6 to 23 months benefit from minimum dietary diversity.

**34%**
Exclusive breastfeeding rate

**22%**
of women are overweight and an additional 11% of women are obese.[19]

Somalia is having to cope with a triple burden of malnutrition – undernutrition, micronutrient deficiency and overnutrition.

Somalia's high levels of undernutrition and micronutrient deficiency have many causes. They include recurrent severe drought, protracted conflict and mass displacement. Even without the recurrent emergencies, there are challenges due to the lack of quality basic social services, particularly health and water, sanitation and hygiene (WASH); gender inequality including the low level of girls' education and early and multiple pregnancies; and inadequate family knowledge about good feeding and care practices.

Micronutrient and vitamin deficiencies, including iron, zinc and Vitamin A, are serious public health problems, leaving young children susceptible to infectious diseases and at risk of severe acute malnutrition (SAM) which manifests as having a dangerously low weight and severe muscle wasting. Globally, 45 per cent of all child deaths are associated with malnutrition. In Somalia, the 2019 national micronutrient survey (SMS) indicated that anaemia is prevalent among children under 5 years of age (43.4 per cent) and in women aged 15 to 49 years (49 per cent) who are not pregnant.

In Somalia, **28 per cent of children under 5 years** of age are stunted and **15.9 per cent** are wasted.

[17] The Somali Health and Demographic survey 2020, The Federal Republic of Somalia

[18] SMS survey 2019

[19] Directorate of National Statistics, Federal Government of Somalia. The Somali Health and Demographic Survey 2020.

Severely undernourished children who survive will suffer irreversible physical and cognitive damage if they do not receive treatment before the age of 2 years.[20] In Somalia, 28 per cent of children under 5 years of age are stunted and 15.9 per cent are wasted. Young children under the age of 2 living in congested areas, like settlement sites and camps for the displaced, are particularly vulnerable to stunting due to poor sanitation and hygiene. These children are vulnerable to environmental enteropathy which is caused by eating faecally-contaminated food. This results in damage to children's intestines, making them unable to absorb nutrients from food, which can lead to severe diarrhoea.

In addition, overnutrition is becoming a major concern among some population groups. 2020 data indicates that 22 per cent of women are overweight and an additional 11 per cent of women are obese,[21] leaving them susceptible to life-threatening non-communicable diseases, such as diabetes and stroke.

Improving mothers' infant and young child feeding practices has been challenging. Exclusive breastfeeding rates have stagnated at a low 34 per cent (2019).[4] Studies on poor infant and young children feeding practices in developed countries have shown a high correlation with obesity, diabetes, and cardiovascular disease later in life.[22] Moreover, about 20 per cent of infants are not breastfed during the critical first hour of birth while 30 per cent of babies lack complementary foods at 6 months of age. Most women and children have an unvaried diet with only 37.1 per cent of women and 17.6 per cent of children aged 6 to 23 months benefiting from minimum dietary diversity. Only 30 per cent of children received Vitamin A supplementation in 2020, and 12 per cent of women received micronutrient supplementation in their most recent pregnancy. A malnourished pregnant woman is likely to give birth to a low birth weight baby who is in turn more susceptible to disease than a normal weight baby and as a result is more likely to be malnourished and so the cycle of malnutrition continues.

One of the most challenging years has been 2022 when after the fourth consecutive failed rainy season, more than 1.8 million children suffered from malnutrition. Global food prices have soared and climate change is already taking a toll and poses an ever greater threat. It is more imperative than ever that Somalia, a drought-prone country, is supported to build nutrition resilient social service systems and empower communities to cope.

## Overcoming the challenges

The Scaling Up Nutrition (SUN) movement has been active in Somalia since 2014. The SUN Secretariat sits in the Office of the Prime Minister (OPM). In 2020 the Government launched the National Nutrition Strategy with UNICEF and partners' support, particularly tackling undernutrition in children under the age of 5 years to reduce stunting, wasting and micronutrient deficiencies.

UNICEF's strategy is to support efforts to prevent undernutrition and overnutrition. If prevention fails, therapeutic treatment is a must. UNICEF has been the major provider of nutrition supplies, particularly of micronutrients and therapeutic food but now to ensure sustainability, UNICEF supports the government to take ownership of supply forecasting and logistics as soon as it can.

[20] UNICEF, WHO, and International Bank for Reconstruction and Development/The World Bank, Levels and trends in child malnutrition: Key Findings of the 2020 Edition of the Joint Child Malnutrition Estimates, 2020.

[21] Directorate of National Statistics, Federal Government of Somalia. The Somali Health and Demographic Survey 2020.

[22] Association between Characteristics at Birth, Breastfeeding and Obesity in 22 Countries: Thto e WHO European Childhood Obesity Surveillance Initiative – COSI 2015/2017. Obese Facts. 2019;12(2);226-243

## UNICEF support includes:

- **Promoting appropriate maternal, infant and young child nutrition.** This involves the promotion of breastfeeding within the first hour, exclusive breastfeeding for six months and ensuring an age-appropriate balanced diet for children. The focus is on the first 1,000 days – from the start of a woman's pregnancy to a child's second birthday. For example, between January and October 2022, over 1.1 million primary caregivers were reached with nutrition counselling.
- **Procuring and distributing therapeutic supplies to treat severe acute malnutrition.** UNICEF will continue to procure and distribute the supplies until the Government takes over.
- **Providing micronutrient supplements (iron, zinc and Vitamin A) to pregnant women and children under the age of 5.** For example, over 2.3 million children received Vitamin A supplements during the first semester of 2022.
- **Ensuring access to quality healthcare and water, sanitation and hygiene services.** This includes the prevention and treatment of diarrhoea, malaria and pneumonia, and ensuring children are fully vaccinated. Malnutrition accompanied by any one of these three diseases can be deadly, especially for children under the age of 5.
- **Providing technical and financial support to improve government-led service delivery, including the training of frontline workers.** This involves supporting frontline workers to prevent and treat malnutrition.
- **Advocating for parliamentarians to finalize and adopt the Breastmilk Substitute Code.** Technical support is provided to establish and ensure a breastfeeding promotion policy is adopted in health facilities throughout the country.
- **Conducting research.** UNICEF undertakes operational research to inform programme interventions and the measurement of the reach and utilization of services.
- **Developing comprehensive communication packages.** The focus is on community and frontline health staff providing maternal, child and adolescent nutrition, refining the infant and young child feeding content on breastfeeding and complementary feeding. This involves working with social mobilisers who are present in every community including those affected by conflict, and the media and social media.

Read the story about Khadijo Mohamed, a mother and farmer from Dinsoor Town in the Bay region of Somalia. After three failed harvests, Khadijo left for Mogadishu with her children in search of a better life. The trip took them seven days during which time they had no food and they all fell sick. Her youngest, Sabirin, was suffering from severe acute malnutrition. At the age of 2, Sabrin weighed only 4 kg.

"Because of the severe drought, animals and crops have perished; there is no place to go back to," Khadijo says. "I want to get used to town life so that my children go to school and become engineers and masons. I want my children to get an education and learn everything, to get out of the difficulty and teach me what they learned. Particularly, I want Sabirin to excel in studies and help poor people," says Khadijo.

https://www.unicef.org/somalia/stories/there-no-place-go-back-drought-and-displacement-somalia

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# Water, Sanitation and Hygiene

## Helping to rebuild a nation and strengthening resilience

Imagine you are a 14-old girl living in an extremely remote rural area. Your family is pastoralist. You used to attend the mobile school but the recent drought has made you drop out as you have had to walk further to the water point because the nearby well has dried up. There is not enough time, and your family of seven needs large amounts of water just for everyday use.

