



UNICEF SOMALIA

Annual Report
2014

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Letter from the Representative

Looking back over 2014

UNICEF made significant advances in 2014 in working for Somali women and children, despite political volatility, insecurity, access limitations, and funding shortfalls.

The historic milestone of the Federal Parliament approving the Convention on the Rights of the Child (CRC) in December, paving the way for the Ratification in January 2015 presented significant opportunities for continued support to the Government. Given the requisite framework to fulfil, promote, and protect children's rights, including upgrading legislation, policy and practice, this momentous breakthrough provides the basis for further systems building and government capacity development.

During the year UNICEF scaled up its 2013 polio outbreak response, contributing to a reduction in reported cases from 194 (2013) to just five in 2014 all in a remote area of Puntland, with the last case in Somalia, and in Africa as a whole, reported in August.

The Essential Package of Health Services programme, which includes maternal, reproductive, and neonatal health, child health, communicable diseases, surveillance and control, treatment of common illnesses and HIV, was expanded to more than four million people. UNICEF carried out a mass vaccination campaign in response to a measles outbreak affecting more than 10,000 children.

A pilot birth registration campaign in Somaliland was the first official one of its kind in Somalia for more than 20 years. UNICEF continued to support the Government's Go To School Campaign to enable a million children and youth to access education. Over the 2013/14 academic year more than 76,000 children were enrolled in formal primary schools, however, lack of funding prevented us from making similar progress with providing the youth with similar opportunities. Some 280,000 children benefitted from teacher training and incentive system for the payment of teachers.

To increase risk management systems, third-party verification, monitoring and socio-political risk analysis were expanded. Risk levels for over half of our 245 partners, accounting for 84 per cent of 2013-14 funds disbursement were assessed.

The 2014 humanitarian appeal of US\$155.1 million was under 50 per cent funded. Nutrition continued to receive the largest percentage of funding with education as one of the least funded programmes. Sector programmes that were badly funded had to discontinue some activities.

There were other major challenges including political instability which culminated in a change of Prime Minister and Cabinet. Insecurity continued to pose serious challenges for programme delivery with attacks targeting United Nations convoys and the infiltration of Mogadishu International Airport, where many UN offices are based, on 25 December.

Despite these difficulties, UNICEF will continue to dedicate itself to overcoming the challenges of working in a fragile state like Somalia and will continue to serve the most disadvantaged and vulnerable children in the country.



Steven Lauwerier
UNICEF Representative to Somalia

Health



A clinic provides crucial help for Ifrah

Although 23-year-old Ifrah Abdullahi desperately wanted a child, she became very anxious when she found out she was pregnant once again. She had become pregnant three times already but miscarried each time just a few months before she was due to give birth. However this time her family suggested she went for help at the local Maternal and Child Health Centre, in Dila, Awdal region, Somaliland and she readily agreed.

“During my first pregnancy I became ill and I lost the baby at six months. I did not go to the hospital and during my second and the third pregnancy, the same thing happened to me,” she recalled. “My husband was devastated and was always waiting for a child to be born. So when I got pregnant for the fourth time, I visited the hospital when I was four months pregnant.”

Ifrah received close attention at the Dila Health Centre because of her history. Safia Dhimbil, the

Head Midwife said they realized she had high blood pressure and brought her in each week during the last months.

“When she got into labour, we checked her cervix and found that it was too small for her baby to pass,” she said. “Then we referred her to Boroma Regional Hospital, where she underwent caesarian section.”

Ifrah gave birth to a healthy boy, Ahmed Abshir Hassan, who is now five months old. Ifrah says if she had known about the services at the Health Centre she might not have had those earlier miscarriages. She now visits the Health Centre every month for postnatal care services. She learnt about the importance of exclusive breastfeeding as well as how to care for a baby and is being given advice on the kind of food to give to her son once he is six months old and other issues such as family planning. Fozia Mohamed Hassan, the Postnatal Care Midwife, has also made it clear that when she gets pregnant again, she has to deliver in a hospital and not at home.

Often, even when a pregnant Somali woman wants antenatal care or to give birth in a facility, there is no local health facility available. UNICEF and its partners are scaling up efforts with the support of the European Union to reduce the high rate of maternal mortality. Referral hospitals and Maternal and Child Health Centres across Somaliland and Puntland have been upgraded and provided with Emergency Obstetric and Neonatal Care facilities and staff provided with training.

The upgrading of health facilities, provision of medical supplies and training of workers is combined with social mobilization to make women like Ifrah aware of the importance of antenatal care, of giving birth in a health centre or hospital and of coming in for postnatal visits. Slowly but surely the message is getting through.



Situation



1 in 7 children dies before his/her fifth birthday



Over **10,000 cases** of measles



5 cases of polio



Only **43%** of children **received the DPT3 vaccination** (diphtheria/pertussis/tetanus)



A **woman dies every 2 hours** from pregnancy related causes



More than **610,000 malaria cases**

Progress

Essential Package of Health Services rolled out covering over **4 million people**

Primary health care services cover **900,000** including 220,000 people in 'newly accessible' areas

51% of pregnant women attended 3 ANC visits in Somaliland (30% in 2013)

Reduction of reported **polio cases** from **194** in 2013 to **5** in 2014

Nearly **383,000 outpatient consultations** for children under-5

Over **36,000 people treated for malaria**

27% households own at least **one treated bednet** (under 20% in 2010)

Achievements in improving women and children's health

Overall in 2014 advances were made particularly in containing the spread of polio and expanding the Essential Package of Health Services to 4.2 million people. The leading causes of infant and child mortality in Somalia are illnesses such as pneumonia (24 per cent), diarrhoea (19 per cent), and measles (12 per cent), as well as neonatal disorders (17 per cent).

UNICEF continued to strengthen Maternal, Neonatal and Child Health interventions through the implementation of the Essential Package of Health Services (EPHS), which comprises six

core programmes of maternal, reproductive, and neonatal health, child health, communicable disease, surveillance and control, including water and sanitation promotion, first-aid and care of critically ill and injured, treatment of common illnesses and HIV, sexually transmitted infections, and tuberculosis. The rollout of EPHS in seven targeted regions across Somalia has resulted in significant increases in number of children reached with DPT3 vaccines and many more women in these regions are accessing antenatal care services and delivering with assistance from skilled providers.



