



UNICEF SOMALIA

Annual Report
2016

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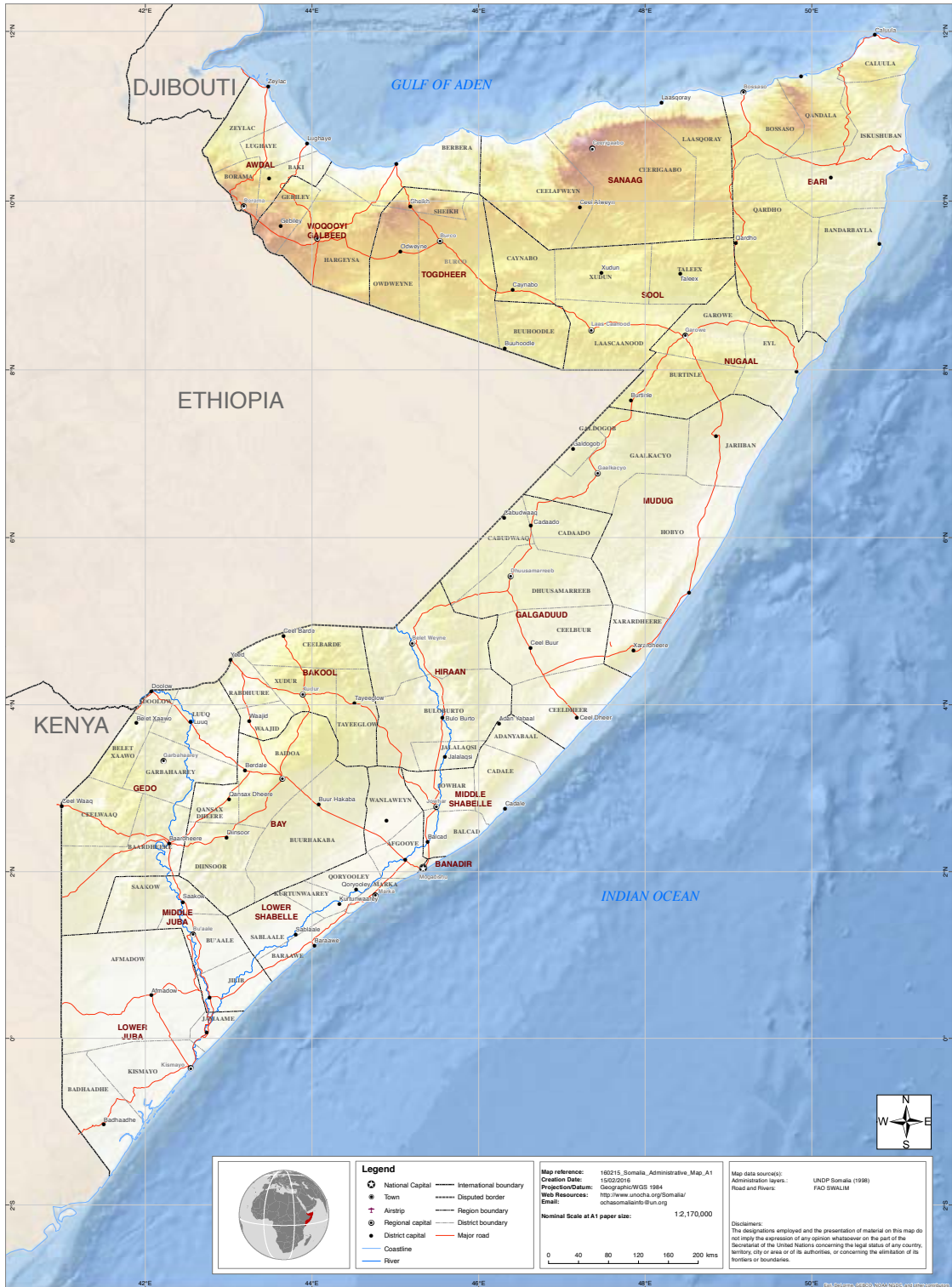
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SOMALIA ADMINISTRATIVE MAP



Legend

- National Capital
- Town
- Airstrip
- Regional capital
- District capital
- Coastline
- River
- International boundary
- Disputed border
- Region boundary
- District boundary
- Major road

Map reference: 160215_Somalia_Administrative_Map_A1
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Map data source(s): UNDP Somalia (1998)
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 Road and Rivers:

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LETTER FROM THE UNICEF SOMALIA REPRESENTATIVE



Representative Steven Lauwerier with mothers and children at a UNICEF-supported nutrition centre in Garbaharey, southern Somalia.

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For UNICEF Somalia, 2016 was a year where we succeeded in making important progress for children's rights despite significant challenges.

During the year, the Federal Government of Somalia adopted the country's first National Development Plan in 30 years. UNICEF ensured that it included child-focused data and a multi-sectoral nutritional approach coherent with the Scaling Up Nutrition Movement. Additionally, we emphasized social protection and resilience as key elements supporting improved access to basic services.

The humanitarian situation continued to deteriorate in 2016, with the El Niño weather system causing severe drought in the north of the country and flooding in the south. UNICEF Somalia supported drought-affected communities through the provision of water vouchers and integrated mobile health and nutrition services. We also responded quickly to an outbreak of acute watery diarrhoea, providing treatment to over 14,000 people.

Overall, UNICEF treated around 91,000 severely malnourished children under the age of five. The treated children had a recovery rate of 93 per cent. In partnership with WHO and UNFPA,

we supported the improved availability of health services for 5.7 million people, including 900,000 children in 47 targeted districts. Somalia maintained its polio-free status, with five polio immunization campaigns from UNICEF and partners that reached 2.3 million children.

UNICEF also supported the disengagement and reintegration of children associated with armed groups and monitored and reported on grave human rights violations. We also prevented and responded to incidents of gender-based violence, reaching over 4,000 survivors. Finally, we helped nearly 66,000 children to enroll in primary school.

