

A close-up photograph of a young girl with a joyful expression, wearing a green hijab with a blue and white patterned headband. She is smiling broadly, showing her teeth, and has her hands raised to her head, touching the sides of her hijab. The background is softly blurred, suggesting an indoor setting. A solid blue rectangular block is positioned in the top-left corner of the image.

UNICEF SOMALIA

Annual Report
2015

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Letter from the UNICEF Somalia Representative

For UNICEF Somalia, 2015 was a year of highs and lows. We saw positive progress for children and their rights but also the devastating loss of four of our colleagues in an attack in Puntland.

In October, Somalia became the 196th country to ratify the Convention on the Rights of the Child. This is excellent news for children. The Convention provides an important framework for policy and legislation on children's rights. UNICEF immediately started working closely with the federal government to ensure its implementation. In Somaliland, progress was made towards finalizing a Child Protection Act.

Another positive development was the official announcement that Somalia has succeeded in interrupting the transmission of the wild polio virus. The last case was reported over a year and a half ago. The success in stopping polio was the result of a well-resourced and coordinated campaign by the authorities, supported by UNICEF and WHO. More than 2 million children were vaccinated.

During the year, UNICEF maintained its core activities, treating over 115,000 severely malnourished children under 5 years of age, providing nearly 317,000 people with sustainable water supply systems and helping the authorities to provide health care to 5.5 million people. With support from the Global Fund, 1.4 million long-lasting insecticide-treated malaria nets were distributed in 2015.

In addition, we helped more than 84,000 young children and adolescents to receive an education. We provided 10,000 children, including children of pastoralists, with the means to attend Alternative Basic Education Centres. We assisted over 9,700 survivors of gender-based violence through a package of services, and provided reintegration support for 769 children who had been involved with armed groups.

There were also several exciting new initiatives, such as a joint birth registration and vaccination campaign, which led to 106,000 children obtaining birth certificates, expansion of the micronutrient sachet scheme, and the use of mobile phones to collect data for nutrition and health.

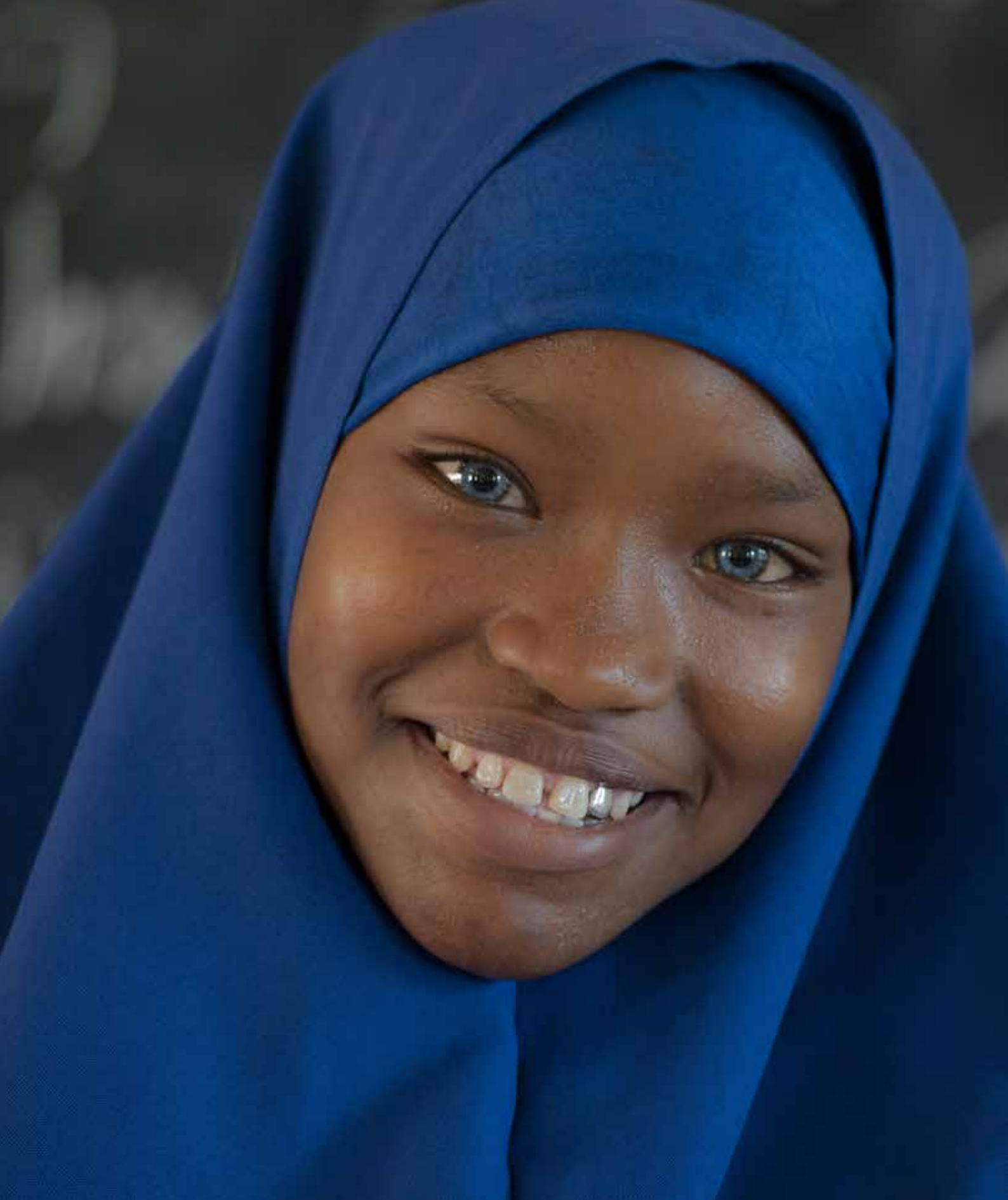
Early warnings about the El Niño weather system enabled UNICEF and partners to preposition supplies in advance of the heavy rains in the south, which affected an estimated 145,000 people and temporarily displaced 60,000. Hiraan, Lower Juba, Middle Juba and Middle Shabelle were the most affected regions.

UNICEF's operations during 2015 were particularly challenging following the attack on the 20th of April in Garowe, Puntland. UNICEF lost four staff: Payenda Gul Abed, Brenda Kyeyune, Woki Munyui and Stephen Oduor. Five more were seriously injured. UNICEF has since adopted new operating modalities to adapt to the higher risk environment (such as increased partner risk profiles, third-party and real-time monitoring). This is work in progress.

Despite these challenges, we currently still have 36 international and 144 national staff based in Somalia, with a support office in Nairobi working to ensure that the children of Somalia realize their basic rights and receive full support to survive and thrive.



Steven Lauwerier
UNICEF Representative to Somalia



Health



Malnutrition
Out patient therapeutic programme
Baidoa - Bayrigin 2013



Net benefits: coverage against malaria

In a dim makeshift tent in Bossaso town in northeast Somalia, three-year-old Ayub Hassan lies on the floor, shivering with a high fever and vomiting. For the last three days, he has been battling malaria. His mother, Rahma Hassan, is worried because, despite the medicine she has given him, his condition has not improved.

"I know it is malaria," says Rahma Hassan Ibrahim firmly. She recognizes the symptoms all too well. "Last year, when he became sick like this, the doctor tested and found it was malaria. He was treated, his fever went down and he finally recovered."

A team registering families to receive mosquito nets around Bossaso town found little Ayub in a critical condition. They immediately advised his mother to rush him to the nearest health facility for proper testing and medication. Ayub was eventually treated with antimalarial drugs and given multivitamins to boost his appetite.

"Malaria cases are on the rise and we expect to see more cases during this wet season," says Faduma Abdullahi Ismail, a pediatric nurse at the Central Maternal and Child Health Clinic in Bossaso. "The problem is that people here use the traditional methods like smoke to scare away mosquitoes but it is not effective. If they slept under treated mosquito nets, I believe malaria cases will reduce."

Malaria is a life-threatening disease transmitted through the bite of an infected anopheles mosquito. Children under 5 years of age are the most vulnerable and in pregnant women it could lead to anaemia, fetal growth retardation, premature

birth and, in some cases, death inside the womb. Malaria is common in Somalia, particularly in the south, with more than 600,000 people infected in 2014.