It takes you and your sisters most of your day to search for water, especially during this time of drought. Once you reach the water point, you have to queue for hours, and then carrying the water is backbreaking and exhausting under the scorching sun.

The other day, you heard that insurgents abducted some girls on their way to fetch water. You are scared. So now you try to avoid the water points and scoop up the dregs of water from a nearby riverbed but that too has almost dried up. The water is murky but you feel it's better than risking your life.

Your other chore is cleaning the pit latrine that your family recently built but that is difficult now that you have so little water, and these days you can't afford to buy soap. You're worried as you hear that there is an outbreak of watery diarrhoea and cholera. Moreover, you don't know how you will manage your menstrual hygiene with no sanitary pad, soap and little water.

# Situation and challenges

## WASH Situation at a Glance

**52%**
of people have access to safe drinking water (28% of the rural population, and 83% of the urban population) in 2019 compared to 20% coverage in 2010.

**23%**
of rural Somalis drink unimproved /unprotected water and 5% drink purely surface.

**38%**
of people have access to safe drinking water (28% of the rural population, and 83% of the urban population) in 2019 compared to 20% coverage in 2010.

Open defecation rates have reduced from 58% to 28%.

**Source:** 2021 projection of WHO/UNICEF Joint Monitoring Plan (JMP) 2019 Data.

Cyclic droughts and conflicts in Somalia over the past two decades have devastated the water sector and signs are that the situation will become even more challenging as indicated by UNICEF's first comprehensive climate risk analysis from a child's perspective. This analysis introduces the Children's Climate Risk Index on which Somalia ranks fourth among the countries, meaning that children in Somalia are at 'extremely high risk' from the impacts of the climate crisis.

Today, about 23 per cent of rural Somalis drink unimproved/unprotected water and 5 per cent drink purely surface water. Moreover, ownership of water sources is contested among clans and the water is not usually shared. Quantities are reduced and unpredictable, the quality deteriorated and pricing has become unregulated and has reached an exploitative level. Yet despite this, people in Somalia have better access to and use of safe drinking water and sanitation than they did 10 years ago. In 2019, 52 per cent of people had basic access to safe drinking water (28 per cent of the rural population, and 83 per cent of the urban population) compared to 20 per cent in 2010.

Encouragingly, the open defecation rate has reduced from 58 per cent to 28 per cent. However, poor sanitation and hygiene practices remain a huge challenge. Only 38 per cent of people in Somalia access basic sanitation, according to projected data for 2021. Only 5.6 million people use basic or improved latrines out of which only 1.6 million are connected to the sewer systems. Cholera is endemic in Somalia with recurrent outbreaks since 2017 (WHO). For example, between January and July 2022, there were 7,796 cases of cholera and 37 deaths reported from 25 drought-affected districts.

Poor sanitation also contributes to the high levels of malnutrition in Somalia where 17.2 per cent of children under 5 years of age are stunted and 11 per cent are wasted. Young children living in overcrowded camps and settlement areas are vulnerable to environmental enteropathy which is caused by eating faecally-contaminated food. This results in damage to children's intestines, making them unable to absorb nutrients from food, which can lead to severe diarrhoea, and which can take their life or leave them with chronic malnutrition.

## Overcoming the challenges

UNICEF contributes to increasing the use of affordable, sustainable, resilient and safely managed water and sanitation services and improved safe hygiene behaviours. The focus is on the most vulnerable children and their families, including those who are displaced and those living in host communities.

## UNICEF support involves:

- **Assisting the federal and member states to develop urban and rural water-supply strategies and regulatory frameworks as well as building planning capacities.** A database of key indicators is being established to provide regular information and guide priorities. UNICEF is also supporting the formulation of national frameworks on water, sanitation and hygiene (WASH) in healthcare facilities and schools.
- **Drilling and rehabilitating boreholes, installing solar pumping systems and upgrading shallow-well systems.** Where feasible, these are being managed through arrangements with public-private partnership water companies, community committees or linked to schools and health facilities. For example, in 2021, over 428,840 people were reached with sustainable access to safe water in targeted settlements and communities. This was achieved by providing WASH in schools and other institutions by drilling for water, rehabilitating boreholes, and upgrading and installing solar systems and hand pumps.
- **Supporting new strategic water systems that are climate resilient.** This includes building capacity of government authorities in coordinating, regulating and monitoring drilling operations, reaching deeper aquifers through deeper boreholes and having a strong operations and maintenance framework. These systems ideally serve large populations, operate on renewable energy (solar) and have water through the climatic seasons of drought and flooding.
- **Ensuring women's participation** in rural water-supply needs assessments and urban water-supply consumer committees and in decisions related to health facilities and schools.

- **Reducing the high levels of open defecation** by scaling up community-led total sanitation approaches implemented through a national framework.
- **Promoting the use of renewable energy sources.** Solar or hybrid systems are used for strategic water sources, with management structures developed with local authorities, private-sector players and users. UNICEF continues to collaborate with the United Nations Development Programme and other partners on climate-resilient WASH interventions.
- **Responding to emergencies.** This focuses on lifesaving interventions that involve water trucking and distributing household WASH supplies with the aim to turn these investments into sustainable services. Building on the COVID-19 response, UNICEF strengthens actions on infection prevention and control in health facilities and on communication and community engagement around risk.

Read Suliman's story – who is living in Garowe and benefits from a new solar powered kiosk.

"We waited and waited. When the water came out it was really a fantastic moment here," says elder Suliman Farah, with a grand gesture. "We can't count the benefits; there's children, us, animals, nearby villages and the pastoralists all coming for this water. The animals are healthy, the children have energy."

https://www.unicef.org/somalia/stories/life-saving-water-garowe-desert-lands

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# Education

Helping to rebuild a nation
and strengthening resilience

## Having a chance in life

Imagine you are a 14-year-old girl, the oldest of five siblings. You have never been to school. You spend your days herding goats, fetching water and performing other domestic chores. But when your mother says you have to get married to an older man in the village, you feel like your life is over.

Then one day a social mobiliser visits your home and calls your family together. She tells you that there is a mobile school where you can learn to read and write. It's like a dream. Your mother is excited too but the social mobiliser needs to convince your father. The social mobiliser argues that an education would put you in a better position to help the family in the future especially as the droughts are becoming more frequent and more severe with climate change. She points out too that you can still look after the goats in the mornings as the school runs two shifts – one in the morning and the other in the afternoon. Eventually, your father agrees. He even concedes that he was reluctant to marry you off so young but he thought it was the best way to keep you safe and provided for. He says if you like school and it proves safe, he might even send your other brothers and sisters too. For the first time, you begin to think about what you want in life and how you could achieve it.

# Situation and challenges

## Education Situation at a Glance

**3 Million**
An estimated 3 million children are out of school in Somalia.

The teacher/pupil ratio at the primary level ranges from 32:1 to 60:1.

School life expectancy is 1.72 years (1.48 female and 1.95 male)

**23%** National gross enrolment rate for primary education

**17%** National gross enrolment rate for secondary education

**50%** of the population is literate (2017), with literacy rates ranging from 26% in Gedo region of Jubbaland to 71% in Banaadir.