Using innovative techniques such as unconditional cash transfers for 5,000 households through the WFP-developed e-transfer cards, and interactive radio shows to broadcast information and gather audience data, we managed to go beyond our regular programming.

On 1 January 2016, the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development officially came into force and UNICEF is incorporating the SDGs into our planning and our work.

As we go to press, UNICEF Somalia has massively scaled up its operations to alleviate the effects of the prolonged drought affecting the lives of millions of Somalis. At the same time, we continue to work for a brighter future for all children in the country, particularly the most vulnerable, and to ensure they are able to access their rights through the implementation of the recently ratified Convention on the Rights of the Child.

Steven Lauwerier
UNICEF Somalia Representative

HEALTH

SITUATION



1 in 7 Somali children die before their 5th birthday



A woman dies every 3 hours from pregnancy-related causes



Only 1 in 3 pregnant women deliver in public health facilities

PROGRESS



Health care services delivered to 5.7 million Somalis



Over 800,000 children born in 135 obstetric and newborn care facilities



2.3 million children reached with polio vaccines



Over 930,000 million insecticide-treated mosquito nets distributed



39,366 people with confirmed cases of malaria treated



Over 773,000 children vaccinated against measles

A RASH OF MEASLES



Two of the young patients sick with measles at Kismayo Hospital in Kismayo, southern Somalia.

©UNICEF Somalia/Sebastian Rich

The cholera treatment centre at Kismayo Hospital, the biggest hospital in Kismayo in southern Somalia, has not had any patients since the last outbreak was brought under control. But the hospital is inundated with patients once again. This time, it is measles.

Lying on mattresses on the floor are dozens of children. Most of them sleep with their bodies curled up – oblivious to the heat and flies. Some have visibly swollen faces, leaking pus from their eyes and noses. If awake, they look dazed and listless.

Among them are Maryan, eight months, and her brother Maseuud, one year and eight months. Maryan breathes rapidly, having contracted pneumonia, a severe complication caused by measles, while Maseuud has a rash all over his body. The children are accompanied by their mother, Maano.

“They’ve had a fever and congested chests for ten days, and were also vomiting and coughing,” says Maano. “We brought them here two days ago. It was only when we got here that we learned that it was measles.”

On a mattress across from them is Sahra and two of her children, Nasra, three, and Abdirahman, four. Both children are sleeping as if exhausted. They arrived today after being ill for more than a week.

“I took them to a private clinic and they thought it was malaria and gave us some medication,” Sahra explains. “Then they started having rashes and itching eyes. A neighbour told me that it could be measles, so I rushed them here.”

When asked whether the children have ever been immunized, both mothers answer, “No.”

Hussein Kassim Ali, director of the hospital, faces major challenges these days. The hospital’s maternity wing is on the verge of being closed due to a funding gap from its donors. Now, to make matters worse, he is coping with the measles outbreak and a likely seasonal spike in diarrhoea cases.

Ali is troubled by the fact that most of these mothers have never had their children immunized even though there are 16 free vaccination posts in town.

“We need to be prepared for the worst-case scenario,” Ali explains. “We need mass vaccination campaigns. Communities need to be mobilized, vaccines need to be stocked up. We need help!”

Measles is a highly contagious viral disease and a major cause of death among young children in Somalia. It can lead to pneumonia, diarrhoea, encephalitis (brain swelling) and blindness. Yet, the disease can be prevented effectively through vaccination. UNICEF is working with the ministry of health from the regional Jubaland authorities, the federal government, WHO and other partners on a mass vaccination campaign. Some 5,500 vials of measles vaccines were delivered to Kismayo for the campaign, along with vitamin A supplements to boost children’s immunity against the disease. ❖

ACHIEVEMENTS IN 2016 IN IMPROVING WOMEN AND CHILDREN'S HEALTH

Scaling up essential health care

The UNICEF-supported Essential Package of Health Services (EPHS), the prime mechanism to strengthen child health and safe motherhood services in Somalia, was rolled out in 47 districts in nine targeted regions through 18 implementing partners. Up to 5.7 million Somalis, or 45 per cent of the total population, were given access to EPHS services. These include child immunization; maternal, reproductive and neonatal health services; treatment for malaria, HIV and common illnesses; and first-aid and care of the critically ill and injured.

Comprehensive obstetric care services were available in 11 hospitals, and 135 health centres offered basic obstetric care services round the clock. Over 802,000 children were born in, attended to or treated in these facilities. Additionally, around 124,000 live births were monitored by trained health personnel.

The number of infants who received their first pentavalent vaccine – a combination of five vaccines in one for diphtheria, tetanus, pertussis (whooping cough), hepatitis B and Haemophilus influenza type B – increased from 237,785 in 2015 to 356,219 in 2016.

Humanitarian and emergency interventions

In 2016, drought, floods and the outbreak of acute watery diarrhoea (AWD) were key humanitarian issues. UNICEF provided health assistance to over 91,311 people affected by the drought. It also scaled up diarrhoea treatment services: 14,737 people were treated successfully across the south and central regions. In total, 451,104 people directly benefited from lifesaving primary health care and services.

In response to a cholera outbreak, UNICEF provided emergency medicines and supplies – diarrhoeal disease kits, oral rehydration salts, zinc and antibiotics – to partners in affected areas. It also pre-positioned rehydration salts and zinc tablets in regional supply hubs to support immediate community action.

To improve community-level communication on the prevention and identification of dehydration and referral of suspected cholera cases to cholera treatment centres, UNICEF sponsored training for 65 health workers. Additional training was delivered to 149 rapid response team members from state ministry of health staff at the district level.