The polio outbreak was largely controlled with a reduction in cases from 194 in 2013 to only five in 2014. In response to the increase in the number of suspected measles cases to 10,279 during the year, UNICEF jointly with other stakeholders supported a measles campaign in the most affected regions of Central and South Somalia and Puntland, reaching 900,000 children.

Social mobilization efforts to increase acceptance of polio, measles and other vaccines reached more than 2.3 million people across Somalia through different channels including community dialogues and meetings, mass media, schools and madrasas and religious leaders.

Efforts were made to strengthen Routine Immunization through supplying the entire vaccine needs for Somalia. A Routine Immunization Improvement Plan was developed in collaboration with WHO, the Expanded Programme on Immunization (EPI) policy was endorsed, the cold chain capacity was strengthened through the installation of 155 new fridges in Central and South Somalia, Puntland and Somaliland, the construction of a walk in cold room in Puntland and the intensive training of 39 cold chain staff to ensure proper maintenance.

The community continued to be the focus of service delivery. A close to client approach was adapted to ensure the involvement of the community through the rollout of the community health care delivery, including integrated Community Care Management in three districts in Central and South Somalia as part of the resilience programme.

UNICEF humanitarian interventions focused on the basic needs of the most vulnerable groups - namely women and children under-5.

Through UNICEF emergency interventions 918,662 people were covered with life-saving health assistance which also significantly increased the resilience of the population through the access to and utilization of lifesaving basic health services. UNICEF provided life-saving humanitarian assistance to approximately 220,000 at-risk people in need in 'newly accessible' districts of Central and South Somalia by providing timely, integrated, and effective basic health services, support to cold chain, essential supplies for the implementation of polio and measles vaccination campaigns and primary health service delivery at MCH clinics.

Despite Somalia having low prevalence of HIV, efforts have been made to strengthen counselling and testing through 51 Voluntary Counselling and Testing sites however stigma and low comprehensive knowledge remain a major challenge. During the year 20,871 people were tested for HIV, with 1,941 People living with HIV on treatment. The most recent rounds of antenatal care sentinel surveillance revealed prevalence rates of 1.13 per cent in Somaliland and 0.41 per cent and 0.25 per cent among women of child bearing age in Puntland, and Central and South Somalia respectively. Estimates suggest there were over 610,000 malaria cases in 2014 with 2,100 deaths. The malaria programme distributed 422,284 Long Lasting Insecticide-treated Bednets and 36,424 people were provided treatment for malaria. More than 240 health workers were trained in case management for malaria.

Evidence based planning has been strengthened across the country through the training of 88 Ministry of Health and implementing partners on proper data management, analysis and planning.

The Somali Joint Health and Nutrition Programme (JHNP)

The JHNP (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 US\$57.5 million to the health sector in 2014. Key achievements included the approval of a joint Health Policy with continued implementation of the Health Sector Strategic Plans. A Reproductive Health Strategy, an Expanded Programme on Immunization (EPI) Policy, Nutrition Plans of Action, Micronutrient Strategy, FGM/C Policy and Community-based Health Care Strategy were also approved.

The Essential Package of Health Services were provided through 139 Health Centres/Maternal and Child Health Clinics (out of which 78 provide full time basic obstetric care services), 205 Primary Health Units, 44 out-patient therapeutic programme centres and 52 mobile teams. Continuous comprehensive emergency obstetric care services were offered in seven hospitals, improved availability of medicines, supplies and commodities was ensured and 'Standard Treatment Guidelines' and 'Essential Drugs List' were finalized and approved.



Polio



Achievements in fighting Polio

The outbreak of polio in Somalia, which was first recorded as affecting a two-year-old girl in May 2013 in Mogadishu, caused widespread alarm throughout the region. This sparked an immediate country-wide campaign carried out by the Somali authorities and supported by UNICEF and WHO. There were 194 cases in 2013 most of them children but the number was contained to just five cases in 2014 all of them in the remote Mudug region of Puntland in the North East. The last case in Somalia – and in Africa – was reported on 11 August 2014.

With support from UNICEF and WHO, the Somali Authorities continued intensive efforts to restore Somalia's polio-free status with 14 polio immunization campaigns targeting some 2.1 million children under-5 as well as children under-10 and adults in some areas.

However, polio continues to threaten the lives of Somali children and vaccination campaigns to eradicate polio are being continued. The vaccination rate in Somalia is extremely low and sanitation poor in many areas. Before this outbreak and vaccination campaigns, Somalia was home to the largest pool of unvaccinated children in the world (half a million). During the previous outbreak in 2005 there were 228 cases – but Somalia was able to stop the circulation and reached polio-free status again in 2007.

Somalia's social mobilizers are key to the fight against polio

Hawa Abdi is a volunteer social mobilizer who plays a crucial role in ensuring that Somali children are vaccinated against polio. They are paid a small incentive to explain to families why children should be vaccinated against polio before the immunization campaign begin.

During a recent vaccination day, mobilizers met at Gambol maternal and child health clinic in Garowe in Puntland before disbursing. Hawa went to a newly built camp for the displaced on the outskirts of the town and was driven around announcing the upcoming polio and measles campaign through a loudspeaker and where necessary going to individual houses and shelters on foot knocking on doors.

“What motivates me is that I just want children to grow healthy,” she said. “My people's health is most important to me. I also work as community health worker for the Ministry of Health and I know why this is important.”

Hawa clearly explains the dangers of polio to the mothers, how easily it is transmitted, its terrible effects and the lack of any cure. But it can take time to persuade some families to allow their children to be vaccinated.

“The challenge we face is that some people refuse to accept to vaccinate their children,” she said. “Sometimes they ask why we don't give food instead of vaccination but we tell them the importance of immunization and eventually they accept it. We always solve these issues when we take time to discuss with them.” The immunization campaigns have been very successful and much of the credit is down to the social mobilizers such as Hawa.



Nutrition



Mother walks for days to treat her malnourished son

When 18-month-old Muhudin Sharrif began losing weight, vomiting and suffering from diarrhoea, his mother Halimo Madey tried the only treatment available in the remote area of South Somalia where they live. She took him to a traditional healer. "I was desperate," says Halimo. "When we fall sick, we usually go to see the healers."

But the little boy's condition continued to deteriorate and Halimo was advised by a friend to take him to the larger town of Baidoa to seek medical treatment. She left her other children under the care of her husband and set off for Baidoa on foot.

"I walked for three days with my son and we slept in the bushes and open fields," says Halimo. "It was very scary, but I managed to reach the main road, where I got public transport to Baidoa town."