Since the end of the civil war in 2012, the Government, with the support of development partners, has been rebuilding school classrooms on a massive scale, including installing key infrastructure, particularly water and sanitation facilities and electricity.

Although the Government spends far below the UNESCO recommended allocation of 20 per cent of national expenditure on education (only 5 per cent was allocated in 2020), absolute spending has increased significantly by almost 10-fold since 2016. Most of the public expenditure on education is funded by the Government, with the rest coming from development partners as budget support .

Alongside the reconstruction, the Government has developed and adopted key education policies and laws, re-established the national examination systems and harmonized the primary and secondary curricula. Notably, the Government has made progress in decentralizing education, with the federal Ministry of Education, Culture and Higher Education (MoECHE) beginning the rollout of a new national curriculum in 2018. The new national curriculum aims to address the needs of the labour market, in particular, to reduce the mismatches between the skills acquired and the labour market.

Moreover, to improve the structure of the education system, the Government adopted an Education Act in February 2021. The Act harmonized parallel streams and also streamlined the structure of other subsectors, including religious education, technical and vocational education and components of the general education sub-sector, such as Alternative Basic Education and Adult Basic Education.

The Government also standardized national examinations, introducing the secondary leaving examination in 2015 and the primary leaving examination in 2015. Data from 2020 shows that national examination pass rates at both primary and secondary levels are high, with an average of 89 per cent and 75 per cent respectively. Also, the proportion of students sitting these exams compared to the total enrolment in respective grades averages around 100 per cent. However, a lack of data on school-based assessments and non-participation yet in regional or global standardized assessments makes it difficult to draw conclusions on the level of learning.

Importantly, the government's investment in a new Education Management Information System is now operationalized and decentralized to the state, district and school levels although generating quality and comprehensive data is still a challenge, especially as the capacities of personnel managing EMIS needs support.

Yet despite the progress, there are more than 3 million children in Somalia who are denied the right to an education, one of the world's highest out-of-school populations. Poverty, conflict, living far from school, and social norms favouring boys' education are some of the main reasons that prevent parents or caregivers from enrolling their children in school. Only 12 to 15 per cent of primary-school teachers and between 4 to 7 per cent of secondary-school teachers are females, which is another barrier to girls' education.

More than **3 million** children in Somalia are denied the right to an **education**.

The most excluded are girls, rural children (particularly those from pastoral communities who make up over half of the population), children from poor and/or displaced families, and those with disabilities or from minority clans. In all states, girls have lower school life expectancy compared to their male peers. Boys expect to have 30 per cent more time in school compared to girls. The poorest children are up to 50 percentage points less likely to attend formal school, compared to children from the richest families and urban dwellers are 11 percentage points more likely to attend Grade 1 than their rural counterparts. Another reason for the high number of children who are out of school is late entry, with many children not entering formal education until the age of 13.

Children with disabilities are one of the most disadvantaged groups, which is compounded by a lack of consistent data on prevalence of disabilities among children. For example, the 2019 Somali Health and Demographic Survey estimated that 3.6 per cent of the school age population had some form of disability, while a study by the Somali Institute of Special Education Needs and Disability reported that 60 per cent of households had at least one child living with a disability. What is evident is that children with disability often remain 'invisible' as discrimination and lack of facilities are huge barriers to accessing education. Moreover, there is no specific teacher training for Special Needs in Somalia.

Being out of school can have devastating consequences for the child and society. Not only are the children not having one of their basic rights met, but they are also more likely to suffer exploitation, abuse and violence. For example, they are likely to be engaged in child labour, forced into early marriage or recruited into armed and criminal groups.

Even when children do have a chance to attend school in Somalia, learning is often poor due to the low quality of education. The teacher/pupil ratio at the primary level ranges from 32:1 to 60:1. However, when taking into account only qualified teachers, the ratios are much higher, reaching as high as 542 pupils to one qualified teacher in private primary institutions in Jubbaland.

Teacher salaries are low especially for females, with 59 per cent of female and 49 per cent of male primary school teachers earning between US$251-500 monthly. Schools tend to be overcrowded with few facilities, and the students and teachers lack school materials. Although government schools have a better supply of textbooks, overall, textbooks are in short supply at both primary and secondary levels.

### Insufficient opportunities for children's school readiness

Early childhood education (ECE) and pre-school learning are neglected sectors across the education systems in Somalia. Many young children attend Koranic schools under the authority of the Ministry of Religion. Learning in these institutions focuses on religious teaching and tends to lack a child-centred approach to teaching and learning. In urban Puntland, privately-funded foundations have introduced pre-school learning outside of government regulation.

**Somalia has one of the world's lowest proportions of primary-age children attending primary school.**

The national Gross Enrolment Rate (GER) for primary education has remained low at 23 per cent for primary level and 17 per cent at secondary level in the central and southern States of the country.[23] .

Gender parity is around 0.91 for primary and 0.82 for secondary[24]. However in rural areas and among pastoral communities, gender inequities are greater, although less so among displaced communities where humanitarian programming has encouraged girls' education.[25]

Conflict and instability have taken a huge toll, limiting children's access and continuity in school. There have been attacks on schools including killing of students and teachers and abductions and threats against teachers as well as looting and destruction of school property. Students are also attacked travelling to and from school. Between 2013 and 2017, non-state armed groups and local clan conflicts led to more than 600 attacks or military use of education infrastructure, mostly in central and southern Somalia.[26] The UN verified an additional 77 attacks on schools in 2018 and 40 in the first half of 2019 (Somalia Education Cluster, 2020). Outside school, there were 4,714 grave violations against 3,810 children verified in 2020, including the recruitment of 1,407 children by Al-Shabaab and the abduction of 1,430 children by armed groups (United Nations, 2021).

[23] Ministry of Education and Higher Studies, Education Statistical Yearbooks 2018-19.

[24] UNFPA, Population Based Estimate Survey for Somalia (PESS), 2015.

[25] Ministry of Education and Higher Education, Puntland State of Somalia, Education Statistics Yearbook 2018/2019.

[26] "Education Under Attack." Global Coalition to protect Education from Attack (GCPEA). 2018. *http://eua2018.protectingeducation.org/somalia*

## Overcoming the Challenges

UNICEF invests in demonstrating and taking to scale formal and non-formal primary education interventions which ensure children's acquisition of foundational learning skills. Greater efforts are being made to encourage children from socially excluded groups to attend school, including those with disabilities, girls from poor households, and children from displaced families and pastoral communities.

## UNICEF support involves:

- **Improving access to Early Childhood Education (ECE),** especially for girls and vulnerable children. This involves UNICEF collaborating with federal and member state ministries of education to expand pre-primary education and supporting initiatives to improve the quality of ECE.
- **Improving learning outcomes, and the government's capacity to conduct learning assessments.** This involves scaling up continuous assessments and supporting national and member state governments and community education committees to develop strategies to improve school governance and parental support for children's learning. To reduce student dropout, UNICEF strengthens the capacity of principals and teachers to better monitor attendance and performance, and identify at-risk students.
- **Developing alternative and flexible education pathways for under-served out-of-school children,** including those from pastoralist and nomadic communities who constitute the largest number of out-of-school children.
- **Expanding innovative primary education-delivery methods,** including digital platforms for students to access lessons and for teachers and education officials to monitor student and teacher performance.
- **Supporting teacher training programmes** with integrated content on school health and nutrition, child protection, water, sanitation and hygiene, and life skills, including social cohesion.
- Collaborating with national and member state governments and other education stakeholders, **UNICEF supports the improvement of education budgeting and expenditure,** including stronger safeguards and accountability for school grants and cash-transfer delivery to poor children.
- **Integrating displaced children into local schools while promoting schools as places for basic social services.** UNICEF pre-positions education materials, maintains a learning package strengthening foundational literacy and numeracy skills, and maintains its role to act the provider of last resort in emergency situations.