SCOPE

Using the innovative SCOPE platform, a WFP-developed biometric system that enables population registration and enhances planning, implementation and monitoring, UNICEF distributed hygiene kits to 4,573 households (representing 27,438 internally displaced persons) at health clinics in Bossaso in July and August. UNICEF and WFP responded jointly to the drought in Puntland, with the provision of food and water vouchers through SCOPE.

Reaching out to the most disadvantaged

As most child deaths occur at home, UNICEF launched a community-based initiative in five districts to reduce common childhood illnesses such as diarrhoea, pneumonia, malaria and complications arising from acute malnutrition at a household level. This community-based strategy used trained, supervised village health workers in areas without access to medical facilities to deliver lifesaving health services to children, and built up the capacity of health authorities, service providers and community leaders. Ultimately, this initiative provided assistance to some 45,000 households.

Emergency health services

More than 451,000 women and children under the age of five accessed lifesaving emergency health services supported by UNICEF in the south and central regions and parts of Puntland and Somaliland. In newly accessible areas in south and central Somalia, UNICEF provided lifesaving humanitarian assistance by providing timely, integrated and effective basic health services, support for vaccine storage and delivery, essential supplies for the implementation of polio and measles vaccination campaigns and the delivery of primary health services at mother and child health clinics.

Polio

WHO and UNICEF aided the continuing efforts of Somali authorities to maintain the country's polio-free status, with five polio immunization campaigns that reached 2.3 million children. Awareness of polio and the benefits of immunization rose from under 50 per cent to about 90 per cent. Campaigns among nomadic populations reached 539,006 people, with more than 95 per cent coverage.

Since the start of the polio outbreak in May 2013, more than 45 supplementary immunization campaigns, targeting children under 5 years of age, have been conducted. The proportion of unimmunized children in nomadic communities was reduced from over 40 per cent in 2013 to under 15 per cent.

Malaria and HIV/AIDS

Thanks to a successful partnership with the Global Fund, the latest figures available show that the prevalence of malaria in Somalia dropped dramatically from 21 per cent in 2009 to 1.8 per cent in 2014.

During the year, 39,366 people were treated for malaria and 618 health workers were trained in case management for malaria. More than 930,000 long-lasting, insecticide-treated mosquito nets were distributed with the financial assistance of the Global Fund.

Over 90 per cent of all malaria cases originate in the central and southern regions, while the prevalence in areas where bed nets were widely distributed, such as Somaliland and Puntland, is below 1 per cent.

Preliminary data from a 2014 survey indicate the prevalence of HIV is 0.67 per cent in Somaliland, 0.49 per cent in Puntland and 0.23 per cent in South Central Somalia. The periodic HIV surveillance among pregnant women shows a decline from 28/10,000 in 2014 to 24/10,000 at the end of 2016. Testing for HIV among pregnant women and tuberculosis patients was scaled up. Over 2,640 people were on antiretroviral therapy with an 80 per cent survival rate after a year.

Health management and data collection

Representatives from three ministries of health attended training in Uganda on the District Health Information System (DHIS2) tool, which is used for data collection, analysis and reporting for regional- and national-level health data. The system is currently customized to fit in the Somalia health sector data needs for rollout in 2017. An exchange with Ugandan district health management teams and health facilities on health information management systems helped respond to shared challenges in the application of DHIS2.

NUTRITION

SITUATION



Over 150,000 children severely malnourished



Only 1 in 3 infants exclusively breastfed for the first 6 months



Almost 2/3 experiencing acute or emergency food insecurity are internally displaced persons



Only 9 per cent of children aged 6–23 months fed a minimally acceptable diet

PROGRESS



UNICEF supported the treatment of 91,000 severely malnourished children, with a 93 per cent recovery rate



Technical and operational support provided to more than 400 therapeutic feeding centres and 37 nutrition stabilization centres

DROUGHT, DISPLACEMENT, CONFLICT AND HUNGER



Mohamed Aden Haji Omar, 11 months, being screened for malnutrition at a UNICEF-supported health centre in Mogadishu, the capital of Somalia.

©UNICEF Somalia/Hassan

Mohamed Aden Haji Omar does not stop crying as he is carefully weighed at a health centre in Hamar Jabjab district, South Mogadishu. He is severely malnourished and has medical complications. Health workers are deciding whether his condition is serious enough to admit him to the specialized hospital ward known as the Stabilization Centre where he will be closely observed and receive medical and nutritional treatment.

Mohamed's family has been on the move, travelling over 100 kilometres from conflict and drought-ridden Merka. Now they live in a makeshift shelter in a camp for the internally displaced in Somalia's capital. Conditions are difficult and children often become ill.

Barni Aden Ibrahim, the boy's mother, says a community health worker who visited the camp to screen children and educate mothers about malnutrition referred her to this outpatient centre. At the centre, children are given a supply of therapeutic peanut paste and receive health checks.

"We have seen the number of malnutrition cases increase in recent months," says Meymum Abdullahi Gure, Nutrition Programme Officer with Save the Children, which is implementing nutrition

programmes supported by UNICEF. "We receive between 15 and 20 cases every day. These include five to seven cases of severe acute malnutrition with complications so serious that we cannot treat them here and have to send them to the Stabilization Centre to be admitted," she explains.

"So far this year, we have discharged 147 children from this outpatient programme, and we have 200 children active in the programme, but that number increases every day," she adds.

Families are moving from the Baidoa, Lower Shabelle and Middle Shabelle regions to camps for the internally displaced in Mogadishu due to the lack of food and the expanding conflict. There are already over 1.1 million internally displaced persons in Somalia, many of them living in basic shelters without adequate sanitation.

"When they are in the camps, the lack of clean drinking water and poor sanitation leads to diarrhoea and other illnesses, which prevent children from retaining nutrients. The result is malnutrition," Gure elaborates. "Poor breastfeeding practices and inappropriate food for babies are further reasons for increased malnutrition."