Finally, she arrived at the Outpatient Therapeutic Programme Centre operated through UNICEF support by Deegroor Medical Organization on the outskirts of Baidoa town. The center provides life-saving nutrition treatment and care, as well as basic health services. At the time, Muhuddin was vomiting and he had lost his appetite. He was immediately referred to Baidoa Regional Hospital, where he was admitted at the UNICEF-supported Stabilisation Centre for children who are suffering severe acute malnutrition along with medical complications. Here he was given treatment for his vomiting and diarrhoea along with therapeutic milk and peanut based paste to build up his weight and treat his severe malnutrition.

Muhudin weighed just 5.6 kilogrammes at admission to the hospital – only two thirds of the weight of a normal healthy toddler of his age.

"When Muhudin was brought here he was severely acutely malnourished. We put him on medication and encouraged the mother to breastfeed," said



Jamaalo Buule Hussein, the Stabilisation Centre Supervisor. "Now, he is stable and his vomiting and diarrhoea have stopped."

There are tens of thousands of children like Muhudin Sharrif suffering from severe acute malnutrition in urgent need of therapeutic feeding, the vast majority in Central and South Somalia. Given that a severely malnourished child is nine times more likely to die than a non-malnourished child, identification and treatment of severely malnourished children is a high priority for UNICEF Somalia.

Situation



44,000 children severely malnourished at any one time - 200,000 required lifesaving therapeutic assistance over the year



5% of mothers exclusively breastfeed children to six months



60% of children under-5 and **50%** of women **suffer from anaemia**



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

Progress

Over **160,000 severely malnourished children** reached through UNICEF supported programmes

Technical and operational support to **650 therapeutic feeding centres** and **32 nutrition stabilisation centres**

Recovery rate of above **91%**

Achievements in combating malnutrition

The focus of the nutrition programme in 2014 was principally on increasing the availability and range of available services, both at the facility and community level.

At a policy level, 2014 saw the development of a Health and Nutrition Policy, the Micronutrient Strategy, the Nutrition Capacity Development Strategy and the endorsement of the Costed Nutrition Plan of Action, all of which present a continued opportunity in ensuring a full integration of nutrition into health systems. Furthermore, participation in the Scaling up Nutrition Movement, was initiated in 2014 and will enable the establishment of inter-sectoral institutional arrangements that ensure the key determinants of good nutrition are addressed across the spectrum of Government action.

The programme increasingly focused on improving quality in the provision of services and case

coverage whilst ensuring that the objective of high geographic coverage is met across all regions. To ensure increased utilization of both facility and community-based services as outlined in the Basic Nutrition Services Package (BNSP), the programme also increased its focus on expanding the community-based nutrition programme activities in order to increase demand for services. Additionally, humanitarian support was still needed across some parts of Somalia, particularly in Central and South Somalia, where chronic vulnerabilities were heavily concentrated and acute malnutrition remained significant. UNICEF supported the treatment of more than 160,000 severely malnourished children under-5, with outcome indicators for these children well within SPHERE standards.

Strengthened partnerships and timely positioning of emergency nutrition supplies enabled the programme to reach the majority of children and women in need of assistance with lifesaving

essential nutrition actions. Through a sustained air bridge support 86 MT of nutrition supplies were delivered in newly accessible and under siege areas to meet the needs of about 14,000 children. Additionally, Emergency Preparedness and Response Plans (EPRP) were developed and validated in coordination with WASH. The nutrition programme also took into consideration the resilience strategy as a cross-cutting theme for the programme. In coordination with WASH and Health programmes, the nutrition programme strengthened and refined its community-based programming to enhance early response, increase demand for services, as well as expand the scope and coverage of prevention and promotional nutrition activities mainly in Gedo, Bay and Bakool.

In line with the shift to enhanced convergence through joint programming, nutrition has been fully integrated into the Essential Package of Health Services (EPHS). The nutrition programme worked closely with the Health and WASH programmes across Somalia to continue the rollout of EPHS as part of the Joint Health and Nutrition Programme (JHNP). Integration of all components of the BNSP were ensured in EPHS regions. Therefore, nutrition services will continue to be delivered as part of a package of services in the six of the nine JHNP regions¹. Further work is required to ensure complete integration of services and systems strengthening at the facility and community levels. UNICEF is complementing the JHNP funding with humanitarian funding to ensure full availability of essential nutrition supplies for continued provision of BNSP services.

In July 2014 UNICEF began a pilot project in Somaliland in partnership with an NGO to tackle micronutrient deficiency which is widespread due to poor diets, wrong feeding practices and is a key cause of malnutrition among children. The partnership with the NGO, enhanced the social marketing of sachets of powder containing



essential micronutrients which can be sprinkled on food and are sold at subsidized rate through selected pharmacies. Home fortification activities were initiated in four cities in Somaliland. A holistic campaign promoting product awareness, driving demand and creating interest among the target audience was launched in media outlets, which publicised the product's key benefits. During 2014 more than 98,000 sachets of Super Fariid were sold through community-based distribution and pharmacies. A number of mothers reported that their children have shown increased appetites since using the powder.

UNICEF led the Nutrition Cluster which reached 375,411 beneficiaries with lifesaving nutritional support. As part of ensuring local capacity for immediate emergency responses, the Cluster delivered Nutrition in Emergency training in active conflict areas of Galkayo, Baidoa, Kismaayo and Dollow.

¹ Galgadud, Banadir in Central and South, Nugaal, Mudug in Puntland and Togdheer, Awdal in Somaliland.

WASH



Puntland Women lead in Water Management

In Rabable, a village 25 kilometres from the capital of Puntland, Garowe, in North East Somalia, the community has entrusted the management of their water system to a woman, Lul Mohamed Ali.

Ms Mohamed heads a six-member local committee formed by the community to manage and maintain the water system. With support from UNICEF, a government partner namely the Puntland State Agency for Energy and Natural Resources (PSAWEN), recently built a new water system in Rabable village. The water system consists of an overhead tank of 20,000 litres to store water pumped from the shallow well. The water flows to the village through taps in three places in the village.

Before the water system was built, members of the 45 households in the village had to walk two kilometres for a round trip to collect a bucket of water, a burden mainly shouldered by the women and children. The only source of water was a seasonal river over which both humans and animals competed for water needs. As a result, residents started to leave the village for other towns with water.

“I believe that people will return to the village, now that there is water,” Ms Mohamed said.