# Child Protection

Helping to rebuild a nation
and strengthening resilience

## Healing and hope

Imagine you are an adolescent girl who has experienced so many hardships, including trauma, that some days life seems not worth living. You underwent excruciatingly painful female genital mutilation (FGM) when you were 9 years old. You have never been to school as you had to look after the family's goats with your brothers. You had to flee conflict several times. The last time you fled, your brother was abducted and you think he has joined an insurgent group, and your other brother got separated from the family.

At the camp for families displaced like yourself, you live in fear of being raped or attacked by men, some of whom are high on drugs. This year there is yet another drought and more people are pouring into the camp which means you have to queue longer for your basic needs including water and food, and to use the latrine.

But one day in the camp your life changed. A social mobiliser visited your tent and invited you to participate in a vocational training programme. You can even choose what you want to learn. You have never had such an opportunity. There was even a kind woman who told you she was available to listen and provide what she explained as 'psychosocial support'. For the first time you were able to safely share your feelings of frustration and distress. You now feel someone is protecting you and that there is hope.

# Situation and challenges

## Child Protection Situation at a Glance

Somalia ratified the Convention on the Rights of the Child in 2015.

Somalia ratified the UN Convention on the Rights of Persons with Disabilities in 2019.

Between August 2016 and August 2021, there were 23,374 grave violations against children.

**99%**
of Somali girls and women aged between 15 and 49 have undergone female genital mutilation or cutting.

16% of girls marry before the age of 15; 34% before 18.

Less than 10% of children are registered at birth.

The average age of children recruited and used by armed forces and groups is between 14 and 17 years.

Somalia Health and Demographic Survey (SHDS, 2020)

**Somalia has more grave child rights violations than any country in the world**

Despite the Government of Somalia ratifying the Convention on the Rights of the Child (CRC) in 2015, the country has more grave child rights violations than any in the world, according to the UN Monitoring and Reporting Mechanism (MRM) on grave violations against children over the past five years. Decades of conflict, cyclic natural disasters, widespread poverty, and harmful norms and practices have left children extremely vulnerable.

Child protection cases are under-reported due to societal norms and few trained personnel, including the police, on how to gather evidence for such cases.[27] Moreover, child protection workers are poorly trained and lack the qualifications to carry out their work. Staff and services are underfunded and are 100 per cent reliant upon donor funding. Yet, Somali caseworkers handle caseloads three or four times higher than minimum standards. The UN estimates that there are 50 social workers for every 100,000 people in the country. Additional caseworkers are needed to manage services for 38,923[28] children across Somalia identified as at risk of abuse, neglect and violence. There is the additional challenge of poor security which makes some areas inaccessible.

[27] Draft Research Study on Gender Dimensions in Affected Communities Related to UNICEF Somalia Interventions-March 2020 Draft.

[28] According to case coverage mapping and Child Protection Area of Responsibility – 5W reports.

## Many child protection challenges need urgent attention, for example:

**Most Somali children lack birth certificates.** Birth registration remains extremely low with under 10 per cent of children registered. There is both a lack of demand for birth certificates as well as an ineffective supply of birth registration services by state institutions.

**Many children are working.** Somali children and adolescents are under pressure to become economically productive at an early age to support their families. For example, about half of all children between aged 5 and 14 from central and southern Somalia are employed.[29] These children are exposed to potentially exploitative and harmful working conditions while no longer having the opportunity to be in a safe learning environment necessary for the development of a child.

**Violence against children is prevalent.** Rape, killing and maiming, abduction, detention of children, and recruitment of children are common occurrences, while impunity is widespread. Between 1 August 2016 to 30 September 2019, the country task force verified 14,856 violations against 12,551 children (2,103 girls, 10,448 boys).

While the minimum age of criminal responsibility is set at 14 years,[30] in practice the lack of birth certificates means a child cannot prove his or her age. Between 2016 and 2019, a total of 910 children (17 girls, 893 boys) were verified as having been detained (primarily by the Somali National Army or Somali police) for alleged association with Al-Shabaab or pro-ISIL elements in Somalia.[31] Children associated with armed groups who are detained may be tried in military courts, especially the case in Puntland, rather than children courts and subject to adult sentences which in some cases can mean the death penalty.

Some 14 per cent of girls and women age 15 to 49 have experienced physical violence, according to the SHDS 2020, however, this is likely underreported due to the various stigmas associated with reporting. Children are raised in an environment where corporal punishment is normalised and experienced from a young age, contributing to a cycle of violence of family and intergenerational violence.

**Gender-based violence and harmful practices against girls and women are widespread.** Women and girls in Somalia are structurally disempowered and subject to discrimination and marginalization. At home, boys and men have authority over the lives of girls and women leaving them vulnerable to gender-based violence (GBV), including intimate partner violence, sexual assault, rape and exploitation. Women, including those in female-headed households, and girls in internally displaced persons (IDP) camps are particularly vulnerable to GBV. In 2016, 74 per cent of GBV survivors were internally displaced and 99 per cent were female[32], although only 17 per cent of camps for the displaced had a protection desk to handle reports of GBV.[33]

Some 99 per cent[34] of Somali girls and women aged between 15 and 49 have undergone some form of female genital mutilation (FGM). The 2020 SDHS data indicates that 64 per cent of

[29] The Borgen Project: We fight for the underdog, 2019

[30] Somalia Penal Code of 1962, Section 59.

[31] Children and Armed Conflict in Somalia. UN Security Council report S/2020/174. March 2020.

[32] UNFPA. GENDER EQUITY: Hit or Miss in the Somali Population. p. 35.

[33] 2019 UNICEF Safety Audit of IDP camps in Somalia

[34] (unpublished survey data - 2016) GBV Survey data indicates a reduction in FGM practice in Somalia with 77 per cent of respondents having undergone FGM in Puntland; 53 per cent in Southern and Central Somalia

the women have undergone the most severe form of FGM referred to as Pharaonic type FGM, 12 per cent of women have undergone the Intermediate type, while 22 per cent have undergone the Sunni type. Also, 72 per cent of women believe that FGM is a religious requirement.

Somalia has the 10th highest rate of child marriage. According to the SHDS, 16 per cent of girls marry before the age of 15, and about 34 per cent before the age of 18. This is despite an amendment to the Somali Constitution in 2012 that says a person under the age of majority (18 years) cannot be married. Rates of child marriage tend to be high where poverty, birth and death rates are also high, where civil conflict is commonplace, and where there are lower overall levels of development, including schooling, healthcare and employment.

Societal acceptance of most forms of GBV is high and prevents access to justice for child survivors. Eliminating harmful practices such as FGM/C, early marriage and GBV requires linkages with health, education, improved rule of law, and the engagement of religious and community leader stakeholders.