UNICEF, with support from the Global Fund, is distributing insecticide-treated mosquito nets in Somalia to prevent the spread of the disease. Families have to be registered to get a net.

"It is important we get the number of the households before the actual distribution," says Fatuma Mohamed Amin, a social mobilizer accompanying teams registering families. "We are also educating the community about malaria and giving them instructions on how to position the mosquito nets when they receive them."

Registration for the nets has also started in Lughaya district, northwest Somaliland, where UNICEF partner, HAVOYOCO, is piloting new software for electronic registration. The application is installed on a basic mobile phone that sends real-time data in the form of a text message to a computer database.

"The process is simple and fast. Each question prompts an answer," says Abdillahi Ali, HAVOYOCO Malaria Project Officer. "We have trained enumerators on how to use the software."

Over a quarter of Somali households now own at least one mosquito net – and the number of malaria cases in Somalia has fallen by nearly three quarters since 2008.

The net distribution programme aims to achieve universal coverage by 2017.

Malaria is a life-threatening disease transmitted through the bite of an infected anopheles mosquito





Situation in 2015

1 in 7 children die before their fifth birthday



Over **7,400** suspected of **measles**



Most women **give birth** at home

A woman dies every three hours from pregnancy related causes

2015 Progress



2.2 million children under 5 **vaccinated against polio**



Interruption of wild polio virus transmission in Somalia



2 million children under 10 **vaccinated against measles**



201,550 at risk people **received emergency interventions**



Introduction of new Inactivated Polio Vaccine

Health achievements in 2015

Scaling up the Essential Package of Health Services

Utilizing funds made available by the Somali Joint Health and Nutrition Programme (JHNP), UNICEF is providing access to an Essential Package of Health Services (EPHS) to more than 5.5 million Somalis, mostly women and children, across nine regions of Somalia¹.

The (EPHS) is available through 173 Health Centres/ Maternal and Child Health Clinics (out of which 123 provide full-time basic obstetric care services around the clock), 181 Primary Health Units, over 500 out-patient therapeutic programme centres

and 46 mobile teams. Continuous comprehensive emergency obstetric care services were offered in 11 hospitals through JHNP-partner, UNFPA.

The UNICEF-supported EPHS package has been adopted as the flagship health programme by Somali Health Authorities and aims to strengthen child health and safe motherhood services aims to strengthen child health and safe motherhood services through support to an increasing number of communities and facilities. These services include child immunization, maternal, reproductive, and neonatal health, malaria, first-aid and care of critically ill and injured, treatment of common illnesses and HIV.



1 Somaliland: Togdheer, Awdal, Sanaag; Puntland: Nugal, Mudug, Bari (and Karkar); central South: Banadir, Galgudud and Lower Juba.

Humanitarian and emergency Interventions

Approximately 2.5 million people are covered by UNICEF-supported humanitarian interventions, delivered by implementing partners within the NGO community, in South Central Somalia and in parts of Puntland and Somaliland.

In the newly accessible areas in the South and Centre, UNICEF Health Section provided life-saving humanitarian assistance to people in need by providing timely, integrated and effective basic health services, essential supplies (including refrigeration) for the polio and measles vaccination campaigns and primary health service delivery at Maternal and Child Health (MCH) clinics. These emergency interventions have benefited approximately 201,550 at-risk people.

UNICEF also supports the majority of primary health care services in Somalia by providing incentives, essential basic drugs, equipment, bundled vaccines, cold chain equipment and management tools through MCH clinics and health posts.

Fighting malaria and HIV/AIDS

In 2015 UNICEF, with generous support from the Global Fund, distributed over 1.4 million long-lasting insecticide-treated mosquito nets in Somalia to prevent malaria, which affected over 600,000 people in 2014. Through this partnership, since 2002 a total of 3.6 million nets have been distributed. As a result of the distributions and a drought, there has been a dramatic drop in malaria infection rates in the southern part of the country, from 21 per cent in 2009 to 2.8 per cent. The net programme aims to achieve universal coverage by 2017.

Periodic HIV surveillance among pregnant women in Somalia shows a decline from 90/10,000 in 2004 to 2.8/10,000 in 2014. Testing for HIV among pregnant women and tuberculosis patients has also been scaled up and more than 3,000 people are now on antiretroviral treatment, having tested positive for HIV. The EPHS programme has been rolled out with

the aim of doubling prevention of mother-to-child transmission of HIV (PMTCT) coverage by 2017 as well as promoting cost effectiveness, sustainability and enhancing the quality of primary health care provision. Despite the low detection of HIV among pregnant women, there was an improvement in antiretroviral therapy coverage among HIV-infected women from 60 per cent in 2014 to 84 per cent by end 2015.

The Joint Health and Nutrition Programme (JHNP)

The Somali Joint Health and Nutrition Programme (2012-16) is a joint UNICEF, WHO and UNFPA development programme, managed and administrated by UNICEF Somalia. The largest health programme in Somalia, the JHNP contributed USD\$54 million to the sector in 2015. Key programmatic achievements included: the approval by Cabinet of a Somali Health Policy and Drugs Policy on 15 October; more than 5.5 million people obtaining access to the Essential Package of Health Services across nine regions of Somalia and Somaliland; more than 800 community midwives trained through 16 midwifery schools; a Medicine Supply Management Plan approved; essential medicines and supplies provided to all EPHS clinics, centres, mobile teams and health posts; and the JHNP midterm review completed.

Polio and Measles Outbreak

Since the start of the polio outbreak in May 2013, more than 35 supplementary immunization campaigns targeting children under 5 years of age were undertaken across Somalia. More than 62 million doses of oral polio vaccine were administered. Several campaigns also targeted children under 10 years of age and adults. The campaigns are continuing despite the official confirmation in October that the outbreak is over. The last reported polio case had an onset of paralysis on 11th August 2014. Campaigns held in the second half of 2015 had an independent monitoring coverage of over 95 per cent.



President Hassan Sheikh Mohamoud of the Federal Republic of Somalia administers vitamin A drops to a child during the launch of the new inactivated polio vaccine (IPV) and measles campaign in Mogadishu, November 2015.

In November 2015, the inactivated polio vaccine (IPV) was introduced. More than 450,000 Somali children born each year will receive one dose of the new vaccine as part of a routine immunization programme.

Where possible, UNICEF has used solar power for cold chain refrigeration and is replacing CFC-based cold storage equipment. For vaccine storage, 147 Solar Direct Drive refrigerators were procured in 2015 to replace the kerosene-based equipment.

In the March 2015 campaign, when 99 per cent of 2.1 million targeted children were given the polio vaccine, Vitamin A was also administered to 1.5 million of the children. In November, a 10-day nationwide measles vaccination campaign targeting children under 10 years of age reached more than 2 million children in Puntland and Central Somalia. And in December, for the first time in Somalia, the measles immunization campaign was linked to a Birth Registration Campaign, which provided access to a large number of unregistered children in Somaliland.

Reaching the most disadvantaged

Nomads, who make up a quarter of the population, are particularly vulnerable because of low literacy, lack of awareness of and accessibility to health services, and the difficulty service providers have in pinpointing their location. Strategies targeting this population have achieved the following:

- 2,107 nomadic groups listed
- 1,944 of these listed nomadic groups tracked, with tracking ongoing
- 2,442 nomadic water points and 56 livestock markets listed
- 1,000 nomadic elders oriented on the importance of immunization and their role
- 50 per cent reduction in unvaccinated nomadic children since first half of 2014.

Communication for Development

Social Mobilization strategies have been implemented using over 3,600 trained and



supervised social mobilizers. For interventions that required home visits, special emphasis was given to selecting female community mobilizers. Community mobilizers work in pairs, generally female and male. So far, 170 female community mobilizers have been trained to conduct home visits. This social mobilization effort resulted in 1 million households counselled before every campaign, awareness of over 90 per cent for polio campaigns, 203 settlements identified previously not included in Puntland and refusals reduced to less than 2 per cent of households visited.