The water management committees’ roles are to ensure the smooth collection of water, cleaning the water catchment area, caring for the equipment and doing minor operations and maintenance of the system. Ms Mohamed says, as chairperson, she convenes regular committee meetings to discuss the smooth running of the system. One of the issues in their agenda currently is the collection of regular fees for the operation and maintenance of the system. The suggestion to be introduced to



the community is the collection of US\$1 per month from every household.

To avert the outbreak of diarrhoea and other related diseases, promotion of hygiene and sanitation is also on the committee’s agenda. The committee creates awareness and encourages households to dig latrines to improve sanitation and hygiene. Currently there are only two latrines in the whole village and open defecation is a common practice which is a big risk.

The project in Rabable is one of several efforts by UNICEF with support from the UN’s Central Emergency Response Fund (CERF) and other donors to enhance access to adequate safe drinking water and improve hygiene and sanitation for communities across Puntland where close to half of the entire population, especially those in the rural areas do not have access to safe water.

Situation



30% of the population have access to clean water

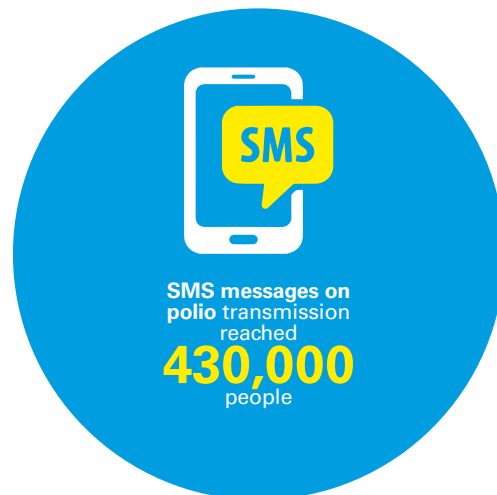
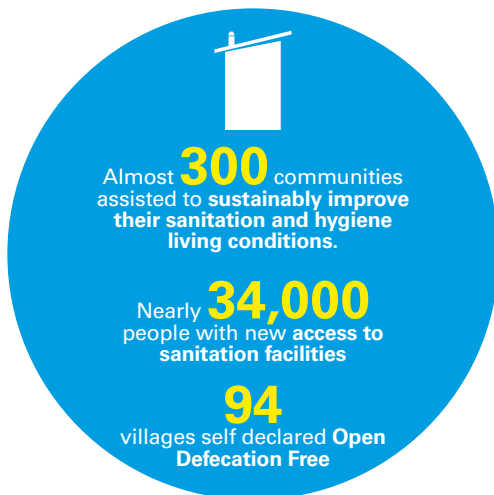


39% have access to sanitation



52% of people practise open defecation - 83% in rural areas

Progress



Achievements in providing access to water and proper sanitation

In 2014 progress was achieved in UNICEF WASH planned development activities, as well as a significant response to several emergencies, mostly in the Central and Southern areas.

To provide sustainable access to a safe water supply in rural settlements, UNICEF promoted the use of renewable energy by using solar powered pumps, and supported functional decentralized management models that are appropriate for the context and environment. In a number of towns and cities, through partnerships with private sector operators under government regulation, Public-Private Partnership (PPP) arrangements have provided a number of larger settlements with affordable access to piped water networks. A total of 281,044 people were reached in 2014 through development or rehabilitation of sustainable water supply systems. This includes school going children and users of health facilities benefitting from water supply facilities constructed in 140 schools and 30 health facilities respectively.

To alleviate harmful sanitation and hygiene behaviours UNICEF promoted the empowering of communities in understanding and acknowledging the health benefits of improved hygiene and sanitation practices, especially the elimination of open defecation. This was done through community consultation and action planning to achieve open defecation free (ODF) status using the Community-Led Total Sanitation (CLTS) tool. In Somalia more than half the population practise open defecation, and the figure rises to 83 per cent in rural areas. In October 75 Somali government and NGO health and nutrition staff were trained on CLTS and will work as facilitators and trainers to scale up the approach across Somalia in 2015. A total of 94 villages self-declared themselves as open defecation free. An additional 215 have been triggered and are on course to self-declaring ODF. In Puntland and Somaliland an ODF protocol is already in place with official

recognition by the authorities, barring all subsidy-based approaches. In Central and South Somalia the ODF protocol development has been started.

Advocacy to achieve ODF communities includes the promotion of hand-washing with soap, as well as convincing everyone that no one in a community (rural, urban or IDP camp) should defecate in the open. In addition, UNICEF supported the piloting of mobile SMS technology to disseminate messages about polio transmission to over 430,000 people. This successful use of mobile technology paves the way for its use in other sanitation and hygiene promotion and monitoring activities.

UNICEF led the WASH Cluster, which worked through a network of 10 UNICEF-supported supply hubs in Central and South Somalia, providing an immediate response capacity with essential lifesaving items (such as household water containers, water purification chemicals and emergency latrines) to emergency affected people. Supplies were also positioned at the Ministry of Health in Puntland and Somaliland. Through this mechanism, 87 per cent of confirmed emergencies were responded to within the first 96 hours in 2014. In total UNICEF reached almost half a million people in need through this mechanism.

To create an enabling environment and a regulatory framework, technical assistance was provided to government line ministries for policy development. Government line ministries were also supported to increase human resource capacity. UNICEF assisted the Federal Government of Somalia to establish an Inter-Ministerial WASH Steering Committee, to begin the process of establishing a WASH policy and standards for Somalia, as a well providing a platform for the future coordination and direction of the WASH sector when the Cluster is deactivated. The Committee will develop a WASH policy for Somalia in 2015 – 2016. In 2015 similar mechanisms will be supported in Somaliland and Puntland.

Education



Dahabo finally gets to school



Like many of her friends living in Somalia's capital Mogadishu, Dahabo Abdulkadir Abdi, 10, always dreamed of going to school but never had the chance.

Then in September 2013 the Somali Government, supported by UNICEF, launched its ambitious Go to School Initiative providing free education for the first time in more than 20 years. Dahabo was one of thousands of new pupils who subsequently enrolled in Central and South Somalia.

"I always wanted to go to school," says Dahabo, who is now in Grade 1 at Bondhera Primary School. "When my mother found out about the free education she brought me here."

Dahabo's father was killed in fighting two years ago and her mother Khadija Osman Mohamed, struggles with odd jobs every day to bring up her three children.