**Adolescents face the worse form of abuse.** Adolescents (10-19 years) account for 27 per cent of the Somali population, and 81 per cent of the population of Somalia is below 35 years old.[35] Not only do adolescents probably face the worst forms of abuse in Somalia such as rape and murder, they are more likely to adopt risky coping strategies, such as joining gangs, having unprotected sex, taking drugs and consuming alcohol. Also, many adolescents migrate, undertaking hazardous journeys, and many join armed groups. The average age of children recruited and used by armed forces and groups is between 14 and 17 years. Children who serve in the ranks of non-state armed groups are detained by police for violent, aggressive and criminal behaviours including rape and sexual violence of other young people.

**Hundreds of thousands of children, adolescents and youth are displaced.** Protracted conflict and cyclic droughts have separated children from their families, exposing them to exploitation, violence and abuse. Many have been displaced on several occasions and are spending their childhood years living in one or more of the 2,000 IDP camps or informal settlements spread across Somalia. These camps lack sufficient latrines, and have long distances to water points, markets and health facilities, which puts women and girls at higher risk of GBV. The camps also have inadequate school and education facilities leading to high rates of school dropout or non-attendance, further limiting opportunities and increasing vulnerability.

## Overcoming the Challenges

The UNICEF Protective Environment for Children and Women strategic focus for 2021-2025 is to support Somalia in building a rights-based and integrated protective environment that both prevents and responds to violence, abuse, exploitation and harmful practices against children and women.

UNICEF works with the Government at all levels and with national and international organizations and civil society. UNICEF's focus is on the most vulnerable, including poor children, children with disabilities, children on the move, unaccompanied children fleeing conflict, some of whom had been recruited into the arms forces and groups, and children from minority and marginalized clans.

[35] "Somali Adolescent and Youth Boom or Gloom?" UNFPA and UKAID.

## UNICEF support includes:

- **Partnering with the Ministry of Interior on legislation and establishing a framework for civil registration and vital statistics (CRVS) programming.** UNICEF also collaborates with the Ministry of Health and district/state administrations to ensure key stakeholders in CRVS programming are resourced and trained.
- **Advocating for child rights legislation.** As of 2022, the Federal Government has drafted the Child Rights Bill, the FGM Bill and the Sexual Offences Bill. The proposed bills, if adopted, will advance children's rights and address gender-based violence which affects girls more than boys.
- **Scaling up child protection and GBV service delivery throughout Somalia.** UNICEF invests in government-led service delivery, standard setting and accountability assurance activities. This involves supporting the rollout of the Child Protection Information Management system (CPIMS+) as well as the GBVIMS systems. In addition, UNICEF is investing in the higher education sector to develop certificate, diploma and bachelor qualifications in social work as well as short courses in key child protection areas.
- **Updating monitoring systems to include indicators on inclusivity of people living with disabilities** and assurance that existing power dynamics between clans are mitigated to ensure UNICEF is promoting egalitarian ideals and promoting the rights of the most vulnerable.
- **Providing technical assistance for policy and strategy development.** This involves strengthening the government's capacity at federal and member state levels to analyze and use well-disaggregated qualitative and quantitative data to better identify, plan for and deliver services to the most vulnerable and disadvantaged groups.
- **Engaging men and boys in transforming gender relations alongside supporting women and girls empowerment programmes.** This involves increasing the number of women engaged in community committees (aiming to reach 50:50 ratios of men and women within community-based child protection bodies), ensuring parity in training programmes and ensuring women and girls are key stakeholders in consultation and dialogue sessions across all segments of the programme.
- **Encouraging child and adolescent participation in the creation and implementation of programmes** to better reflect not only their needs but also their wishes. This is critical as in Somalia, children and adolescents find themselves responsible for protecting themselves and other children and should always be at the centre of child protection interventions.
- **Promoting social and behaviour change.** This involves changing norms on FGM and girls' education and reducing the stigma associated with survivors of sexual violence. For example, UNICEF carries out advocacy activities with religious leaders and supports multi-media campaigns promoting pro-social norms, adolescent', particularly girls', empowerment programmes and evidence-based parenting programmes.
- **Strengthening community-based child protection** through initiatives such as safe spaces at schools, child- and women-friendly spaces, children's desks, safe houses and family care centres.

- **Strengthening assistance to child protection and GBV services in humanitarian assistance.** This includes expanding services in newly accessible areas as well as areas affected by conflict and natural disasters. In large displacement sites, UNICEF supports annual safety audits to identify threats within the immediate environment. Based on the audits, UNICEF and its key partners in the Child Protection sub-cluster plan risk prevention and mitigation activities with other clusters – GBV, water, sanitation and hygiene (WASH), community case management, shelter, food, health, and nutrition to achieve a multi-sectoral response to threats.
- **Reuniting and reintegrating unaccompanied and separated children.** This involves assisting children who become unaccompanied or separated from parents, communities and caregivers to access alternative community-based care (Kafalah).
- **Supporting the Government in implementing the 2019 roadmap to end and prevent grave violations against children.** This roadmap aims to expedite the implementation of the two action plans signed in 2012 to end and prevent the recruitment and use of children, and the killing and maiming of children, as well as to ensure the full implementation of Standard Operating Procedures for the handover of children associated with armed forces and armed groups signed in 2014. This work, oriented towards ending and preventing the six grave rights violations,[36] will remain a key priority in Somalia. UNICEF also supports the Government of Somalia to implement Command Order 1 signed in 2017 to proscribe any activity of recruitment, association with and use of children within the Somali Armed Forces and prevention of harm to children during military operations in all areas of Somalia.
- **Reintegrating children associated with armed forces and groups, and prevention of recruitment.** UNICEF works with partners including the Ministry of Defence and a network of civil society organizations (CSOs) to provide reintegration services for children formerly associated with armed forces and armed groups. The reintegration programme has supported more than 10,000 children in the past decade.
- **Educating about mine risk.** UNICEF works with the Government, the UN Mine Action Service and CSOs to raise awareness on the dangers of unexploded ordnance (UXOs). This involves school workshops that engage teachers and children aimed at empowering communities to protect themselves and keep children safe from mines and UXOs.
- **Promoting gender equality.** For example, UNICEF works with the Ministry of Education, Ministry of Women, schools, CSOs and external technical experts to implement at scale a girls' self-defence and empowerment programme alongside a boys' transformation programme aimed at promoting positive masculinity and bystander interventions. The programme is currently being successfully implemented in Galkayo and Mogadishu.
- **Developing a diversion programme for children in conflict with the law.** UNICEF works with the Ministry of Justice to develop a diversion programme with CSO partners which includes psychosocial support, case management and vocational training.

[36] "The recruitment and use of children, killing and maiming, rape and other grave forms of sexual violence, abduction, attacks on schools and hospitals, and denial of humanitarian assistance. The UN also monitors the detention of children from alleged or actual association with parties to conflict and incidents of military use of schools and hospitals.

- **Assisting children on the move.** This programme focuses on working with returnee children, children in IDP camps as well as vulnerable children considering unsafe migration to help them identify ways to achieve their goals and aspirations in Somalia. Innovative cross border case management systems are also supported to ensure children on the move can be referred to adolescent empowerment programmes and care services at the earliest possible opportunity.

https://www.unicef.org/somalia/stories/bringing-normalcy-and-new-skills-youth-somalia

This photo essay shows how UNICEF and partners are supporting the release and reintegration of children and adolescents recruited by armed forces and groups.


