# Somalia

## Water, Sanitation and Hygiene Sectoral Report


Young boy washes his face in Borama, Somaliland, where UNICEF supported a private-public water system

**January - December 2016**

**Prepared by:**
**UNICEF Somalia**

**March 2017**

unicef

## Table of Contents

## Abbreviations and Acronyms

| | |
|---|---|
| **AMISOM** | African Union Mission in Somalia |
| **AWD** | Acute watery diarrhoea |
| **CLTS** | Community led total sanitation |
| **CSR** | Central South Regions |
| **DMA** | Disaster Management Authority |
| **FAO** | Food and Agriculture Organization |
| **FGS** | Federal Government of Somalia |
| **HADMA** | Humanitarian Affairs and Disaster Management Authority |
| **IDP** | Internally displaced person |
| **IMWSC** | Inter-Ministerial WASH Steering Committee |
| **JPLG** | Joint Programme on Local Governance |
| **KAP** | Knowledge, Attitudes and Practices |
| **MHM** | Menstrual hygiene management |
| **MoE** | Ministry of Education |
| **MoH** | Ministry of Health |
| **MoU** | Memorandum of Understanding |
| **NDP** | National Development Plan |
| **NERAD** | National Environment Research and Disaster Preparedness and Management |
| **NGO** | Non-governmental organization |
| **ODF** | Open defecation free |
| **ORE** | Other Resources - Emergency |
| **ORR** | Other Resources - Regular |
| **PPP** | Public private partnership |
| **RR** | Regular Resources |
| **RSH** | Regional Supply Hub |
| **SDF** | Somaliland Development Fund |
| **SDG** | Sustainable Development Goal |
| **WASH** | Water, sanitation and hygiene |
| **WFP** | World Food Programme |
| **WHO** | World Health Organization |

**WinS** WASH-in-Schools

## Executive Summary

Water, sanitation and hygiene (WASH) is a priority area under the Social and Human Capital Development pillar of the Government three-year National Development Plan (NDP). This pillar aims to accelerate universal access to basic social services, build human capabilities and uphold the dignity of all people of Somalia. As such, it will contribute to the overall vision of the NDP, which is to "enhance peace and stability, economic prosperity and national cohesion". Given the current low coverage, achieving these goals will require considerable efforts in capacity building, greater sector investments and effective collaboration between the Federal Government of Somalia (FGS) and the federal member state authorities on the one hand, and the FGS and development partners on the other.

Reaching socially excluded groups and the most vulnerable children has been a challenge that involves increased service delivery everywhere, both in times of stability and of emergency. UNICEF has been targeting efforts towards those most in need, building relationships and collaborative frameworks with partners that have comparative advantages, as well as with municipal government actors, service providers and the private sector.

There has been steady progress towards expected results for children during the period under review. UNICEF continued to use an integrated approach in taking the WASH programme to scale, ensuring increased access to safe water at home, in schools and health care facilities and practising good sanitation and hygiene. Since 2011, with support from UNICEF, an estimated 1.96 million people have gained access to sustained safe water in target communities and an estimated 81,000 school-going children and 57,000 users of health facilities have gained access to safe water supplies.

Amidst the progress made so far, creating open defecation free (ODF) communities remains a challenge. Over a third of Somalis practice open defecation which poses a serious threat to the health of the community, particularly children. Over 23,000 people are now living in ODF communities since the introduction of the community led total sanitation (CLTS) approach in 2012. Moving forward, to support ODF communities, UNICEF will continue to engage opinion, clan and religious leaders in raising awareness on the health benefits of not defecating in the open.

To ensure emergency-affected people can access life-saving assistance, UNICEF provided 713,386 people with the means to practice good hygiene and household water treatment, through provision of soap, buckets, jerry cans and water purification chemicals. Through the Regional Supply Hub (RSH) mechanism, UNICEF responded to 70 per cent of declared emergencies within the first 96 hours. UNICEF also supported some 550,339 affected people to access safe water through temporary means, including water vouchers/trucking, chlorination of unprotected shallow wells and support to operation and maintenance of water schemes. An additional 170,000 people in Acute Watery Diarrhoea (AWD)/cholera hotspots gained access to sanitation facilities through UNICEF support.