UNICEF and its partners are also trying to prevent malnutrition through the Infant and Young Child Feeding Programme in all the outpatient and stabilization centres. Children are not only treated but their mothers learn the importance of breastfeeding, proper nutrition, home hygiene and sanitation from trained community workers.

"We tell the mothers that giving this therapeutic food we provide to their malnourished children is not enough. In addition, observing basic hygiene rules goes a long way to avoid contracting diarrhoea," says Fatima Mohamed, a community health worker who promotes nutrition and hygiene practices in camps for the internally displaced.

The network of outpatient and stabilization centres has helped save the lives of 91,000 Somali children who recovered from severe acute malnutrition in 2016. ❖

ACHIEVEMENTS IN 2016 IMPROVING NUTRITION

The focus of the nutrition programme in 2016 was on increasing the availability, enhancing access to and improving the quality of provision of the Basic Nutrition Services Package (BNSP) both at facility and community levels. The programme covers over two thirds of Somalia. About 80 per cent of UNICEF Somalia's nutrition-implementing partners delivered at least five of the nine BNSP elements.

In 22 targeted districts of the central and southern regions, UNICEF, in partnership with PSI, reached 400 children (aged 6–59 months) with 36,000 sachets of micronutrient powder in Somaliland. Community-based channels were also used to distribute micronutrient powder to children aged 6–23 months in Benadir region. In addition, essential nutrition supplies were airlifted to high-risk districts to ensure continuity in the ready-to-use therapeutic food pipeline.

Nutrition and the health system

Nutrition services continued to be integrated into the health system, especially in districts rolling out the EPHS programme.

Over 400 decentralized treatment service delivery points across the country were used to distribute a package of preventative, curative and promotional services. UNICEF also continued supporting pregnant and lactating women with multiple micronutrients. In addition, over 140,000 pregnant and lactating women received at least one individual Infant and Young Child Feeding (IYCF) counselling session.

Community-based nutrition services

UNICEF contributed to strengthening the resilience of affected communities by expanding integrated community-based nutrition, health and WASH services. In the Gedo region, over 29,000 households accessed integrated services on an ongoing basis. The findings from the 2016 national IYCF assessment showed an increase in the rate of exclusive breastfeeding over the first six months, from 5.3 per cent in 2009 to 33 per cent in 2016. This positive trend can be partly attributed to an intensification of IYCF interventions. However, the proportion of children aged 6–23 months meeting requirements for a minimum acceptable diet remains low, at an estimated 9 per cent. This figure is linked to household food insecurity (lack of access to and availability of diverse foods) and poor feeding practices.

IYCF interventions, including counselling for pregnant and lactating women, were augmented through capacity building for community-based workers (CBWs). Furthermore, in an effort to improve optimal IYCF, two feasibility studies were conducted to inform the design of IYCF interventions.

Improved essential nutrition behaviours

UNICEF achieved good results on improving nutrition behaviours. The number of infants born within the previous 24 hours in a facility who were put to the breast within one hour of birth was 45 per cent of the target in Somaliland (41,184 infants), 80 per cent in Puntland (30,413) and 30 per cent in the central south regions (36,158).

In target communities in the Gedo region, UNICEF supported the capacity building of seven NGO staff, seven government staff and 144 CBWs. As a result, 29,946 households were reached with prevention and promotion services through CBWs. In total, 446 CBWs are delivering basic services in focused sites.

WATER, SANITATION and HYGIENE (WASH)

SITUATION



3.2 million people in need of Water, Sanitation and Hygiene (WASH) services



Only 53 per cent of people have access to safe water sources



Only 25 per cent have access to improved sanitation within 10 metres of their households



50 per cent of people in rural areas practise open defecation



24 per cent of children under 5 suffer from diarrhoea at any given time

PROGRESS



UNICEF provided almost 440,000 people with sustained access to safe water



Over 731,000 displaced households provided with emergency supplies



14 villages in Puntland and Somaliland officially designated open-defecation free



Over 550,000 people in emergency-affected areas have access to safe water



1.5 million people reached with hygiene information

SOMALILAND VILLAGES LEAD THE WAY TO STOP OPEN DEFECACTION



A newly built latrine in Geed Giqsi village, Somaliland. The village is now open defecation free after all households constructed toilets with the support of UNICEF and partners.

©UNICEF Somalia/Sebastian Rich

Amina*, her husband and her seven children live in the village of Geed Giqsi in Gabiley, Somaliland. They have a relatively comfortable life growing maize, sorghum and vegetables and tending two cows. But like the other 87 households in the village, they had never had a toilet or given much thought to having one.

In December 2015, UNICEF's local partner, an NGO called HEAL, came to their village to persuade the residents to abandon the practice of open defecation. Amina and her husband immediately agreed to build a toilet. By October this year, all the families in the village had followed suit. UNICEF and HEAL provided no incentives, only awareness campaigns and technical assistance. This approach – known as Community-Led Total Sanitation – has been tested and proven in other parts of the world. The villagers put up their own money and constructed the toilets on their own.

"It cost us 80 dollars and was a lot of work," says Amina. "But we didn't mind at all." Her toilet is a pit latrine. Shielded by pieces of bright orange cloth sewed together and covered by dried, thorny branches, it stands at the edge of the family's compound.

"The children in the village used to have diarrhoea a lot," says Amina. "But since we built the toilets, we have hardly seen any cases."

"Many families welcomed the idea right away, but many others resisted it," says Adan Abdullahi Mohamed, Programme Coordinator at HEAL. "The key to the success of the project is to make the people understand that open defecation is an unhygienic practice that can cause serious illness, especially for children and pregnant women. When the community realized that the river where they get their drinking water was contaminated by their own faeces, they were convinced that a toilet is not a luxury but a necessity."