As part of the polio programme, the social mobilization network continues to be strengthened, with 127 District and 21 Regional Social Mobilization Coordinators trained on community mobilization and interpersonal communication skills who, in turn, have trained over 3,000 community mobilizers.

170 female community mobilizers are regularly supervised to conduct home visits

In catchment areas for 40 health facilities in 11 regions, 26 social maps were developed by the community mobilizers working with religious and community leaders and community members, to enable tracking of children who drop out of the immunization programme and pregnant women for antenatal care. As part of the social mapping, 55 schools were identified, each with a school health club for health promotion sessions.

Over 20 religious leaders were trained to conduct health promotion sessions in health centres, addressing misconceptions, especially on immunization and Islam and to deliver messages on maternal, newborn and child health after Friday prayers in their mosques.

Nutrition





Power powder: a new superfood for the malnourished



Hasha Abdi Abdullahi and her seven children moved to a makeshift camp for the displaced in Hargeisa after drought forced them to leave their home 50 kilometres away. One day, her three-year-old son, Abdisalam Mustafa Farah, started to refuse all food and showed signs of being malnourished.

“His hair turned orange,” says Hasha. “He likes being with his friends but when he stopped playing with them, I realized his condition was getting serious.”

A community worker recommended that she buy ‘Super Fariid’ – a micronutrient powder. The powder “worked like magic,” says Hasha, as she cuts open a sachet and sprinkles it onto her son’s meal. “My son got his appetite back and as you can see he is now much better.”

Micronutrient deficiency comes from diets that lack essential vitamins and minerals. It can cause illness, blindness, impaired mental development and

susceptibility to infectious diseases. A micronutrient study conducted in 2009 in Somaliland and Puntland regions by the Food Security and Nutrition Analysis Unit (FSNAU), and supported by FAO and UNICEF, revealed high levels of iron deficiency in children. This can lead to impaired physical growth and mental development, and lack of vitamin A, which is essential for the immune system, especially among women and children. A shortage of micronutrients is one of the key causes of malnutrition among children.

“This lack of crucial nutrients in the body is what we refer to as ‘silent hunger’,” says Awan Shahid, a UNICEF Nutrition Specialist based in Hargeisa. “Most women cannot afford to buy the kind of food that makes up a proper diet for the family, and therefore their children miss out on the essential nutrients for growth.”

The ‘Super Fariid’ sachets are available at a subsidized rate through selected pharmacies as part of a UNICEF-supported project to improve the nutrition of children aged from 6 months to 5 years. Each sachet of the powder contains enough iron, vitamins A and C, zinc and folic acid for one child for a day. It can be mixed with food while cooking or sprinkled on food that is ready to eat.

The brand name comes from the Somali celebration Fariid, which takes place when a baby is 40 days old. Symbolically, the baby is placed on the shoulders of the strongest and most intelligent child in the

community. It is believed that by doing so, the baby will grow up as strong and healthy as that child.

With UNICEF support, its NGO partner, Population Services International (PSI), buys the powder from UNICEF-approved suppliers, brands and packages it and makes it available through the largest pharmacy wholesaler in Somaliland, which distributes it to

Micronutrient deficiency comes from diets that lack essential vitamins and minerals

community retailers. It is currently available in four regions of Somaliland and discussions are underway for expansion into Puntland.

Pharmacists say the product, which they purchase at a subsidized cost, is the first of its kind available locally and is selling well. A small box containing seven sachets retails for 2,000 Somaliland shillings (around USD\$0.35), and a month’s supply is estimated to cost an average family about 1 per cent of their monthly food expenditures.

“We didn’t want to give the product away for free,” says Donato Gulino, PSI Somaliland Country Director. “We want to create value for the product. If you buy the product, there is a high chance that you will use it.”



Situation in 2015

305,000 acutely malnourished children in Somalia

Over half of **women have vitamin A deficiency**

Fewer than one in ten mothers exclusively breastfeed children to six months

Only one in ten infants fed recommended combination breast milk and complementary solids in first year

Three quarters of those in acute/emergency food insecurity are IDPs

38 per cent of the population is acutely food insecure

Progress in 2015

More than **115,000 children under five with severe acute malnutrition** received treatment

More than **500 therapeutic feeding centres** and **32 nutrition stabilization centres** were given technical and operational support

91 per cent of those treated for malnutrition recovered



Nutrition achievements in 2015

Undernutrition (fetal growth restriction, suboptimum breastfeeding, stunting, wasting, and deficiencies of vitamin A and zinc) causes 45 per cent of all deaths of children under 5 years of age in Somalia. It is a critical public health concern and is closely connected to poor access to water, sanitation and hygiene, and health facilities and services, as well as chronic food insecurity. All of these issues are being exacerbated by armed conflict and drought.

The rates of food insecurity and malnutrition in Somalia remain at alarming levels – particularly among internally displaced populations. At any one time in 2015, 307,800 children were acutely malnourished and 55,800 were severely malnourished and at a much higher risk of death.

In the face of these needs and obstacles, well established community and facility-based nutrition programmes treated 115,773 children in 2015.

Integrating health and nutrition

During the year, positive steps were taken to integrate health and nutrition services, especially in districts rolling out the EPHS programme. The availability of these services was improved in seven of the nine target regions, which have a total population of 5.5 million. The nutrition programme works closely with the health programme to ensure effective integration of routine immunization into the Integrated Management of Acute Malnutrition/ Out-Patient Therapeutic Programme (OTP) sites. The first element of the integration initiative is being phased in across 22 districts in 10 regions in Central and South Somalia.

Micronutrient powder

UNICEF, in partnership with the NGO PSI, expanded its social marketing programme in Somaliland for diarrhoea treatment kits and micronutrient powders (Super Fariid) through private pharmacies and

other channels. Public distribution of micronutrient powders through community-level channels has also been initiated in 12 EPHS districts in Benadir. UNICEF continued supporting supplementation of pregnant and lactating mothers with multiple micronutrients.

Information management

UNICEF supported the development of a web-based information-management platform and bottleneck analysis for the nutrition sector. Some 78 per cent of implementing partners have started to use the system for reporting data. The dashboard enables the partners and decision makers to have access to real-time programme data and information and make evidence-based decisions.

Nutrition assessments

The nutrition programme is also working with FAO/ FSNAU and the Ministries of Health to implement an assessment of infant and young child nutrition. UNICEF supported coverage of monitoring surveys in four districts in South and Central Somalia.

A scoping assessment for a human resource development plan for the nutrition sector was finalized. The assessment will inform the development of a capacity development plan for the nutrition sector.

UNICEF supported advocacy efforts and the setting up of a Scaling Up Nutrition (SUN) inter-ministerial committee in Puntland in February 2015. Plans are at an advanced stage for launching the SUN initiative in Somaliland. The SUN high-level ministerial committee in Mogadishu was established and had its first meeting in late December.

UNICEF continued to lead in the development of an effective nutrition coordination system and response. A review of the nutrition service rationalization plan was undertaken. The updated plan will optimize geographic coverage while minimizing overlap in services.



Water, Sanitation and Hygiene (WASH)



Opening a tap that helps keep children in school



It is midday and the classes are over at Dhabolaq Primary School, southwest Somaliland. A few weeks ago, at about this time of day, 13-year-old Hamsa Abdi Mohamed would have been running home to fetch water at the river, about five kilometers away.

But today, he and his friends are playing football, in no hurry to go home. Panting in the scorching heat, Hamsa dashes to drink water at the newly installed tap outside his classroom.

“It’s like a dream, I can’t believe we have water this close,” says Hamsa, who used to miss classes two or three times a week to fetch water for his family.

“We use this water for drinking and handwashing, we clean our classrooms, the toilets and sometimes water the plants,” he explains.

Previously, a deep open well was the only source of water for some 200 households in Dhabolaq village. “The well served as the village’s lifeline, but it was also a death trap for children,” says Mohamed Mohamoud Ahmed, the deputy principal of Dhabolaq Primary School. “Five children fell into the well on different occasions. Two of them died instantly, while three sustained leg injuries.”

With UNICEF's assistance, a solar-powered water system was installed in the village. The water is pumped from a capped well to an elevated storage tank with a capacity of 25,000 litres. A pipeline runs from the tank to the school and to another location in the village where people can simply turn on a tap and fill containers for their household needs.