"You know how life can be when the father of the children dies?" asks Khadija softly. "It's difficult, I could not afford to send my daughter to private school, but I thank God now that education is free."

Dahabo is still fired up, one year after she started going to school and wants to be a teacher when she finishes. Every morning, she gets up before at dawn to help with domestic work before joining a growing number of Somali children who make their way to the classrooms.

"Here, I am learning many subjects like Science, Arabic, Somali, English, Maths, and Social Studies," says Dahabo who confidently leads the class in reciting their vowels.

The school has received support through distribution of textbooks, desks, pens and other educational materials. The head teacher Nurto Adow says, the number of pupils is expanding rapidly.

"We started with 120 girls, mostly orphans and those from poor backgrounds, later on the enrolment went up to 500 girls," says Nurto Adow proudly. "This is a much-needed programme and we need more space to cater for pupils on the waiting list."

The Director General at the Education Ministry in Mogadishu, Mohamed Abdukadir Nur, says sending children to school is the most effective way to transform the country and move from crisis to sustainable development.

"There are many good things that we have achieved through the Go To School Initiative in the first year alone," says Mr Nur. "I don't think we can solve the security of this country by bringing soldiers or more weapons. In the long term, we can end this war by educating our children."

Situation



6 out of 10 children are not in school



36 per cent of those attending school are **girls**

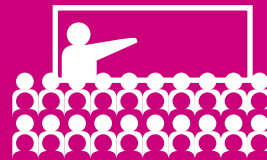


78% of children in South and Centre are **not enrolled in school**



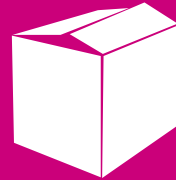
1.7 million children have no access to education

Progress



Over **76,000** additional children enrolled in formal primary schools

Over **400,000 textbooks** distributed



Over **23,000 children** in IDP camps and newly accessible areas supported with school supplies



Over **12,000 pastoralist children** (45% female) received an education in Alternative Basic Education Centres



Nearly **1000 teachers** were recruited and trained

280,000 children (46% girls) benefitted from teacher training and incentive payments



Achievements in getting children into classrooms

The Federal Government of Somalia recognized Education as a priority in rebuilding peace in Somalia. This led to the establishment of the Go-2-School: Educating for Resilience Initiative (2013-2016). This is a nationwide government-led strategy for enabling one million children and youth to access education and includes the UNICEF supported teacher incentive scheme, social mobilization, including community and children's participation in advocacy, school construction and increased provision of learning materials supported by UNICEF and other education partners.

In 2013/2014 academic year, 76,142 additional children were enrolled in formal primary schools. This is on track to reach the three year target of 162,100 children. Learning and teaching material provision has also increased with over 400,000 textbooks distributed through partners across Somalia. Teacher training (including customized female teacher trainings in Puntland and Somaliland for 110 female teachers) and incentive system for payment of teachers is benefitting approximately 280,000 children (46 per cent girls).

UNICEF works with partners across Somalia to deliver an integrated package of school-based and non-formal activities to address the educational needs. There was a renewed momentum in action and advocacy through 237 Community Education Committees (CeCs) and 111 Child to Child clubs (CtCs).

Nearly 1,000 youth, over half of who are female, have been enrolled into youth education programmes across eight locations in Central and South Somalia and Puntland. This programme includes life skills, peace education, numeracy and literacy plus skills training. A further 70 youth are working with the Ministry of Education in Somaliland to develop reading materials for children.

An addition 1000 adolescents have been supported to transit from the Alternative Education Programme into formal upper primary schools

Institutional and systems capacity building has gained momentum in 2014. The analysis of the 2012/13 school census was completed and a school year book published in Puntland, Somaliland and Bendir region in the South. The three Ministries of Education took the lead in conducting the 2013/14 school census/school survey. In Central and South Somalia a data sheet on formal public school teachers supported by the Go to School flagship programme has been developed for better tracking of teachers. In Somaliland more than 7000 teachers have had their profiles compiled for inputting in database and a teacher profile database has been created in Puntland.

Low levels of humanitarian funding severely limited implementation of education in emergencies activities. Despite funding shortfalls, 23,739 children in IDP settlements and newly accessible areas were supported with school supplies, and through significant efforts in resource-leveraging, a further 35,000 children in IDP settlements had their schools reopened thanks to their teachers receiving school incentives again.



Child Protection



A former child combatant gets a second chance



When Hanad was just 11, his father, a former general in the Somali Army, was abducted and killed by members of an armed group. Hanad was amongst the first to find his father's body left close to their family home.

Soon after his father's murder he decided to join the battalion his father used to lead to protect himself and his family.

"They let me hang around with them after my father was killed. I did odd jobs and errands for them and I began going to the front line and started fighting too. I felt this is what I needed to do for my father," he said. "I began fighting because I didn't have another choice; it was kill or be killed."

Hanad was given dangerous tasks - retrieving weapons abandoned at the front line, dragging injured soldiers back from crossfire and restocking ammunition for other fighters. He did this under the influence of the narcotic leaf Khat and glue which he says were both readily available at the front lines to numb the fighters against fear.

"The reason I joined the army and the reason I stayed were different," he said. "I felt I could not leave because I had made enemies of my own, and if I stopped fighting, I would suffer the same fate as my father."

After four years in the army, Hanad was seriously wounded. His left arm was amputated and he has a permanent limp. He left the army and began feeling disconnected from his former comrades.

Hanad joined the UNICEF supported socio-economic reintegration programme for children disassociated from armed forces and groups seven months later. Now 15, he has learned how to write and read and how to live with his disabilities. He receives counselling and psychosocial support and is being trained on how to repair mobile phones as a vocational skill and hopes to make a living from this.

"I feel good that I am in this programme, with people like myself and I am looking forward to graduating. I am happy about my future now and so is my family," said Hanad.

Situation



Up to **5000 children** and **youth** with **armed groups**



98% of women have **undergone FGM/C**



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



Very **low birth registration** of under **3%**

Progress

Assisted over **5000 GBV survivors** through various services

850 children's births registered in Somaliland - first government activity for over 20 years

Reintegration services for **500 Children** involved with armed forces and groups

150 communities in Puntland declared total abandonment of FGM/C.