In Somalia, more than half of the rural population practises open defecation – one of the primary causes of diarrhoea. In 2012, UNICEF began the project in 60 villages throughout Somalia, and today 12 villages in Somaliland, including Amina's and two in Puntland, have achieved the goal of entirely eliminating open defecation.

"We knew from the start that we would benefit from the toilet," says Bisharo* of Hirsi Jicir, one of the villages being declared open-defecation free. "We now have a place that gives us privacy and convenience. When new people come and want to settle in our village, we ask them to dig first, or we will not welcome them." ❖

*names changed

ACHIEVEMENTS IN 2016 IMPROVING WATER, SANITATION AND HYGIENE

UNICEF Somalia received US\$35.7 million in 2016 from the Humanitarian Response Plan. Part of the funds were used to provide sustained access to water to 439,306 people and temporary access to 550,339 in emergency-affected areas. Another 52,666 people were given supplies for good hygiene and household water treatment.

In addition, UNICEF supported over 463,000 people in both host and disaster-affected populations, including nearly 20,000 children, with critical lifesaving services and supplies. The support entailed providing safe drinking water (through rehabilitation and upgrading of water sources; chlorination of unprotected shallow wells; operation and maintenance; and household water treatment), behaviour change campaigns and improving access to basic sanitation.

UNICEF-led clusters coordinated a network of 130 partners for WASH and nutrition. A network of Somalia-based regional cluster focal points supported continued access to information, coordination and the implementation of interventions. WASH cluster partners supported 1,884,450 people with temporary or sustainable access to safe water, 218,000 people with access to sanitation facilities and 553,000 people with essential lifesaving items

Sanitation and hygiene

To change harmful sanitation and hygiene behaviours, UNICEF promoted the Community-Led Total Sanitation approach to empower communities to understand and acknowledge the health benefits of improved hygiene and sanitation practices. Using this approach, 12 villages in Somaliland, two in Puntland, and 25 in the south and central regions were designated as open-defecation free. Working closely with existing community structures and institutions, including religious and clan leaders, was a game changer in the drive toward this status.

In the south and central regions, UNICEF used the decentralized, partner-managed Regional Supply Hub mechanism. This structure enabled more than

550,000 people to access the means to practise good hygiene and household water treatment and storage through the provision of soap, buckets, jerry cans and water purification chemicals. The pre-positioning of WASH emergency supplies enabled a timely response within 96 hours of a disaster occurring.

UNICEF also undertook strategic training and capacity-strengthening initiatives for UNICEF staff, government counterparts and implementing partners. In preparation for scaling up WASH efforts, seven master trainers were trained. Moreover, verification and certification teams led by the ministries of health were trained.

Coordination with line ministries

UNICEF also continued to support the federal government's efforts to develop a coordination mechanism for line ministries with responsibilities for different aspects of WASH. Technical and financial assistance was provided to government line ministries with overlapping responsibilities in WASH, for policy development and for institutionalization of the Inter-Ministerial WASH Steering Committee (IMWSC) across Somalia. IMWSC is the key coordination forum for the policy development process and strategic direction of the WASH sector. A draft WASH policy was developed with the support of UNICEF in collaboration with IMWSC and input from regional and state consultations.

Surveying attitudes and practices

To ensure evidence-based programming and decision making, UNICEF supported the government to conduct a Knowledge Attitudes and Practices survey. The data collected was used for the WASH part of the social and human development chapter in the National Development Plan (2017–2019).



Meymun Suleiman fetches water with the help of her children in Garowe, Puntland state, northeastern Somalia.

©UNICEF Somalia/Sebastian Rich

EDUCATION

SITUATION



Only 30 per cent of children are enrolled in school and only 40 per cent of these are girls



Only 18 per cent of children in rural households are enrolled in school



Over 70 per cent of Somalia's population is under 30 and youth unemployment is among the highest in the world



Poverty remains the primary reason given for not sending children to school

PROGRESS



38,080 children (46 per cent girls) in crisis received emergency education support, including children in camps for the internally displaced and those affected by drought and natural disasters



501 Community Education Committees and 529 Child-to-Child Clubs empowered to advocate for enrolment and better quality education



15,291 children (46 per cent female), including pastoralists, had access to Alternative Basic Education Centres



3,607 teachers and head teachers (16 per cent women) trained on learner-centered pedagogy and received incentives to continue their work

A FIRST SCHOOL FOR THE VILLAGE



Enthusiastic pupils of the Bantu minority going to school for the first time in Gaafaay village, southern Somalia.

©UNICEF Somalia/ Mohamud Hashi

The remote village of Gaafaay, in southern Somalia's Middle Shabelle Region, is home to nearly 300 families from the Bantu minority, one of the most marginalized groups in the country. Until recently, none of the children in this riverine settlement had ever been in a classroom.

The Bantu families in this region generally cultivate crops such as maize and beans. Other local communities are involved in livestock herding and husbandry, and there are often fights over land use. In 2013, violence between the Gaafaay Bantu community and their neighbours broke out. The conflict forced some of the Bantu communities, whose villages were destroyed, to flee to the safety of the Jowhar airport, which is controlled by peacekeepers from the African Union Mission to Somalia.

After negotiations with clan elders, the Bantu returned to start rebuilding their village. With the support of the Educate a Child (EAC) programme, UNICEF helped the community in Gaafaay build a school. UNICEF worked with local authorities and partners to support an Alternative Basic Education (ABE) approach.

In Gaafaay, UNICEF helped the community to build four temporary classrooms with furniture, bathrooms, and supplies and provided incentives for four teachers for a full year. In addition, UNICEF worked with the Community Education Committee to dig a pit for rubbish and trained the Committee on school management and advocacy on children's education rights.

"The school came to our village at the right time," says Nur Ali, a Gaafaay community elder. "We now have classrooms with bathrooms and furniture and children are coming to school. Educate A Child is a good opportunity to improve our lives through education and provide a better future for our children, who had been deprived of such opportunities before. You can see children sitting in classrooms, their faces beaming with pleasure and happiness."