"The actual number of children enrolled in this school is 120 pupils but only about 45 used to attend," explains Mr. Ahmed. "This is changing now. With water close by, we see more children coming to school regularly."

There is a strong link between children's health and well-being and their access to safe water, use of proper sanitation and their hygiene behaviour. UNICEF has prioritized the installation of water, sanitation and hygiene (WASH) facilities in schools and the promotion of hygiene education.

"The idea is to increase access to safe water, encourage use of sanitation facilities and eventually change the unhygienic practices of the communities," says Elicad Nyabeeya, UNICEF WASH Specialist who was then based in Hargeisa.

"The challenge is the maintenance, so for every water point we provide, we train a village water committee on how to operate and maintain the water supply system."

UNICEF is also helping improve WASH in health facilities such as MCH Centres. Hamda Omen, a midwife at Jaamac Hassan Shire MCH in Hargeisa, says water is huge challenge for the health facility, at which around 100 women give birth each month.

"Imagine operating a maternity ward without water," she says. "It discourages the women. In the meantime, we order water from a truck every five days but the problem is when there is a delay. It's a nightmare."

UNICEF hopes that with the support of donors it will enhance access to adequate safe water and improve hygiene and sanitation for communities and schools across Somalia. At present, over half the population does not have access to safe water.

Situation in 2015

45 per cent have access to improved water sources, up from 15 per cent since 2011



56 per cent of people in rural areas practice open defecation



1.1 million people displaced with limited access to safe water and sanitation



4 per cent practice proper hand-washing



23 per cent of children under 5 suffer from diarrhoea at any one time



Progress in 2015

123 communities assisted to sustainably improve their sanitation and hygiene living conditions

372,000 emergency-affected persons received hygiene and sanitation promotion messages

More than **316,000 people** provided with sustainable access to safe water, and over **464,000 people** with access to safe water through temporary means

WASH achievements in 2015

In 2015 UNICEF continued to provide water, sanitation and hygiene services to disaster-affected populations and to create an enabling environment for equitable and sustainable access to WASH services.

Drinking water

To ensure sustainable access to at least 15 litres of potable water per day, UNICEF uses a mix of approaches, which have resulted in an estimated 1,520,434 people gaining access to improved water supplies from 2011 to 2015. The WASH 2015 Knowledge, Attitude and Practice (KAP) survey reported an increase in access to improved water sources from 30 to 45 per cent since 2011. To ensure sustainability, UNICEF has established and trained 477 community water committees and 43 Public-Private Partnership (PPP) companies since 2011.

UNICEF used solar power for drinking water pumps, installing 49 solar direct-drive pumps, which provide sustainable water for 115,236 people.

Hygiene and household sanitation

In 2015, UNICEF was able to reach over 1.5 million people through a five-week hygiene campaign (between Global Handwashing Day on 15 October and World Toilet Day on 19 November), which included the use of mobile phone messaging to deliver hygiene information to households, group demonstrations of handwashing with soap in schools and MCHs, and community mobilization events.

To improve household sanitation, UNICEF has been at the forefront of supporting and advocating for sustainable Open-Defecation Free (ODF) communities. The approach is to introduce new social norms discouraging open defecation and the promotion of community self-reliance by leveraging local skills and materials for ownership

of sanitation facilities. To complement this, UNICEF has been involved in building consensus and political will, mobilizing support and creating an enabling environment for the sustainability of the ODF approach. In June, the federal minister of health issued a circular advocating the use of the Community-Led Total Sanitation (CLTS) process for the elimination of open defecation, and discouraging subsidy-based household latrine construction. The health ministries in Somaliland and Puntland have also issued circulars on the use of CLTS. Some 108 facilitators were trained in the first half of 2015. In total, 195 facilitators are now available across the country to promote ODF through the CLTS tool.

A total of 123 villages/communities have declared themselves ODF since the beginning of 2015, bringing the total since 2011 to 373. However, no village has been verified as sustaining ODF, due to the lack of proper understanding of the CLTS process and the continued expectation by communities of



subsidies. In addition, access constraints across the country make the implementation of CLTS activities difficult. At an advocacy workshop facilitated by the CLTS foundation held in September, NGO and government partners learned how Zambia and Kenya achieved sustainable ODF communities. In 2016, the objective is to achieve one ODF village in each zone. Once this is achieved it is anticipated that replication and scale-up will be possible.

Water for schools

In 2015, UNICEF continued to work with government counterparts and partners to ensure access to safe drinking water in schools and health facilities. During the year a total of 316,000 people obtained access to treated water through the development or rehabilitation of sustainable water supply systems. To ensure sustainability, management committees were trained in the operation and maintenance of facilities in the communities. The construction, rehabilitation and/or upgrading of water supply systems benefited 24,289 children in 64 schools, and 39,967 people who utilize 41 MCHs.

Security constraints

The volatile security situation is making the delivery of assistance to people in need extremely difficult and dangerous. Access to many areas remains severely constrained. Implementation of WASH projects in these locations is ongoing, but is often delayed. The lack of technically qualified partners has also affected the speed of project delivery.

Disaster relief

The humanitarian crisis in Somalia is among the most complex protracted emergencies in the world. Since the beginning of the Deyr rainy season in October, flooding affected 145,000 people and nearly 60,000 were displaced. This comes amid an already fragile humanitarian situation, with an estimated 4.9 million people in need of assistance, of which 1,014,000 people are in crisis. Acute watery

diarrhoea (AWD) and measles continue to threaten the lives of Somalis. Over 1.1 million internally displaced people in overcrowded settlements have limited access to basic services and are at high risk of diseases.

Some 71 per cent (30 out of 42) of the emergencies were responded to within the first 96 hours. More than 464,000 affected people accessed safe water through temporary means, including chlorination of unprotected shallow wells, and support for the operation and maintenance of water systems. Another 127,542 people gained access to sanitation facilities through UNICEF support.

The pre-positioning of WASH emergency supplies enabled a timely response to the disaster. In South Central Somalia, UNICEF used the decentralized, partner-managed Regional Supply Hub mechanism to deliver to 356,934 people, as at end of October, the means to practice good hygiene and household water treatment and storage (through provision of soap, buckets, jerry cans and water purification chemicals).

Policy development

To promote an enabling environment for sustained use of WASH services and discourage harmful sanitation and hygiene behaviours, UNICEF continues to provide support to government counterparts for policy and regulatory framework development. Technical and financial assistance was provided to government line ministries for policy development and development of the Inter-Ministerial WASH Steering Committee (IMWSC) in all three zones.

UNICEF also continues to support sector coordination and capacity building of government counterparts and implementing partners as well as strengthening strategic partnerships and linkages between the public and private sectors. This has led to the formation of 12 public-private partnerships and training of 126 community water management committees.



Education





Sewing a future through education



Seventeen-year-old Osob Abdullahi Mohamed carefully inserts thread in a sewing machine needle, spreads two lengths of fabric in position and quickly kicks the machine into motion, stitching the pieces together.

“It’s a lady’s blouse,” says Osob, whose family was forced to flee due to conflict and now lives in a camp for displaced people in Dollow town, south Somalia. “It is exciting to do this, I feel lucky to have been chosen for this course. I’m hoping to start my own business, once I complete the training.”

Osob is attending school at a Youth Education Pack Centre (YEP) for the first time, thanks to the UNICEF-supported “Learning for Peace Programme,” which is funded by the Dutch Government. The Programme supports this YEP and six others. The Centre offers students vocational skills such as carpentry, tailoring and beauty care as well as basic literacy and numeracy. After the training at the Centres, the students receive support from UNICEF and its partner, the Norwegian Refugee Council (NRC), to find internships and jobs, while others will be provided with necessary tools to start their own businesses.

“I would still be at home doing domestic work or probably married if I hadn’t joined this school,” says Osob. “But now I’m learning, tailoring, Somali, English, maths and business management.”

Until recently, 15-year-old Ismail Ahmed used to spend his days at home helping with housework or hanging out with friends. He had never been to school. Now, he is one of the 100 youth enrolled in the 10-month-long course at the Education Centre.