©UNICEF Somalia/Mackenzie Knowles-Coursin

# Social Policy

Helping to rebuild a nation
and strengthening resilience

## Being empowered to look after your children

Imagine you are a teenage single mother of two who has been displaced due to drought and conflict. Back home, your former husband had supported the family by selling frankincense, and you belonged to a large clan that helped you access services. Even the private health clinic was run by your clan. Now you are alone in a settlement far from your home where hundreds of thousands of people are displaced, where you don't even know the local clan leaders to ask for protection and your school-age child is no longer in school.

Just as you are about to despair, you have a visit from a woman who said she is from your local government. She says that your family has been identified for support under a government-led social protection scheme. You will receive US $20 a month which you can use to support yourself and your children. Moreover, the money will be sent every three months on a specific date directly to your mobile phone. This is the first time that you are realizing that support can also come from outside your clan.

# Situation and challenges

## Social Policy at a Glance

**69%**
of Somalis are living below the income poverty line and 73 per cent of children below the age of 15 years are poor.


Almost 9 in 10 Somali households are deprived in at least one dimension of poverty: monetary, electricity, education, or water and sanitation.


Nearly 7 in 10 households are deprived of two or more dimensions.[37]


In March 2020, Somalia reached the Highly Indebted Poor Countries Initiative's (HIPC) 'Decision Point' for debt relief.

Somalia is one of the poorest countries in the world. Yet after decades of civil war and statelessness, the Somali state at federal, state and local levels is emerging under the agreed 2012 Transitional Constitution.

For years, Somalis depended on social networks of solidarity strongly linked to their clans for accessing services that are normally provided by the State. Many people have been excluded, particularly rural and nomadic households, those from minority groups and marginalized clans and internally displaced populations. Women and girls have been marginalized due to social and cultural norms and as a result, have weak legal and state protection.

Communities in much of Somalia have also had to contend with cyclic climatic shocks, including devastating droughts, floods and locust invasions. In certain areas, armed conflict is still a threat, especially in the south of the country.

Although a comprehensive picture of the most vulnerable is hard to attain as data is weak throughout the country, it is estimated that 69 per cent of Somalis live below the income poverty line. Some 73 per cent of children below the age of 15 years are poor. Most Somali households suffer non-monetary deprivations too and most are not covered by any social protection programme. Almost 9 in 10 Somali households are deprived of at least one dimension of poverty: monetary, electricity, education, or water and sanitation. Nearly 7 in 10 households are deprived of two or more dimensions. Given this level of poverty, few people can withstand any crisis that will impact their household's wellbeing.

### *Somalia is heading, albeit gradually, in the right direction*

Yet, despite the challenges, Somalia is heading, albeit gradually, in the right direction. Somalia has a Provisional Constitution, an elected

[37] The MODA analysis of the 2020 health and demographic survey (unpublished)

Federal Government and national frameworks to guide the country. Among the most significant are the 9th National Development Plan 2020-2024 (NDP-9) and the 2021-2025 United Nations Sustainable Development Cooperation Framework (UNSDCF).

> **"Should we starve our people to pay our debts?"**
>
> (the late Julius Nyerere, the former president of Tanzania).

As a result of the Government of Somalia's commitment to poverty reduction through policy changes, and demonstrating a good track record over time, Somalia in March 2020 qualified for the International Monetary Fund (IMF) and the World Bank debt relief under the Highly Indebted Poor Countries Initiative's (HIPC) programme. This resulted in the first tranche of funding from the IMF and the World Bank as well as several pledges from donors to support debt relief initiatives. This gives Somalia a major opportunity to, despite the massive challenges, start investing in children.

## Action - Overcoming the Challenges

The relative peace and political stability in the country since 2012 have given Somalia a chance to tackle widespread income and multidimensional child poverty and to reinforce family resilience to shocks and stresses. UNICEF supports the Government's efforts to achieve this while at the time shifting from almost total dependence on external humanitarian and peacekeeping services to a future where the Somali state at different levels can meet the needs of Somali citizens in a renewed social contract.

### *Focusing on rural families, nomadic populations, the internally displaced, those from minority clans and children with disabilities*

The focus of UNICEF support is on the most vulnerable: rural families, nomadic populations, the internally displaced, those from minority clans and children with disabilities.

## UNICEF support includes:

- Improving the capacity of the national and member state governments to generate and use evidence on child deprivations: UNICEF works with the Office of the Prime Minister, the National Bureau of Statistics and the Ministry of Planning, Investment and Economic Development and other key ministries to conduct routine measurement of child monetary and multidimensional poverty and the monitoring of the NDP-9 and the child-related Sustainable Development Goals SDGs). This includes support to a Multidimensional Overlapping Deprivation Analysis (MODA) and a multiple indicator cluster survey (MICS). UNICEF support

also enhances the institutional capacities of the Government to analyse and use data and research to prioritize child rights, particularly for the development of the National Development Plan 2025–2029. The evidence will be used to design, monitor and evaluate social policies, programmes and budgets.

- **Strengthening the capacity of the federal government and member states to mobilize, equitably allocate and effectively use domestic and external resources to improve child well-being.** This should increase the government's allocation of funds to the social sectors in the national budget. In 2022, Somalia allocated 35 per cent of its budget to social sectors that mostly benefit children. The total budget for education more than doubled compared to 2020 and the budget for health increased from only 1.3 per cent to 6.5 per cent of total spending. Despite the increase in budget allocations, Somalia still lags far behind the international benchmark for public expenditure; for example, for education, the global target is 20 per cent and for health 15 per cent.
- **Strengthening the national and member state governments' capacities to deliver inclusive, shock-responsive social protection programmes.** UNICEF assists with the rolling out of the Shock-Responsive Safety Net for Human Capital Project (SNCHCP), known as Baxnaano. It is the first government-led social cash transfer programme. The first households to receive regular cash transfers lived in areas affected by chronic food insecurity. As most of the population own a mobile phone, the cash is transferred directly into the phone of the recipient. UNICEF and its partners will support the government systems to deliver the social benefits to its citizens and design additional social protection programmes benefiting pregnant and lactating mothers and their children.
- **Advancing decentralization and supporting the capacities of the member states and local government authorities to deliver quality basic social services.** This involves strengthening systems, building state capabilities at federal, state and local levels and ensuring that the most vulnerable are reached. There has already been some success. For example, in 2021, the UN Joint Programme on Local Governance (JPLG) on Civic Education during the recent Puntland pilot local election helped to achieve 20 per cent female representation on local councils.

Read the budget brief on Investing in Social Development in the Federal Republic of Somalia

https://www.unicef.org/somalia/media/3291/file/Somalia%20Budget%20Brief%20November%202022.pdf

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# Social and Behaviour Change

Helping to rebuild a nation
and strengthening resilience

## How do I breastfeed when I am hungry?

Imagine you are an 18-year-old girl who has just had a second baby. At three months, you are unsure if your baby is getting enough milk from breastfeeding, especially as you haven't had enough to eat due to the drought. The family's crops have shrivelled up and your livestock is dying.