"By pursuing education, we can rebuild our destroyed villages," added another elder from the village.

UNICEF and EAC offer a comprehensive package of support to communities like Gaafaay. The EAC programme works with local authorities and communities to build child-friendly schools, equip teachers with proven teaching methodologies, empower the local communities to take ownership over children's education and encourage children to participate in their schools through Child-to-Child Clubs.

With the generous support of EAC, UNICEF Somalia has expanded access to quality primary education for out-of-school, marginalized children like those living in Gaafaay. Since the start of the project in July 2015, 40,594 out-of-school children have been enrolled in educational services.

By 2017, the project aims to improve access to education for 64,000 out-of-school children in marginalized communities across Somalia. The project will provide instructional materials including school supplies, textbooks and teacher guides to over 300 schools, construct, rehabilitate and furnish 800 classrooms, and train over 2,000 teachers. ❖

EDUCATION ACHIEVEMENTS IN 2016

Primary education

In 2016, an additional 65,967 children, including 29,900 girls, were enrolled in formal primary schools across Somalia. UNICEF supported over 500 Community Education Committees and empowered nearly 530 Child-to-Child Clubs to advocate for education and conduct enrolment campaigns. UNICEF also worked to enhance reading comprehension with quality, age-appropriate reading and instructional materials in Somali. Increasing the numbers of qualified and certified teachers (particularly women teachers) is extremely important to strengthen the education system, so 3,607 teachers (392 women) were trained on learner-centred pedagogy and received incentives.

Alternative basic education

Using pilot programmes, UNICEF strengthened the provision of non-formal education, especially for pastoral and nomadic communities. To ensure children from nomadic communities have access to quality basic education adapted to their lifestyle, UNICEF worked with local authorities and other partners to support Alternative Basic Education (ABE). ABE interventions include temporary learning spaces, accelerated curricula, flexible timetables, interactive radio instruction and appropriate and relevant reading materials, education kits and teacher resources.

Under the ABE scheme for accelerated learning for children in pastoralist and displaced communities, from January to June an additional 15,713 children gained access to education (58 per cent girls).

Out-of-school youth and skills development

In 2016, UNICEF supported social mobilization campaigns across Somalia that resulted in the enrolment of over 4,240 additional girls in formal education or ABE (42 per cent of new enrolments). UNICEF implemented a youth employability skills initiative to equip out-of-school youth in southern and central regions with key technical and vocational skills to enhance their livelihood opportunities. The initiative reached 2,370 youth (38 per cent female) through the youth education programme.

Institutional strengthening

Although the role, reach and capacity of the ministries of education in overseeing the delivery of education has increased at central, regional and district levels, a lack of financial, institutional and human capacity hinders the development of the sector. UNICEF supported regional and district education offices to implement monitoring of schools and the performance of students and teachers. A teacher profile database for primary school teachers was established in Somaliland and Puntland, and started for the federal government, enabling them to exercise better control over teacher payments. In addition to continued support for teacher incentives, UNICEF also supported the revision of the curriculum framework to include peacebuilding and reflect regional priorities.

Education in emergencies

In 2016, UNICEF reached 38,080 children (46 per cent girls) with emergency education support (including provision of temporary learning spaces, learning materials and teacher training). Emergency education resources supported children in newly accessible areas, those living in camps for the internally displaced, and children affected by ongoing drought across Somalia. UNICEF also provided training and capacity building to ministries to develop early warning and early action plans.

CHILD PROTECTION

SITUATION



Over 6,000 children and youth remain with armed groups



98 per cent of women have undergone female genital mutilation



38 per cent of women in Puntland and 31 per cent in Somaliland are married before the age of 18



Birth registration remains as low as 3 per cent

PROGRESS



UNICEF assisted over 4,000 survivors of gender-based violence



850 children formerly with armed groups now in reintegration programmes



3,624 separated and unaccompanied children provided with reunification services



Over 148,000 child births registered in Somaliland



Over 30,000 community members given information on family separation and gender-based violence prevention

TRAUMATIZED MOTHER SUPPORTED FOLLOWING DEATH OF HER DAUGHTER WHO WAS RAPED



Sahra (left) with a counsellor at the interim care centre run by SEDHURO, an NGO partner of UNICEF that provides crucial protection services to victims of gender-based violence. Kismayo, southern Somalia.

©UNICEF Somalia/Sebastian Rich

When Sahra took the momentous decision to leave Dadaab refugee camp in Kenya and return home to Somalia with her children, she knew there would be challenges. But, she had no idea of the tragedy she would face there.

Sahra had arrived at Dadaab at age 11, after walking with her widowed mother and siblings for several weeks to escape the conflict at home in Somalia. After spending most of her life there, she became scared of being arrested when she heard the refugee camp would be closed. She decided to return to Somalia, leaving her husband in Dadaab.

Sahra, who was pregnant, and her children reached the southern Somali town of Kismayo but did not know anyone there. They were given a repatriation grant, and a local woman let them stay in her home. There, Sahra gave birth to a baby girl.

However, while Sahra was breastfeeding the new baby, her young daughter was lured to another room in the house by a neighbour living there and brutally raped. Sahra did not hear her scream, but another woman rushed over and soon a crowd gathered.

The perpetrator was taken to the police station but released after some days. Sahra's daughter was taken to Kismayo General Hospital and sent home after a checkup and treatment.

In the following days, Sahra received serious threats to harm her and her children from the rapist and his relatives, so she sent most of her children to Mogadishu to stay with a relative. She kept the baby and rape survivor, who was still sick, with her and moved to another area.

However, her daughter's health continued to decline, and, after three weeks, she went back to the hospital. She was discharged the next day and died at home. Her distraught mother did not know where to turn.