“Before joining this institution, I couldn’t read or write,” says Ismail Ahmed, whose family is also displaced and who wants to become a carpenter. “Now, I can write my name and make chairs and small tables with the skills I’m learning here. I want to be marketable so that I can earn money for myself and assist my family.”

Ismail’s mother, Suldano Gedow Ali, is happy about her son’s progress in school. When schools were destroyed during the conflict in their town, local fighting groups recruited several boys her son’s age.

100 youth enrolled in the 10-month-long course at the Education Centre

“I was worried about his future,” says Suldano, the mother of four children. “I didn’t want him to end up being a casual labourer or joining a militia group. I’m happy he got this opportunity to learn.”

The YEP is designed to benefit children and youth from communities affected by conflict. The selection criteria give priority to children from displaced families and vulnerable children from the host community. Girls are given the same opportunities as boys.

A community-selected education committee meets regularly to plan and ensure the smooth running of the centre. They mobilize parents to enroll their children, ensure qualified teachers are recruited, talk to the parents of school dropouts and manage any emerging conflicts in the school.

“This school is a great opportunity for the community of Dollow,” says Omar Aden Hade, a committee member whose daughter is pursuing a beauty care course at the centre. “All these children and youth were idle and some have contributed to the instability in this town, but now they are engaged, they are learning life skills and peace lessons.”



Situation in 2015

Six out of 10 children are not in school



1.7 million children have no access to education



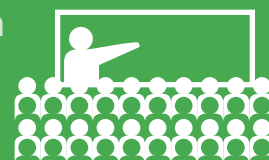
44 per cent of students in school are girls

Only 22 per cent of nomadic children ever attended formal school



Progress in 2015

An additional 84,789 children (including 37,990 girls) were enrolled in formal primary schools in 2014/15.



28,292 children (45 per cent girls) received Emergency Education school supplies, including children in IDP camps and newly accessible areas



207 Community Education Committees and 142 Child-to-Child Clubs were empowered to advocate for enrolment and better quality education

10,000 children (45 per cent female), including pastoralists, had access to Alternative Basic Education Centres



1378 teachers (392 of whom are women) were trained on learner-centered pedagogy



3355 teachers and head teachers (16 per cent women) received incentives to continue their work

Youth-led consultation on the curriculum framework development conducted



Education achievements in 2015

Formal Basic Education

Nearly 85,000 additional children were enrolled in formal primary education and given the opportunity to improve their lives and those of their families. Over 200 Community Education Committees were supported in 2015 to increase community-management-run schools and 142 Child-to-Child Clubs were empowered to advocate for education and enrolment campaigns. These groups build community support for education and utilize community investment to increase enrolment and retention rates, improve school facilities, and provide more care for the education and well-being of children.

Increasing the numbers of qualified/certified teachers (particularly female teachers) is extremely important to strengthen the education system and the level of learning for students. UNICEF and partners support capacity building of regional education administrations, establishment of teacher management systems, and training of teachers (with a focus on female teachers) to promote access to school for girls. Over 630 teachers (including 217 women) were trained on learner-centred approaches in 2015.

In the absence of any teacher payroll structure in the federal government, UNICEF support includes a small financial incentive for the teachers to keep working.



UNICEF provided incentives to more than 3,355 teachers, head teachers and deputy heads (16 per cent female) across the country in 2015 to continue their work.

UNICEF also works to ensure that access to education actually leads to quality learning by strengthening learning and reading comprehension with age-appropriate reading and instructional materials in Somali.

Providing Alternatives to Basic Education

Nomadic pastoralists account for a quarter of the population in Somalia. To ensure children from nomadic communities also have access to quality basic education that can adapt to their lifestyle, UNICEF works with local authorities and other partners to support Alternative Basic Education (ABE). These interventions include temporary learning spaces, mobile schools, education kits, teacher resources, and other materials to help provide quality, relevant, and flexible educational opportunities for pastoralist children.

More than 10,000 over-aged out-of-school children and children from pastoralist communities are benefiting from education opportunities in Alternative Basic Education Centres. These centres provide basic education through an accelerated curriculum, which enables out-of-school children to either transition into the formal school system or towards vocational skills and employment. The centres have teachers trained on the ABE curriculum and equipped with instructional materials, including blackboards, exercise books, pencils and pens, and other materials.

In Puntland, 60 women in pastoralist areas were intensively trained on tailor-made learning methods to increase the number of female teachers in remote communities. Their course was targeted at this group, with training contents planned jointly with the teachers and regular school monitoring visits to ensure that skills are practiced in classrooms.

Options for Out-of-School Youth

UNICEF supported social mobilization campaigns across Somalia that resulted in the enrolment of over 3,000 additional girls in either formal or alternative basic education (approximately 42 per cent of new enrolments). The awareness campaigns aim to enhance the enrolment rate of out-of-school children; raise awareness about the importance of education, especially for girls, discuss cultural barriers that prevent enrolment and promote the importance of community contribution in supporting and maintaining schools.

Youth-led consultation on the curriculum framework is being developed across Somalia to build marketable skills for the youth involved and give them a visible and participatory role in developing education policy.

Institutional Capacity Building and School Management

UNICEF continues to support the enhancement of the Education Management Information System (EMIS) Units in all three ministries of education. This support resulted in the third government-led school censuses in Somaliland and Puntland in 2014/2015. The first government-led school census at a federal level is ongoing and will cover 10 regions.

An education baseline survey is currently underway in all regions of south central Somalia that will collect both quantitative and qualitative data on learning centres. This information along with EMIS data will feed into the upcoming Education Sector Analysis and Education Sector Strategic Plan update for the federal, Puntland and Somaliland authorities. In order to strengthen the technical skills within the MoE, UNICEF supported the embedding of Technical Advisors.



Education in Emergencies

In Somalia, children face some of the toughest obstacles to education including displacement, by ongoing conflict and natural disasters. However, it is in times of crisis that education is of the utmost importance. In 2015, UNICEF reached 28,292 children (45 per cent girls) with emergency education support (including provision of temporary learning spaces, learning materials and teacher training). Support included provision

of emergency education resources for children in newly accessible areas, those living in IDP camps, and more than 2,000 children affected by cyclones in Puntland.

Child Protection





A safe centre for victims of violence

Sixteen-year-old Fatuma stares through a window at the office of an NGO, deep in thought. When we enter the room, she doesn't notice our presence immediately. Eventually, she turns around, sits and quietly narrates her story.

"We had all been looking forward this big wedding day for my friend," says Fatuma, looking down and trying fight back tears. "But this day turned to be the saddest day of my life."

Fatuma was the last to be dropped by the hired car. When the driver reached a quiet, dark stretch of road, he stopped and attacked her.

"He grabbed me and I managed to run away," explains Fatuma. "He ran after me, took a stick and hit me so hard, I fell flat on the ground. That's when he overpowered me and raped me."

"I kept screaming," she continues, her eyes gleaming with tears. "People came to my rescue but I could barely walk, I was rushed to a hospital and later taken to the Baahi-Koob Centre, where I was looked after."

The Baahi-Koob Centre provides a range of services for survivors of Gender-Based Violence (GBV) such as rape. The Centre is always busy, seeing some 25 cases a month.

"Those who come to the Centre receive immediate medical care," says Issa Ahmed Nur, a UNICEF Child Protection officer based in Somaliland. "UNICEF is supporting centres like Baahi-Koob with treatment kits, psychosocial support and legal help for the GBV survivors."

Asha Rooble, the Program Coordinator at the Centre, which is supported by UNICEF with generous funding from the Government of Japan, says GBV is a big problem in Somaliland.

The Baahi-Koob Centre provides a range of services for survivors of Gender-Based Violence (GBV) such as rape

"Medical care is the first step when a rape survivor arrives here," she says. "For victims of rape or sexual assault, especially women, we give them medicine to prevent pregnancy or sexually transmitted diseases like HIV/AIDs."

"The next step is counseling and psychosocial support," she continues. "Then we push for justice for the victims, because I strongly believe there must be consequences for rapists. We work with the police and provide free legal services."