Your mother-in-law says you should preserve your energy, stop breastfeeding and start the baby on camel milk, which she insists is better than breastmilk. Fortunately, your local social mobiliser visits your home just as you start your baby on camel milk. She calls all your family members to discuss the family's well-being. The social mobiliser listens to the reasons that you stopped breastfeeding. She explains why camel milk isn't as good for your baby as breastmilk and the risks of contamination and diarrhoea, which could be deadly. She then tells you about the local food distribution for pregnant and lactating women that you could all benefit from.

When you collect the food, you are again counselled about the importance of breastfeeding. The food distribution has helped you breastfeed, as not only are you feeling better nourished, but your mother-in-law now also thinks breastfeeding is best.

# Situation and challenges

Social and behavioural change communication is critical in Somalia. Years of conflict and cyclic humanitarian disasters have prevented people from doing what they would have done in normal times. Moreover, many Somalis have low education levels and lead a pastoral or semi-pastoral lifestyle, cut off from the outside world. Influential clan and religious leaders, who sometimes distrust development and humanitarian aid efforts, are often the main sources of information, particularly for rural communities.

Many key social indicators have stagnated. For example, the uptake of maternal and child health services is low even when available. Infant and young feeding practices are poor even at times when there are no natural disasters. For example, only 34 per cent of newborns benefit from early initiation of breastfeeding and exclusive breastfeeding.[4] Many mothers feed their babies formula milk or camel milk. Although open-defecation rates have fallen from 58 per cent to 28 per cent,[38] the rate is still too high. Some families, mainly pastoralists, do not value education, and children with disabilities are often kept at home rather than sent to school. Despite all the campaigns to end child marriage and stop female genital mutilation (FGM), both are still prevalent practices. About 99 per cent of Somali women aged 15 and 49 have undergone FGM, and 34 per cent of women marry before age 18.[39] Violence against children is also prevalent, and youth are recruited into armed groups.

## Overcoming the challenges

UNICEF's social and behavioural change approach focuses on learning why people do not change their behaviours and finding ways to facilitate change rather than just providing information. This involves UNICEF supporting baseline research in all sectors and conducting more in-depth qualitative studies to identify further barriers preventing people from adopting positive behaviours. Based on this, tailored information and tools are developed to empower people to debunk myths and adopt positive behaviours. In turn, this means ensuring that quality services are being provided.

***These days people receive information and exchange views on issues and behaviours.***

More varied communication channels are being used to disseminate information than before, partly due to the COVID-19 pandemic, which brought technology to the forefront, and because most Somalis have a mobile phone. Besides the established communication channels such as community leaders, schools, mosques, radio, and television, other channels such as U report, social media and chat boxes have become increasingly important. People can receive information and exchange their views on issues and behaviours. In turn, UNICEF can follow the conversations through social listening and analyse the information for insights into what actions are needed.

[38] UNICEF/WHO Joint Monitoring Plan, 2019

[39] 2020 Somali Health and Demographic Survey (https://somalia.unfpa.org/en/publications/somali-health-and-demographic-survey-2020)

Adolescent networks also play an increasingly important role in peacebuilding and ending child marriage. Other key partners are the 3,770 social mobilisers who work in their communities throughout the country, including in remote rural areas and areas affected by conflict.

## Overcoming the challenges

- **Conducting surveys.** This involves having baseline data on people's behaviour relating to key areas such as health, nutrition, education, child protection, gender, emergency preparedness, and water, sanitation and hygiene (WASH).

- **Using evidence to change behaviour.** For example, to address the stagnation in breastfeeding rates, UNICEF supports an initiative called 'campaign in a box'. In 2022, UNICEF conducted qualitative research in Baidoa, Kismayo and Banadir districts in Somalia's south and central regions. The 360-degree-qualitative study, using semi-structured interviews and picture cards, involved mothers, husbands, mothers-in-law and service providers. The aim was to find the single factor that could change behaviour and make women take up good breastfeeding practices. Sensitization workshops followed the research which included a group for mothers, one for fathers and another for mothers-in-laws. The initial results show that in the past, messaging had focused too much on breastfeeding promotion and had not said enough about why the alternatives to breastfeeding should be avoided. The research also found a tendency for women to stop breastfeeding during drought as they felt they were producing insufficient milk. The findings led to a key action point – combining counselling on breastfeeding while administering the cash transfer programmes and food distribution.

- **Building resilience to emergencies.** UNICEF uses many communication channels to get across three principal pieces of information at the right time of the year that are crucial to bolstering resilience to regular emergencies. For example, people need to be aware well in advance how drought is likely to impact their lives. Then they need to know what they can do to reduce the impact on their lives. For example, conserving food and water, planting trees and not chopping them down. They need to remain alert, including listening to the radio and following social media. Once in an emergency, they need to receive information about coping methods, particularly what help is available, for example, cash transfers, water and food distribution, vaccination campaigns and health screening. UNICEF uses various ways to support the wide dissemination of this information, with social mobilisers playing a key role. For example, social mobilisers are giving out pictorial calendars that UNICEF has developed with text in Somali on the appropriate timely actions to be taken to deal with different emergencies that regularly hit the country.

Read this story about why learning the reasons people do not change their views on FGM/c is important for behaviour change

"I didn't feel there was anything wrong with what we did. As I grew up, I saw one of my cousins being discriminated by our grandfather because she refused to have her daughters go through the cut. …..She stood firm and said her girls will not go through the pain she went through as a girl. I was still following that norm until I came here and participated in these dialogue sessions. I also had one of my daughters undergo the cut (firoonic type), but when I learned from the discussions how harmful it is, I now feel guilty about what I did to my daughter. I met many educated people in the group and now my eyes are opened."

https://www.unicef.org/somalia/stories/sharing-knowledge-communities-protect-girls-female-genital-mutilation

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# Building resilience to crises

## Being prepared for a crisis

Imagine you are a farmer trying to provide for your seven children when every year you lose everything you grow. If it's not drought, it's flooding, if it's not floods, it's a locust invasion, Then it was the COVID-19 pandemic, conflict in your area and outbreaks of measles and cholera. Measles almost claimed the life of one of your children. You had to spend an anxious week in the hospital with her while your other children were hungry at home. At the same time, food prices are soaring so even basic items have become beyond your reach and you have used the last of your savings and sold your farming tools to buy food. You remember that a wealthy neighbour had expressed interest in your 12-year-old-daughter so you start to think about arranging for her to marry him so she will get food and you will receive a dowry that would help you save the rest of your family. If you don't do this, will she and your other children survive?

The answer from your social mobiliser is 'yes they will'. The social mobiliser has been visiting your home once a month, offering you useful advice and listening to your concerns. This time she comes with a calendar. You are curious as the pictures are of farmers like you and the text is in Somali so you can understand. Together you go through the calendar, including with your young 12-year-old daughter. The social mobiliser had told you to invite your daughter to look at the messages in the calendar together. This is the first time your daughter has been invited to participate in discussions and you see that she is happy to be involved.

The social mobiliser has turned the pages of the calendar to March, the month you are in at the moment. The page lists available free services that can be accessed. For example, you learn that you can receive safe drinking water, free food and cash assistance as you are poor, as well as free health care for your children. There is even going to be free meals at school.

Your social mobiliser then turns the pages of the calendar to earlier months when the weather is not so dry and there is an opportunity to take proactive steps. You read the short text together which is a list of practical actions that you can take to reduce the impact of climate change and prepare for disaster, such as planting trees and not cutting them down, conserving water, and tuning into the radio and social media to remain alert to pending disasters. You can even use a QR code on your phone to access important information that you hadn't been aware of before.