Fortunately, a local Somali organization SEDHURO, funded by the Japanese Government through UNICEF Somalia, stepped in. Sahra is now staying at their Interim Care Centre where she receives medication and psychosocial counselling and is making good progress. The Minister of Women's Affairs and Human Rights visited the hospital where her daughter was treated to find out more, and a team from the ministry visited Sahra and her baby.

With the help of SEDHURO and the ministry, the perpetrator was brought back to the police station.

"This terrible case again illustrates how we must continue to support those subjected to rape, abuse and other forms of gender-based violence, along with their families and those close to them," said Sheema Sen Gupta, Chief of Child Protection for UNICEF Somalia. "Our funding from Japan means we can continue to provide and expand these crucial services to some of the most vulnerable members of society in Somalia today." ❖

ACHIEVEMENTS IN CHILD PROTECTION IN 2016

Legislative progress

Following the ratification of the Convention on the Rights of the Child in October 2015, government institutions have taken various steps to strengthen the protective environment for children. Puntland passed the Juvenile Justice Law and the Sexual Offences Bill, alternative care policies were approved in both Puntland and Somaliland, and the federal government made substantial progress on the Alternative Care Policy and the Juvenile Justice Law. Overall progress has been made in improving children's access to justice, social services and the establishment of a minimum package of preventative and protective processes through a functional child protection system linked with comprehensive community-based child protection mechanisms.

In 2016, the Child Protection Sub-Cluster provided child protection services to 108,243 people (54 per cent children). It also assisted 2,020 unaccompanied and separated children. Around 500 child protection actors, service providers and local authorities have been trained on child protection, minimum standards, coordination, case management and child rights.

Birth registration

Since a birth registration programme was piloted in Somaliland in November 2014, UNICEF has worked with the health and interior ministries to support birth registrations; 150,000 child births were registered in ten districts. In Puntland, birth registration was piloted in one district and work continued to develop a Birth Registration Act and strengthen birth registration.

Support for youth at risk

Some 1,000 youth benefited from the Youth for Change programme, a joint effort of UNDP, ILO and UNICEF. Youth for Change provided children and youth, identified by their communities as being at risk, with psychosocial support, non-formal and life-skills-based education, vocational training and support to reintegrate back into their communities.

Gender-based violence

In 2016, over 4,000 survivors of gender-based violence accessed a package of services which includes medical treatment, psychosocial services and access to justice. In addition, 8,139 cases of child rights violations were resolved by the Community-Based Child Protection Committees through referrals and alternative dispute resolution.

Advocacy and policy dialogue efforts on Female Genital Mutilation/Cutting (FGM/C) resulted in over 5,200 community dialogues being conducted and over 1,000 religious leaders being engaged to end FGM/C. The involvement of anti-FGM/C champions, such as former traditional birth attendants who used to perform FGM/C, fostered strong advocates against the practice. Prominent personalities, including the First Lady of Puntland, also helped bring to light the issue of FGM/C, facilitating more open discussion with community members and their leaders. Strengthening the government's capacity for service delivery, regulation and policy development enhanced the protective environment for women and children.

Peace for returning refugees

UNICEF worked with UNHCR and other agencies to pilot a peacebuilding project to assist refugees from the Dadaab refugee camp in Kenya. UNICEF's input focused mainly on supporting reintegration of refugees, particularly children, arriving in Baidoa.

CROSS CUTTING ISSUES



Social policy

Lessons learned from previous programme cycles confirm that social exclusion of children is predominantly linked to clan membership and deep-rooted historical grievances. Therefore, the country office gathered evidence and engaged in policy dialogue and advocacy with a nuanced appreciation of clan dynamics. Moreover, UNICEF now incorporates a mapping of minority groups into programme planning to ensure that NGO selection and supply chain networks are reviewed for conflict sensitivity.

Social protection

UNICEF Somalia and WFP, with the federal government, secured funding to develop a social protection policy and preliminary identification and registration systems. UNICEF successfully advocated for the World Bank to include a child poverty chapter in its upcoming Somalia poverty profile, which UNICEF drafted. The chapter includes projections of the potential impact on poverty of child-focused social protection programming.

WFP and UNICEF took part in a joint response to assist families returning to Somalia from Dadaab refugee camps in Kenya, with UNICEF providing unconditional cash transfers for just over 5,000 households. The funds were delivered with e-transfer cards topped up with cash values in two virtual wallets – one for WFP food vouchers and a second with UNICEF cash entitlements. The WFP food assistance entitlements allow cardholders to buy food items at vetted retail shops in Somalia, where households can also redeem the UNICEF cash entitlements.

The e-cards are distributed using a WFP-developed e-system, called SCOPE, for registering populations and capturing data such as household size, telephone numbers and biometrics. The system allows improved management of transfers and automatic detection of potential duplication among different actors, and is more cost-efficient than previous distribution systems.

Resilience

UNICEF provided extensive technical support to the government on the development of the Resilience chapter of the National Development Plan, in particular with regard to the multi-sectoral approach to malnutrition and food insecurity. UNICEF took a lead role in the development of the Joint Resilience Programme, with WFP and FAO, to help vulnerable communities better withstand shocks and avoid resorting to negative coping strategies.

Work continued to help marginalized communities, the displaced and vulnerable populations to respond to everyday life, conflict, disease and natural disasters. Community capacity was enhanced to reduce the stress and shock of these events while helping re-inclusion in society and buffering the negative effects of these shocks.

UN joint programme on local governance and decentralized service delivery

Within the Joint Programme on Local Governance, UNICEF's support for decentralized service delivery models in education resulted in a 70 per cent increase in education budgets in several districts in Somaliland. Civic education activities directly reached over 200,000 community members, 10,000 school children and close to 250 government officials, half of whom are women.

UNICEF worked closely with education stakeholders, including government counterparts, to mitigate or respond to the adverse effects on education of natural disasters: rebuilding facilities where necessary, supporting children to stay in their original school where possible or providing temporary learning spaces for displaced children. UNICEF also took steps to accelerate school construction and textbook procurement.