As many survivors are unwilling to talk about their experiences because of the stigma involved, most perpetrators walk free. However the driver who attacked Fatuma was caught and sentenced to five years imprisonment. Asha says there is now an increasing awareness about the importance of reporting such abuses. "People are now disclosing these things, they are reporting rape," says Asha. "When you see cases of young girls and boys being abused, it is really disturbing and it is a problem that that cannot be ignored."

UNICEF is also supporting skills training for the survivors of GBV. "This training is part of the psychosocial support," says Nimo Ahmed, Life Skills Coordinator at Baahi-Koob. "We encourage GBV survivors to learn some skills to help improve their lives. We train them in cookery and tailoring."



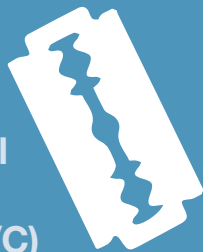


Situation in 2015



Up to **5,000 children and youth** with **armed groups**

98 per cent of women have undergone **female genital mutilation/cutting (FGM/C)**



Less than **3 per cent** of births are **registered**

One of the world's least **protective environments** for children



Progress in 2015

Assisted over **9,700 survivors of gender-based violence (GBV)** through a package of services

Over **106,000 children's births registered** in Somaliland

Reintegration services for **769** (645 boys, 124 girls) children **involved with armed forces and groups**

3,113 cases of child rights violations **resolved** at the community level

600 youth benefitted from the Youth for Change programme

Child protection achievements in 2015

Challenging violence

More than 9,300 women/girls and 400 men/boys who are survivors of gender-based violence (GBV) were assisted; a third were children. They were given access to a package of services, which include medical and psychosocial treatment and the opportunity to seek judicial remedies.

UNICEF provided community-based reintegration services to over 700 children recruited into armed forces/groups. The Monitoring and Reporting Mechanism (MRM) expanded its reach with over 2,300 cases reported in the database of verified grave child-rights violations across 60 districts in 11 regions.

Advocacy and policy dialogue efforts on female genital mutilation/cutting (FGM/C) resulted in a Religious Declaration 'Fatwa', policy and draft legislation outlawing of all forms of FGM/C in Puntland. In addition, 100 communities declared total abandonment of FGM/C. Community dialogues are ongoing among 80 communities in the South and Central regions and 40 in Somaliland.

Registering births

Fifty-eight health facilities in six districts supported birth registration with birth certificates issued to 106,000 children.

Convention on the Rights of the Child

The Somali Parliament passed a bill approving the ratification of the Convention on the Rights of the Child in 2014, setting the stage for children's access

to their rights. The CRC was ratified by the President on 20 January 2015, the depositary notification was made to the United Nations Secretary-General on 1 October 2015, and the convention formally entered into force on 31 October 2015.

Community-based child protection

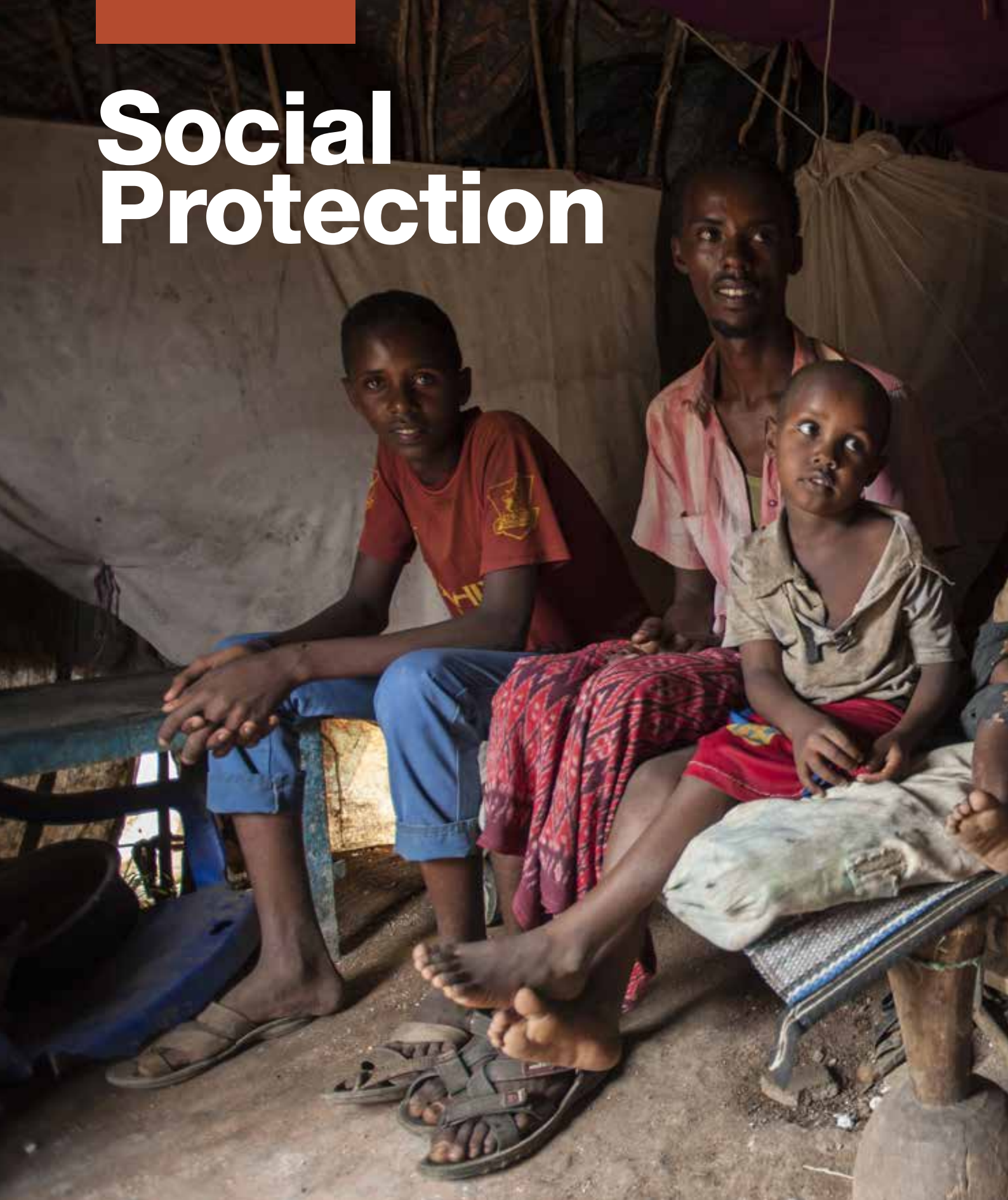
Overall progress has been made in improving Somali children's access to justice, social services and the establishment of a minimum package of preventative and protective processes through a functional child protection system linked with comprehensive community-based child protection mechanisms.

Some 3,113 cases of child rights violations were resolved by community-based Child Protection Committees through referrals and alternative dispute resolution.

More than 600 youth benefitted from the Youth for Change programme, a joint UNDP, ILO, and UNICEF programme which provides 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

Child Protection Desks established at Berbera and Bossaso supported Yemen returnees/refugees and provided children and families with protection services.

Social Protection





Cash lifeline for vulnerable households

Last year, 75-year-old Mohamed Hassan Dhoore became disabled due to a stroke and high blood pressure and was no longer able to support his family of 12.

Although he had a hectare of land in Hiraan region in Central Somalia where he had previously planted maize, he was unable to continue farming. He ran up large debts with friends and local traders and began relying on handouts from relatives.

“I wasn’t able to buy basic medicines that I require for my survival as well as food for my children. My children were only getting two meals of low-quality food a day,” explains Mohamed.

His life changed in January 2015 when he was selected as one of the beneficiaries of a UNICEF-funded cash transfer project that provides support to vulnerable households. He was chosen because he was an elderly head of household, had no livelihood, supported a large family and was living with a disability.

UNICEF funded the Danish Refugee Council to provide assistance to 3,500 families like Mohamed’s who have no means of undertaking any productive activities. He began receiving USD\$60 a month to support his family.

“Nowadays, my wife cooks at least three meals each day,” he explains. “The cash is sufficient to cover all our household basic food needs. I was able to make savings, which helped me to repay my debts.

“The cash disbursement coincided with the lean season,” says Mohamed referring to the time before harvest when there is no income, “We were very much in need for support, especially in the holy Ramadan month. I was able to buy clothes for my children for Eid.”