11,260 cases of child rights violations resolved at the community level

600 youth benefitted from the Youth for Change programme

Achievements in promoting children's rights

Overall progress was 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. The Parliament in Mogadishu ratified the Convention on the Rights of the Child in December and it was subsequently ratified by the President in early 2015. Work is ongoing with the Federal Government of Somalia (FGS) for legal revision through the Joint Rule of Law Programme and special provisions have been made to support Somaliland under the same type of UN Joint Rule of Law Programme.

Birth registration started in Somaliland with a pilot project that began in November seeing the first government civil registration activity in Somalia in over 22 years. The pilot programme has the commitment of several ministries in Somaliland. Generally births are registered by hospitals or other non-government institutions on an informal basis.

Advocacy and policy dialogue efforts on Female Genital Mutilation/Cutting (FGM/C) have had positive results in Puntland which saw the outlawing of all forms of FGM/C, the endorsement of the FGM/C Policy by the President and the Cabinet, a Religious Leaders' decree or Fatwa on the issue and 150 communities declaring they were abandoning the practice.

Significant progress was made in gaining the commitment of the FGS to address sexual violence in conflict. UNICEF supported the Ministry of Women Development and Human Rights to develop the National Action Plan on Sexual Violence in Conflict which was presented by the Federal Government at the Global Conference to End Sexual Violence in Conflict in London in June.

More than 5000 women and girls accessed medico-psychosocial response services through UNICEF which supplied post-rape treatment kits to all Mogadishu districts and trained MCH workers on psychosocial support and the clinical management of rape. UNICEF ensured that survivors of rape still at risk, were relocated and could access income generating activities. With the help of UNICEF and partners, the Somaliland and Puntland Ministries of Health and Education introduced Psychosocial Care and Support training into the teachers and health professionals training curricula.

Community-based child protection mechanisms were effective in preventing and responding to threats to children's wellbeing with Community-based Child Protection implemented in 28 districts. The programme aims to empower communities to take on protection of child rights, violations and mitigation as their own responsibility; while taking action to prevent recurrences, and to provide support to children who need assistance. Community Based Child Protection Mechanisms included Child Protection, Committees, Child Protection Advocates, Internally Displaced Focal points and Community Safety Nets.

Children and youth groups' participation in Child Protection activities were enhanced through the establishment of 500 more Child Rights Clubs promoting safe and protective learning environments in schools across Somalia and participation in youth groups.

UNICEF's Youth for Change Programme was implemented across the regions with a total of 600 children selected as beneficiaries in Central and

South Somalia, Puntland and Somaliland. The Youth for Change Programme, a joint initiative of UNICEF, UNDP and ILO targeting youth who have been identified by their communities as at risk, provided psychosocial support, non-formal education, peace-building skills, mentoring and citizenship education to prepare children to re-integrate as positive members of their communities.

UNICEF strengthened its advocacy to end violence by emphasizing the implementation of the global campaign "Children, Not Soldiers" and that of the two Action Plans, one on ending the recruitment/use of children and the other on ending the Killing and Maiming of Children. A major milestone was the FGS's commitment to protect children by signing the Standard Operation Procedures (SOPs) on reception and handover of children from armed groups.

Joint efforts by UNSOM and UN agencies including UNICEF enabled the Monitoring and Reporting Mechanism to cover 60 districts in 11 regions of Central and South Somalia. During the year 909 incidents of grave child rights violations were reported of which 784 were verified. Most of the violations concerned recruitment and use of children, followed by killing and maiming and abductions. They also included sexual violence, attacks on schools and hospitals and denial of humanitarian access.

UNICEF continued to advocate for the release and reintegration of children recruited by armed forces and groups. The reintegration package included the opportunity to go back to school/formal educational; vocational and livelihoods skills training; psychosocial support and life skills; tracing and family reunification and placement into foster care families; capacity building of relevant government institutions, local authorities, communities and partners. In 2014 500 children (375 boys and 125 girls) were enrolled in the reintegration programme with 110 (65 boys and 45 girls) enrolled in formal education.

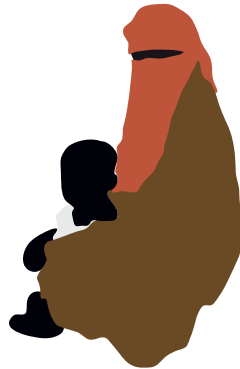
Social Policy



Situation



73%
of people live below
the **poverty line**



1.1 million people –
mostly women and children
displaced

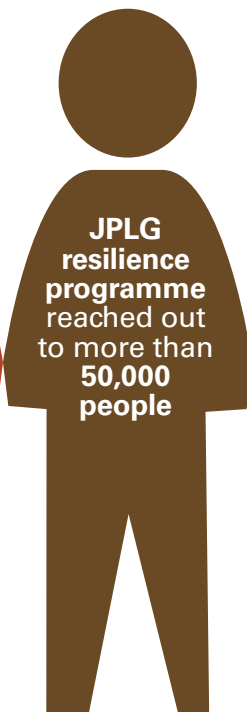


Since 2011 UNICEF
provided short-term **cash**
based responses

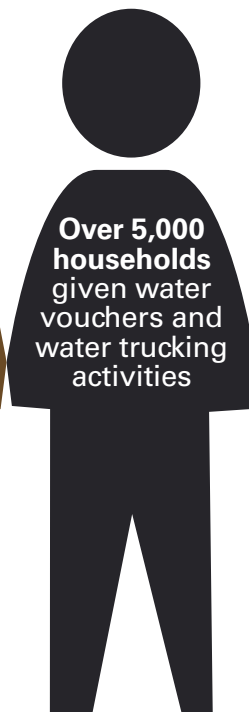
Progress



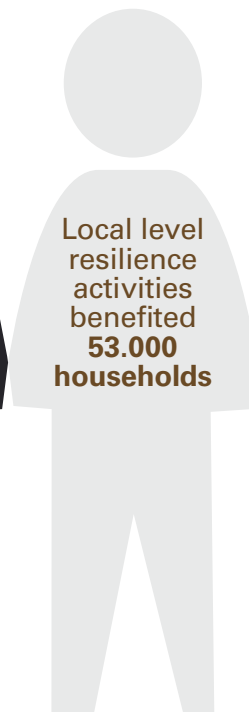
**Over 21,400
families
reached by
cash transfer
programme**



**JPLG
resilience
programme
reached out
to more than
50,000
people**



**Over 5,000
households
given water
vouchers and
water trucking
activities**



**Local level
resilience
activities
benefited
53,000
households**



**Resilience
target
areas Gedo,
Iskushuban,
Bay, Bakool,
Hiraan**

Achievements in improving access to social services

The cross-sectoral programmes (Resilience, 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.