Public advocacy and external communications

External Communication continued to produce a flow of timely, relevant press releases, human interest stories, videos and photographs, many of which appeared in the international and national media, including Reuters, BBC, Newsweek and others. A partnership with the Somaliland Journalists' Association resulted in several stories appearing in the Somali media. Renowned Somali writer, Nuruddin Farah, agreed to contribute to the Tiny Story Campaign to mark UNICEF's 70th anniversary.

Social media was used to highlight special events such as 16 Days of Activism, World Toilet Day and World Refugee Days. These tools were also used to raise the visibility of donors, such as the EU and ECHO. On its Facebook page, UNICEF recorded over 53,000 new likes. UNICEF garnered 5,000 new followers on Twitter and the website saw over 67,100 new and 27,100 returning visitor sessions. Combined, these tools allowed UNICEF to reach well over 1 million people.

UNICEF trained more than 40 Somali young people in blogging and photography and they produced over 100 blog posts, which were published on their personal social media sites.

Communication for Development

Communication for Development interventions focused on promoting positive behaviour across all programme sectors.

Slow but steady success has been achieved in key sectors. For example, in WASH, 39 communities have been declared as open-defecation free. The promotion of nutrition for women and children through the establishment of 2,800 mothers' support groups saw more mothers accessing nutrition outreach services. Furthermore, enhancing the capacity of 287 health workers on interpersonal communication skills helped promote essential family practices.



An awareness campaign on FGM/C in Shebelle IDP camp, near Garowe, capital of Puntland State.

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Sitey Said Masud, a resident of Sadarada displacement camp in Mogadishu, enjoys the water pumped from a shallow well rehabilitated by UNICEF.

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Emergency response

The humanitarian situation has continued to deteriorate and Somalia remains in a state of chronic humanitarian emergency. The El Niño weather system caused severe drought in the north of the country and flooding in the south. Over 320,000 children under the age of five were acutely malnourished, with 50,000 affected by severe acute malnutrition at any one time. Malnutrition rates remain above emergency thresholds among the internally displaced.

Five million people, or 40 per cent of the population, were food insecure with 3.2 million people WASH services. There were several disease outbreaks, including measles and acute watery diarrhoea (AWD)/cholera, with 13,700 cases reported.

Over 1 million people were internally displaced and more than 30,000 refugees returned from the Dadaab refugee camp in Kenya. Fighting in Gaalkacyo (Lower Shabelle region) and the withdrawal of Ethiopian troops from Bakool, Hiiraan and Galgaduud created instability and displaced close to 150,000 people.

UNICEF Somalia supported drought-affected communities through the provision of water vouchers and integrated mobile health and nutrition services. Assistance was provided to flood-affected households in Belet Weyne, the area most affected, and efforts scaled up to contain the AWD/cholera outbreak through an integrated response. Eradication of polio remained a top priority and efforts were made to immunize all children, combined with emergency measles vaccination campaigns to prevent outbreaks.

UNICEF-led clusters coordinated a network of 130 partners for WASH and Nutrition, 70 partners for Education and nearly 50 partners for Child Protection. A network of Somalia-based Regional Cluster focal points supported continued access to information, coordination and the implementation of interventions. The Nutrition Cluster reached 259,690 people with lifesaving services and supported capacity-building efforts. WASH Cluster partners supported 1,884,450 people with temporary or sustainable access to safe water; 218,000 people with access to sanitation facilities; and 553,000 beneficiaries with essential lifesaving items. The Education Cluster supported 92,000 school-aged children with access to education in emergencies, and rolled out education-in-emergencies training for Cluster Partners. The Child Protection Sub-Cluster reached 96,463 people, including through prevention and referral services, assisted 2,020 unaccompanied and separated children, and provided 4,493 gender-based violence survivors with access to a package of services.

Supplies and logistics

A significant component of UNICEF's programme in Somalia is downstream service delivery, supporting systems to deliver interventions to hundreds of thousands of children across sectors. A particular focus is on delivering essential supplies and strengthening logistics systems, as well as equipping and training frontline workers to deliver services.

UNICEF Somalia has promoted the innovative use of technology, including use of RapidPro for monitoring and reporting stock levels in the health, HIV and nutrition sectors. RapidPro software can be installed on a mobile phone and used to send real-time data in the form of a text message to a computer database. UNICEF staff and partners receive stock monitoring alerts and are able to act accordingly. RapidPro has also been used to gather citizen feedback on health and WASH issues, and through a call centre modality, information is gathered on perceptions around UNICEF's service delivery from families across Somalia to inform programming, planning and communication strategies.

In 2016, UNICEF Somalia's total procurement value was estimated at over US\$38 million dollars, including US\$21.7 million procured locally and procurement services of goods and services worth US\$2.6 million for the GAVI Alliance.

UNICEF Somalia held regular consultations with government partners across all sectors. In Puntland, the supply and logistics team worked with the ministry of education to launch direct cash transfer tenders and award contracts for the rehabilitation and construction of 32 school facilities. The office organized three workshops on contract management and warehouse and inventory management, reaching 120 partners across Somalia.

In 2016, collaboration with key government partners continued across all of Somalia. UNICEF purchased equipment for the ministries of health, trained 50 government personnel in supply chain management and forecasting and quantification methods with funding from the Global Fund.



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About UNICEF Somalia

UNICEF has been working in Somalia since 1972 when its first office opened in Mogadishu. Today UNICEF has over 300 staff working in Mogadishu, Baidoa, Garowe, Hargeisa and also Nairobi. Together with 200 international and national NGOs and community-based organizations, UNICEF delivers services in Health, Nutrition, WASH, Education and Child Protection, and responds to emergencies and supports peacebuilding and development.

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