During and after the famine in 2011 UNICEF began providing short-term, cash-based assistance to the most vulnerable households in South and Central Somalia. Since that time, the programme has evolved to provide longer-term support to households without labour capacity, in a first step toward developing a consistent and predictable social protection system and programme. The cash transfer programming was made possible through generous contributions from the European Commission’s Humanitarian Aid and Civil Protection department (ECHO), the UK’s Department for International Development (DFID), the Government of Japan, the Government of Sweden, the UN Somalia Common Humanitarian Fund (CHF) and the UN Central Emergency Response Fund (CERF).

In 2015, the cash transfer programme helped 10,200 households in Galgaduud, Gedo, Hiraan and Lower Shabelle. Families living in these areas (apart from Gedo) received cash support through February 2016, to meet needs during the height of the El Niño period.

Situation in 2015



73 per cent
of people
live below the
poverty line

Progress in 2015

Enabled 10,200
households to meet
basic needs through
cash transfers



13,000 households benefited
from local resilience activities

Social protection achievements in 2015

Cross-sectoral programmes – Resilience, Joint UN Programme on Local Governance and Service Delivery (JPLG) and Social Protection – complemented and enhanced the efforts of UNICEF technical sections, government line ministries and local authorities to improve access to social services for Somali children and their families. They did so by building capacity and systems that supported these efforts and made their outcomes more sustainable.

Helping communities manage shocks

The Resilience Programme, part of a joint strategy with FAO and WFP, builds social and human capital by reinforcing public health, education and child protection services, as well as governance capacities, at the local level. This comprehensive approach enables communities to be better prepared to manage risks and react to shocks.

The programme operates in six districts in Gedo region. Community committees have been proactive in improving services on their own accord, using their own modest investments. Notably, Community Education Committees have established school kitchens, temporary learning spaces and water supply systems. In 2015, the programme supported communities to predict, address and overcome shocks. Over 13,000 households accessed integrated community-based services.

Improving community-level service delivery

Resilience programming also focused on community-based capacity building, including governance aspects, in order to improve inclusivity, transparency and accountability of service delivery at the community level. For example, an integrated nutrition, health and WASH community intervention, under the resilience programme, empowered duty-bearers at the household level and enhanced caregiver capacities on nutrition practices. The involvement of communities in the planning, delivery and monitoring of the

resilience programmes is in line with rights-based programming and, in the case of Somalia, helps bridge emergency response and development programming.

JPLG aims to strengthen local governance and enhance decentralized essential services. Through UNICEF, it is focused on capacity building of district-level governance systems for equitable and sustainable social service delivery in eight districts of Somaliland and Puntland. Local governments now have the capacity to plan, manage and deliver services to their constituents.

UNICEF also supported four districts in Somaliland (Borama, Berbera, Burao and Odweyn) and four in Puntland (Garowe, Gardo, Bossaso and Bander Beyla) in the delivery of health, education and water to their communities. As a result, the quality of services provided by district authorities through UNICEF JPLG support has improved in 130 schools, especially in hygiene and security, and in 28 health centres. District authorities in Puntland organized health awareness campaigns and helped improve the functioning of a number of primary health facilities.

Peace building

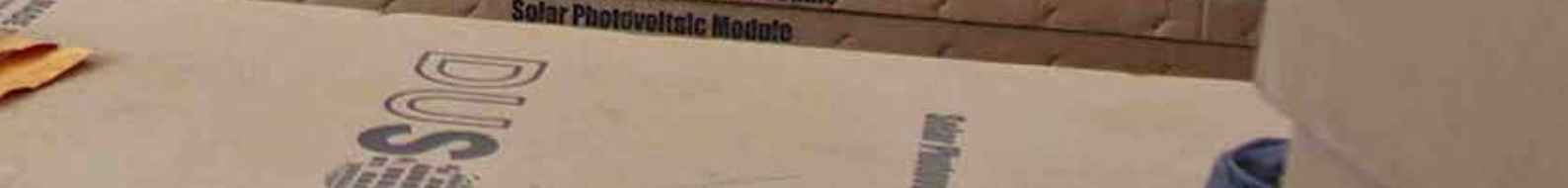
The Learning for Peace programme supports policies and practices in education for peace building through engaging in resilience, social cohesion and human security in conflict-affected contexts.

Poverty reduction

The Resilience Programme, JPLG and Social Protection Programme work jointly to lay the foundation for improved social services and poverty reduction for communities and households. UNICEF is supporting development and implementation of a social protection system, which will be implemented by local authorities in districts in which JPLG has made substantial in-roads in establishing strong and accountable public administration and financial management systems. These districts will serve as the pilot locations for a Child Grant, which is designed to decrease the prevalence of child poverty.

Emergency Response





Ready for the flood



Khadijo Amburre Nurre cooks meals for her five children outside her patched-up makeshift tent pitched in a crowded backstreet of Mogadishu.

Her family was among thousands forced to flee their homes when heavy rains hit south central Somalia, destroying homes and property and causing flash flooding and rivers to overflow their banks.

“We lost everything,” says Khadijo, sadly remembering their home in Jambalul, Lower Shabelle region. “We don’t have food or clean drinking water and this tent is very cold at night. We are in desperate situation.”

The rains, which were particularly heavy in October and November, were associated with the predicted El Niño phenomenon, which re-occurs every seven to eight years and can have dramatic effects on the weather around the world.

This time, the El Niño rains were predicted early and UNICEF and its partners were able to prepare in advance for its possible effects, particularly for vulnerable people such as the displaced, women and children.

“We are working on the assumption that between 500,000 and 1 million people could be affected,”

says Jean-Michel Delmotte, UNICEF's Chief of Field Office in Mogadishu. "We expect several months of nutrition and child protection challenges.

"UNICEF partners have been equipped with appropriate supplies which are already prepositioned in the 13 districts that are expected to be affected," he added.

So far the floods caused by rains inside Somalia and the Ethiopian highlands have affected 140,000 people in Somalia.

UNICEF put a comprehensive plan in place, which included the dissemination of flood awareness messages through radio, the distribution of leaflets in schools and stabilizing riverbanks with sacks and sandbags. Hygiene and sanitation kits that had been prepositioned were distributed and preparations made to ensure children's education continues.

"El Niño flooding programmes have started," says Abdullahi Jama Hassan, the programmer manager for UNICEF's partner, the Somali Public Health Professional Association.

"We have done mass chlorination of water in three districts, where we targeted water supply hubs, shallow wells and water storage tanks in order to avoid contamination. We have also constructed new latrines in schools and health facilities."

Activities to ensure children stay healthy have been stepped up, including the teaching of home hygiene skills to mothers and the supply of micronutrient powder to undernourished children from six months to two years through the Infant and Young Child Feeding Programme.

Situation in 2015



Nearly 4.7 million people in need of humanitarian assistance

931,000 in crisis and emergency



145,000 affected by El Niño floods - 60,000 displaced

Progress in 2015

Supplies prepositioned in 10 regional supply hubs



Supplies to help



400,000 (WASH)



60,000 (nutrition)



35,000 (education)

Emergency response achievements in 2015

The early warning about the El Niño weather system enabled UNICEF and partners to preposition supplies in advance of the heavy rains in the south. Hiraan, Lower Juba, Middle Juba and Middle Shabelle were the most affected regions.

Displaced persons

In response to the refugee/returnee situation as a result of the crisis in Yemen, UNICEF provided basic nutrition services in reception areas.

UNICEF increased its response in Internally Displaced Persons camps, but gaps in implementation and response capacity remain. Military operations have triggered new displacements in parts of South Central Somalia and internally displaced populations were further affected by forced evictions.

Following military offensives by the African Union Mission in Somalia, UNICEF ensured that a package of basic lifesaving interventions was provided in newly accessible areas. Overall, implementation remains challenged by limited humanitarian access and funding shortfalls, while the urgent needs of women and children continue to increase.

Clusters

The operational capacity of the UNICEF-led Clusters continues, with a network of 130 partners for WASH and Nutrition, 70 partners for Education and close to 50 partners in the Child Protection Sub-Cluster. A network of Somalia-based Cluster focal points ensures access to information, coordination and interventions in hard-to-reach and inaccessible areas.