Social Protection

In response to acute food insecurity, UNICEF has provided short-term cash-based responses during and after food crises to vulnerable households in Central and South Somalia since 2011. By increasing household liquidity during acute crises and emergencies, UNICEF enabled at-risk households to meet urgent needs for food and basic household goods, thereby maintaining or improving household food security and nutritional diversity and enabling children to stay in school.

In 2014, the cash transfer programme reached over 21,400 families with lean season support targeting vulnerable households in areas with high food insecurity, and an additional 5,010 households with water vouchers and water trucking activities. As an active member of the Food Security Cluster Strategic Advisory Group and other cash transfer learning and coordination fora, UNICEF contributed to a more strategic and evidence-based approach to cash transfer programming.

Cash-based interventions are now recognized as an integral and proven tool to provide support to vulnerable populations in Somalia, and they will continue to be necessary to support households and communities during acute emergencies. Partners in the Government, civil society, and the development community increasingly recognize that longer-term

support will better enable households to increase resilience, build up assets and take calculated risks that can help facilitate an escape from chronic extreme poverty and vulnerability. Access to timely, predictable, long-term support through a Social Protection System assists households not only during times of crisis but also supports chronically poor households throughout the year, potentially preventing households from falling into extreme deprivation on a cyclical basis during every lean period.

While the different political and security situations in Somalia will necessitate variations in the pace and structure of social protection system development and programme implementation, there is a clear interest in and opening for a new focus on long-term and development-oriented social protection systems. UNICEF has contributed to this understanding by assessing and recommending key features of a social protection framework for Somalia, and is building on the findings of these assessments to support a social protection cash transfer in Somaliland.

Resilience

UNICEF is a partner in the joint resilience strategy with FAO and WFP, which aims to improve productive sectors and widen livelihood strategies, to strengthen social safety nets and to increase access to basic services in five pilot districts across Somalia: Dolow (Gedo), Burco/Odweyne (Togdheer), Iskushuban/Bossaso (Bari/Nugal).

Improving access to basic services is about more than putting hospital and school buildings in place – UNICEF has worked on building the ability of communities to participate in taking care of their own health, in enabling their children's education

and protection and in building the ability of the community to get involved in decisions about service delivery and holding service providers accountable. This means actively engaging with communities and community governance structures in order to create demand and build local capacity to contribute towards meeting that demand.

In Gedo region, the UNICEF resilience programme has trained 80 locally-recruited community-based workers (CBWs) to act as front-line providers of preventive health services. The CBWs advise women on issues such as pregnancy, breastfeeding, hygiene and care practices and are trained to treat common childhood diseases and to recognize cases for referral.

Malnutrition cases are referred to supplementary feeding centres managed by UNICEF or WFP. The work of the CBWs is overseen by a community development committee, which has been trained to manage the service of the CBWs. The committee makes sure that the service is actually delivered, that it is of good quality and that the most vulnerable groups have access to the service.

In Bossasso district UNICEF provided skills training and basic literacy and numeracy training to 150 young men and women from host and IDP populations. A local community education committee attached to the training centre ensured acceptability in the community and contributed to the management of the centre.

UNICEF supported the training of 50 community-based protection workers to support psychosocial and reintegration services in Dolow and Baidoa. Across Gedo Region, a first batch of 20 Community Development Committees received training on sustainable water management; water safety and treatment; Community-Led Total Sanitation (CLTS) triggering; and prevention of acute watery diarrhoea (AWD)/cholera caused by use of contaminated water.

UN Joint Programme on Local Governance and Decentralised Service Delivery

The UNICEF-managed Joint Programme on Local Governance and Service Delivery (JPLG) aimed at strengthening local governance and enhancing decentralized essential services has focused on the 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 supported four districts in Somaliland (Borama, Berbera, Burao and Odweyn) and four in Puntland (Garowe, Gardo, Bossaso and Bander Beyla) to start managing functions in delivering health, education and water to their communities. As a result the quality of services has improved. Parents report an improvement in hygiene and security at the schools their children attend. District governments in Puntland successfully organised health awareness campaigns and supported a number of primary health facilities.

As part of the objective of strengthening communities' role in local decision making, communities in Banadir and Adado in Central and South Somalia were supported to participate in local planning through community consultation and the elaboration of local development plans. The Civic Education programme reached out to more than 50,000 people in all JPLG pilot districts strengthening awareness on civic rights, roles and responsibilities of local governments and raised demands of communities for social services. More children and women were targeted in civic education activities, enabling children to raise their concerns and problems with the district governments. School children in Somaliland participated in a drawing competition and were supported to shoot short videos (One Minute Junior) describing the problems and issues they face, which were shown to district council members for their action.

Cross-cutting



Achievements in Advocacy and Media

UNICEF continued to successfully advocate for the ratification of the CRC in 2014 with the Somali leadership and key influencers which led to the Parliament ratifying the document and the President doing likewise in January 2015.

Advocacy efforts on FGM/C, which included a visit by international journalists to a religious conference on the topic and an audio slideshow in which a teenage girl, a former cutter, and a community leader explained why cutting should be abolished, resulted in the President of Puntland signing an FGM/C policy. There was intensive advocacy on implementing the Action Plans on recruitment and maiming and killing children in conflict which led to the signing of the SOP for the reception and handing over of children formerly associated with armed groups.

Public and private advocacy were used to highlight the issue of GBV which included stories, videos and a powerful first person photo exhibition on GBV shown in Mogadishu and at the Global Summit to end Sexual Violence in Conflict in London.

UNICEF advocated strongly to ensure that the Economic Recovery Plan met the needs of children and youth and that key milestones including G2S were incorporated. The Peace-Building in Education in Africa conflict analysis identified political, social and economic marginalization of youth as important drivers of conflict in country and the results used to ensure that Somali Youth were involved in the development of the Somali Government National Youth Policy.

The funding shortfall for health services was highlighted in many ways including an international press briefing in Geneva and the RC/HC's office. Evidence from the Education Cluster showing the effects of reduced funding was used to raise resources.

A wide range of text and video reports were produced on more than 30 issues, including several on polio, the first UN agency report on emergency airlifts to newly accessible areas, the continuing high rates of severe acute malnutrition in the South, the experiences of children formerly associated with armed groups and women who gave up circumcising girls and became social mobilizers.