When your social mobiliser leaves you are feeling more hopeful. You now know that you can access support and you know where to find it. Also, you feel that you know about the actions you can take to ease the impact of future crises. You stick the calendar to one of the thick sticks that help hold up your one-roomed home that is made of woven fibre mats and blankets.

# Situation and challenges

## Emergency Situation at a Glance

**8.3 million**
people at risk of food insecurity

**1.8 million**
children are likely to be acutely wasted by July 2023

**6.4 million**
An estimated 6.4 million people face acute water shortages across the country

Somalia is no stranger to drought or shocks. In 2011, about 250,000 people – half of whom were children – died in a famine that followed three consecutive seasons without rainfall. In 2017, widespread drought left an estimated 6.7 million people in urgent need of humanitarian assistance and 1 million people internally displaced. A year later, major flooding further displaced over 230,000 people. In 2019/2020, swarms of migrating desert locusts invaded swaths of farmland and rangeland destroying crops. Moreover, although the civil war is now considered over, the armed conflict remains across several regions.

This drought has come after four consecutive failed rainy seasons and has left 90 per cent of Somalia drier than usual. Amid an expected scale down in humanitarian assistance, about 8.3 million people across Somalia are expected to face crisis,[40] and around 1.8 million children are likely to be acutely wasted by July 2023[41].

An estimated 6.4 million people lack sufficient access to water and many had resorted to drinking untreated water from shallow wells and dwindling rivers.

More than 6.7 million people needed emergency healthcare, the highest since the 2010/11 famine. Since January 2022, there have been 13,383 suspected cholera cases, including 73 associated deaths[42]. Between January and August 2022, more than 14,000 suspected measles cases were reported, four times the number reported in 2019, 2020 and 2021 combined. An estimated 1.5 million children (almost 55 per cent of the total population of children) were acutely malnourished. Tragically, from the beginning of the year until September 2022, over 730 children died in nutrition centres.

Emergencies tend to separate children from their families, and recent emergencies have seen the numbers of separated families increase to thousands. Unaccompanied children are particularly vulnerable; exposed to exploitation, trafficking, violence and other types of abuse, particularly the girls. For example between January - April 2022, there was an 81 per cent increase in unaccompanied and separated children compared to the same period in 2021. During the same period, there was a 200 per cent rise in gender-based violence.

## Overcoming the Challenges

**Assessing needs and delivering urgent supplies while reinforcing community resilience**

UNICEF supports the government's aim of being less reliant on international aid during emergencies. With the threat of more severe and more frequent climate-induced emergencies, strengthening the 'human-development nexus' to better prepare for and cope with future emergencies while at the same time continuing development work has become more critical than ever. To this end, UNICEF works with the Government and partners, especially local NGOs, to address people's vulnerability before, during (assessing needs and delivering supplies) and after a crisis.

[40] https://fsnau.org/downloads/Multi-Partner-Technical-Release-on-Updated-IPC-Analysis-for-Somalia-fo-October-2022-to-June-2023-Final-(English)-13-Dec-2022.pdf.

[41] Humanitarian situation Report , No. 11 (1-30 November).

[42] ibid

Previous emergencies have provided important lessons, for example, the COVID-19 pandemic highlighted the key role that technology can play in Somalia's highly digitalized economy and during emergency relief. In Somalia, most people own and pay by mobile phones and the mobile phone charges are relatively low. Moreover, although more data is needed, UNICEF has also become more aware of the barriers that children and women face when seeking assistance, including clan/ethnic identity discrimination and the impact of mass displacement and family separation.

To deliver a resilient and integrated response, UNICEF uses a **Humanitarian Development Checklist** The checklist includes:

**(i)** 'Risk-informed programming' – For example, is the drought emergency response integrated with responses to other risks, such as cholera, measles and conflict? Are there measures being taken to ensure equity? Are minority clans being served?

**(ii)** Strengthening systems and localizing humanitarian and development programming – For example, is the UN joint Programme on Local Governance (JPLG) for humanitarian coordination involved in the response?

**(iii)** Strengthening participation of affected populations – For example, are affected families, children and adolescents engaged in decisions that affect their lives?

**(iv)** Strengthening social protection system, – For example, is 'in-kind' assistance being replaced by cash assistance?

**(v)** Emergency preparedness – For example, is there preparedness for cholera outbreaks or famine or other risks?

**(vi)** Inter-agency, system-wide strategies– for example, is the humanitarian response aligned with the National emergency/development plan?

**(vii)** Galvanizing partnerships to mobilize quality resources (multi-year and thematic/ flexible funding; public and private financing mechanisms – For example, how much reprogramming is needed?.

**Examples of UNICEF-supported resilient and integrated interventions:**

- Strengthening resilient and integrated health interventions. UNICEF works to improve the quality of health care and its sustainability. This involves building the capacity of the Ministry of Health and frontline health workers to lead the emergency response while continuing to strengthen the health system at all levels. During the emergency, other services are integrated into the response, for example a measles campaign is used as an opportunity to measure the upper arm circumference (MUAC) of children to check for malnutrition, carry out malaria and diarrhoea control as well as deliver services in water, sanitation and hygiene (WASH), education, early childhood development and child protection.

- Strengthening resilient and integrated nutrition interventions. UNICEF supports building the capacity of the Government and partners and engaging ministries from the different sectors at state level to deliver multisectoral nutrition resilience programmes. Alongside emergency nutrition activities, such as distributing therapeutic supplies to treat severe acute malnutrition, UNICEF supports the promotion of appropriate maternal, infant and young child nutrition, de-worming, Vitamin A supplementation, and procuring high-energy biscuits for children under the age of 5 years. Nutrition sites are used to provide integrated services in WASH, education, early childhood development, child protection and social protection services (cash grants).

- Supporting resilient and integrated WASH interventions. UNICEF supports the upgrading and/or drilling of climate-resilient water supply systems for communities, and bolstering communities' capacities to repair and maintain the systems with minimal outside assistance. To address the immediate emergency needs, UNICEF supports emergency water trucking, the delivery of purification tablets, jerry cans and hygiene kits to communities, schools and health facilities while supporting the building of improved latrines and promoting good hygiene. Social and behaviour messages are developed on WASH, including a package for community workers on hygiene promotion.

- Supporting resilient and integrated education interventions. UNICEF supports building the capacity of community education committees, head teachers and community management structures. Also, UNICEF with partners supports school feeding and cash grants, health and nutrition interventions such as deworming and providing child-friendly spaces and mental health and psychosocial support (MHPSS) in schools.

- Supporting resilient and integrated child protection and social policy interventions. This involves mapping community committees and integrating the UN joint Programme on Local Governance (JPLG) to deliver local level child protection services, for example providing mental health and psychosocial support to women and children, and keeping women and children safe as they access humanitarian assistance. Also, UNICEF supports the reintegration of children associated with armed forces and groups, and prevention of recruitment, raising awareness on the dangers of unexploded ordnances (UXOs). A youth social innovation programme, UPSHIFT, which was developed by UNICEF, empowers marginalized young people to identify and design entrepreneurial solutions to challenges in their communities.

See the video of how a UN joint programme helps communities in Somalia to be more resilient to climate shocks.

https://youtu.be/xXQW8DevVdg

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for every child

# Helping to Build Resilience to Crises

UNICEF Somalia