The Nutrition Cluster reached 219,809 beneficiaries with lifesaving nutritional support and delivered 'Nutrition in Emergencies' training in Somaliland and Central South Somalia.

WASH Cluster partners supported 907,000 people with temporary and/or sustainable access to safe water; and 137,000 people with access to sanitation facilities; 356,000 beneficiaries with essential lifesaving items.

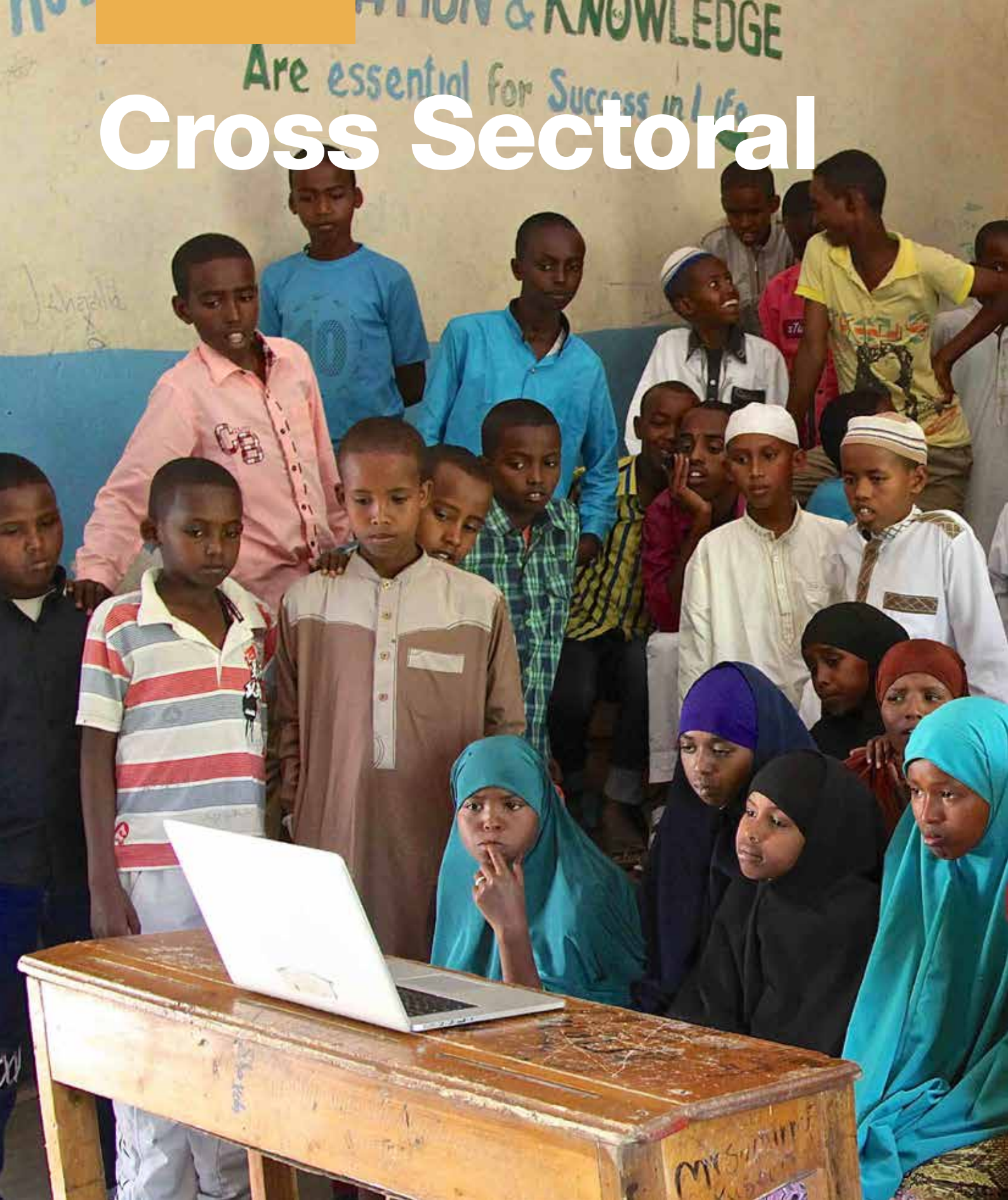
The Education Cluster supported 44,000 children with emergency education provisions, of which over 25,000 (46 per cent girls) were supported by UNICEF.

In 2015, the Child Protection Sub-Cluster assisted 31,758 beneficiaries (12,098 women/girls; 19,660 884 men/boys) with family tracing and reunification, including interim care; psychosocial support; material assistance; and legal aid.



Conversation
What is your name?
My name is Ali. and.
What about you?
My name is Aske.
Do you have any nickname?
No I do not have any nick name.
What is your father's name?
My father's name is Hassan.

Cross Sectoral





Innovation

During 2015 UNICEF used a range of initiatives to strengthen its approach to data collection.

An interactive radio programme on polio, immunization and maternal health was piloted to elicit opinions and reasons for behaviours. The results will inform future programming.

The information provided by listeners to the radio programmes by free-text responses on demographics, vaccination status, reasons for decisions on vaccinations and use of health services were captured using a new data-management software platform.

Since April 2015, 69 partners have been trained and 55 of them are using the Nutrition Quality Improvement Initiative dashboard to upload their monthly and quarterly data, enabling reporting on all nutrition indicators. The dashboard allows decentralization of data accessibility, analysis and use and identification of gaps and solutions led by government and implementing partners, leading to enhanced ownership at all levels.

Public Advocacy and External Communication

The process that led to the ratification of the Convention on the Rights of the Child (CRC) in October was widely publicized by UNICEF through press releases and digital output, and garnered the attention of the international media. Various media were used to create over 30 powerful stories about children in order to inform the general public in Somalia and outside about the convention and persuade key audiences to push for action. UNICEF's work on the reintegration of children associated with armed groups and nutrition projects were communicated to a global audience. The effort successfully highlighted the issue of child rights and the need for legislation in line with the CRC.

UNICEF publicized the official end of the polio outbreak but also, in conjunction with Health and Communication for Development, emphasized the importance of continued immunization campaigns and piloted the above mentioned interactive radio show.

As part of an effort to energize young people around the new Sustainable Development Goals, UNICEF supported the participation of six Somali schools in the World's Largest Lesson. A video lesson and links to the material were released on social media.

An exhibition of photographs taken by Somali children and youth was displayed at the International Book Fair in Hargeisa, at a restaurant in Mogadishu, at Somali Week in London and at the United Nations in Nairobi. The communication section also organized consultations with children in Somaliland to provide material for World Humanitarian Summit preparations.

UNICEF Somalia's reach on social media expanded dramatically with the help of influencers. A new Instagram account was created and Facebook and Twitter followers increased by 200 per cent and 50 per cent respectively. Ilwad Elman, who runs a UNICEF-supported rehabilitation project, participated in a 'Twitter Takeover' of @UNICEF to discuss women and child rights in Somalia.

Risk Management Achievements

In 2015, UNICEF Somalia successfully rolled out the Harmonized Approach to Cash Transfers (HACT) framework, the backbone of UNICEF's global risk management strategy. Beginning in July 2015, UNICEF transitioned to the exclusive use of the standard Funding Authorization and Certificate of Expenditure form for partners to request and report on funds. UNICEF Somalia also implemented both financial and programmatic assurance activities within the HACT framework,

commissioning 59 scheduled financial audits of entities that collectively accounted for 75 per cent of disbursements made to implementing partners in recent years. Management of staff field monitoring was improved and third-party monitoring systems were increased, notably in the aftermath of the April 2015 Garowe attack that led to increased restrictions on UNICEF staff travel.

In 2015, the office Risk Committee met on 13 occasions to review and provide concrete recommendations/actions in response to risk observations. In addition to decisions on specific partners, the Risk Committee also made decisions in 2015 on harmonization of risk ratings with sister UN agencies, a workflow for risk communication, and sub-contracting conditions.



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Sweden

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Common Humanitarian Fund (CHF)

European Union/Commission

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Protection department (ECHO)

GAVI

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