A child photography project, begun in 2013, continued with training for 400 young people in Puntland through the Child to Child Clubs and 80 in Mogadishu providing young people with new skills and also gave them an opportunity to express their views through their own photographs.

Somali children snap thousands of extraordinary photos of their lives

UNICEF Somalia continued to support a photography project giving youth an opportunity to provide a fascinating insight into their lives. In Puntland, North East Somalia, a professional photographer spent two days in 2014 training a group of ten teachers on the basics of photography. The teachers used the school clubs, known as Child to Child clubs to involve 400 children and collected the photos with the help of the Puntland Students' Consultancy Agency (PSCA). A similar project in December 2014 in Mogadishu helped the children and youth to produce thousands of unique images of their homes, communities and lives. In total, including the same project run in 2013 in Somaliland, nearly 1000 children have received training and the photographs have been used for exhibitions and outreach.



Achievements in Communication for Development (C4D)

Communication for Development continued to be a major focus in 2014. A social mobilization network was established with 21 Regional Social Mobilizers, 127 District Social Mobilizers and 3,312 Community Mobilizers contributing to improving knowledge especially for polio. The programme reached 165 religious and clan leaders, reached three million people with polio messages by radio and broadcast a radio drama on polio. In addition a WASH project on polio awareness reached 1 million phone users with hygiene messages in Mogadishu and Afgoye through an interactive mobile phone platform and 50,000 participating households received hygiene

kits through targeted distribution. Awareness levels on polio continued at 95 per cent across the country.

Formative research showed low levels of awareness on maternal and child health with 47 per cent of young mothers reporting that they do not know the importance of routine immunization. Capacity building on C4D was conducted for 68 UNICEF staff members, Ministry of Health officials and implementing partners, of these 25 were trained as trainers. Integrated messaging on health, nutrition and WASH cumulatively reached more than 1.7 million people through SMS and transmitted messages through over 1,500 mosques. Child to Child clubs were one of the key agents for change in school communities, 111 Child to Child clubs were supported to educate their peers in topics such as hygiene and sanitation and child rights.

Achievements in Risk Management

In 2014, programme monitoring remained challenging due to the fluid security situation, resulting in constrained access to over 60 per cent of programmable areas. While field monitoring was particularly constrained in the Central and Southern areas, monitoring field trips significantly increased in Somaliland, and to some extent in Puntland. Programmes used reports from field trips and supported supervision visits to generate information while in hard-to-reach areas data from third party monitoring was used to meet programme needs for information and to guide programme activities going forward.

Continued challenges of remote management in inaccessible areas led to innovative solutions for programme delivery and supply distribution monitoring. Six Real Time Monitoring (RTM) pilots, enabled by the RapidPro platform for SMS-messaging, were developed to enhance end-use monitoring of supplies, real-time tracking of key indicators, and two-way communication with beneficiaries. Three pilots focus specifically on supply tracking, from implementing partner confirmations on supply delivery, to regular stock level updates from Health and Nutrition facilities. Community mobilizers working to eradicate polio, are also starting to send in SMS updates about each mobilization meeting conducted and availability of vaccines at sites.



In 2014, knowledge management of risk information on partners was greatly improved, with the establishment of a risk library with information on more than 400 implementing partners. Risk levels based on third party verification reports and data sources have been assigned to 135 partners out of the 245 who received funding in 2013-2014.

Through third party verification contracts, 28 organizational profiles and 3 large scale verification assignments were undertaken in key programming areas, including verification of teacher incentives, polio C4D campaigns, and WASH interventions. Third party monitoring of beneficiary targeting and identification practices has led to an in-depth understanding of how the cash transfer programme is implemented on the ground.

Achievements in Emergency Response

In 2014 delivering lifesaving services was impaired by severe humanitarian funding shortages, with 34 per cent of the Somalia Consolidated Appeal funded². Primary Health Care and Gender-Based Violence services, emergency education and social protection suffered the most as a result of low humanitarian funding levels.

UNICEF scaled up its 2013 polio outbreak response, contributing to a reduction in reported cases from 194 in 2013 to 5 in 2014. Increased measles incidence amongst the nomadic and pastoralist communities was promptly responded to with more than 1.3 million children under-5 benefiting from vaccination campaigns in Puntland, Banadir and accessible areas of Lower Juba. In the newly accessible areas, UNICEF provided life-saving humanitarian assistance for approximately 220,000 at-risk beneficiaries.

UNICEF supported the treatment of 162,320 severely malnourished children under-5 via therapeutic feeding programmes. This included emergency support for about 14,000 children through a sustained air bridge support for 86 MT of nutrition supplies in newly accessible and hard-to-reach areas. Over 150,000 vulnerable people were assisted with direct cash transfers, enabling them to meet critical food and non-food needs.

UNICEF scaled up the Open Defecation Free approach, provided over 280,000 people with new, sustained access to safe water and 351,389 beneficiaries with the means to practise good hygiene and household water treatment.

In the last quarter of 2014, fundraising efforts led to just under US\$1 million being raised through CERF in support of 42,000 children in 350 schools in IDP settlements and communities in the newly accessible areas in Central and South Somalia.

From a child protection perspective, UNICEF supported efforts to identify, trace and reunify 907 separated and unaccompanied children with their families. Throughout 2014, UNICEF continued to effectively lead the WASH and Nutrition Clusters and the Child Protection Working Group, and to co-lead the Education Cluster.

Following the lessons of the 2013 Puntland cyclone, in 2014 a National Emergency Preparedness and Response/National Contingency Plan that combines Water, Sanitation and Hygiene (WASH) with Nutrition was developed. The plan outlined the interventions required to minimize the impact of key hazards such as drought, floods, conflict, and disease outbreak and the Nutrition and WASH interventions requiring collaboration between partner agencies.

² Funding status against the Appeal reflects programmable amounts, excluding recovery costs.

Donor Support

Bilateral

Belgium	Japan
Canada	Netherlands
Denmark	Sweden
European Union	Switzerland
ECHO	UAE
Finland	UK
Italy	USA

UN and intergovernmental

CERF

CHF

The GAVI Fund

The Global Fund

Global Partnership for Education (GPE)

Private donors and foundations

Bill and Melinda Gates Foundation

Educate a Child

The Micronutrient Initiative

Rotary International

UNICEF National Committees

Consolidated Natcoms

German Natcom

Japan Natcom

Swedish Natcom

US Fund

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Twitter: @unicefsomalia
Facebook: Unicef Somalia