In a bid to strengthen the enabling environment, UNICEF continued to work closely with the key WASH related ministries, as well as the Puntland State Agency for Water, Energy and Natural Resources for the implementation of the programme. At the sub national level, UNICEF worked closely with the federal member state authorities. UNICEF provided support to government counterparts for development of policies, strategies, performance monitoring tools and regulatory frameworks. UNICEF contributed to the drafting of the NDP ensuring WASH-related issues are distinctly captured among the government priorities. Technical and financial assistance was provided to government line ministries with overlapping responsibilities in WASH, for policy development and institutionalization of the Inter-Ministerial WASH Steering Committee (IMWSC), that brings all the key ministries together and serves as the platform for advocating for increased allocations from government to achieve results for children and realization of the national goals laid out in the NDP.

Funding and access constraints are delaying some activities including urban water supply activities; water quality initiatives; borehole repair centres; timely delivery of supplies; and WASH-in-Schools (WinS) including menstrual hygiene management (MHM). Lack of clarity of roles and responsibilities between state and federal authorities has also delayed implementation of activities. At 24 per cent in 2015, the incidence of diarrhoea in children under-5 has not changed much in the last decades despite the rise in use of improved water. This bottleneck can be attributed to lack of knowledge in optimal hygiene and sanitation practices by caregivers and the quality of water used for domestic purposes. UNICEF will continue to work to improve knowledge on these issues.

Furthermore, the October-December 2016 *Deyr* season performed poorly across Somalia, with large areas of the country receiving less than 40 per cent of the usual rainfall. This is endangering the survival and well-being of children; without urgent assistance, there is a risk of a major national nutrition and food-security crisis unfolding. UNICEF therefore realigned its programmatic, financial and human resources to respond to the unfolding crisis. In view of the deteriorating situation, now affecting the entire country, UNICEF will prioritise an integrated WASH, health and nutrition response, with a focus on providing life-saving services to avert a famine. This will be achieved with a rapid-scale-up of the UNICEF response, through the procurement at scale, and in a timely manner, of life-saving core pipeline supplies, an increase in partnerships and coverage and the expansion of critical services in the most affected areas.

From a development perspective, UNICEF will focus on strategic engagement with federal member state authorities, as well as the private sector, for sustainable service delivery in realising the aspirations of the NDP. Technical guidance and support will be provided to encourage the incremental improvement and self-supply of shallow wells and small rainwater harvesting systems. UNICEF will continue to support and implement the Joint Programme on Local Governance (JPLG) through increased engagement of municipal authorities, capacity development of private companies and ensuring that tariff setting mechanisms are managed at the local level for more sustainable safe water delivery mechanisms. UNICEF will continue to encourage greater integration of humanitarian and development programmes to improve both the effectiveness of humanitarian responses and the long-term sustainability of national WASH systems and of community resilience capacity. The growing recognition that aid programmes need to be synchronised with resilience building at community and household level will help to focus attention on community capacity and vulnerabilities.

## Strategic Context of 2016

Somalia remains a country in permanent public health crisis, with children and women bearing the brunt. The key WASH deprivations include inadequate access to safe water supply and appropriate sanitation and hygiene facilities within communities, internally displaced person (IDP) camps, schools and health facilities. Over 47 per cent of the Somali population do not have access to safe drinking water[1]. The underlying causes for these deprivations include unavailability of safe water sources in rural and urban communities together with institutions, long distances to water sources limiting access to sufficient water supply and a limited community awareness of their rights to WASH services. Field reports also suggest that 40 per cent of existing water sources are non-functional, in addition to the high cost per cubic metre of water. Lack of central water treatment systems in most urban and peri-urban towns and limited knowledge on household water treatment and safe storage comprise some of the underlying causes. Furthermore, there is an existing preference for surface water sources considered to be 'sweet' water as opposed to saline groundwater supplies, even though the former are unsafe. Access to improved water sources stands at around 45 per cent, an increase from 30 per cent in 2011. However, almost half of the households take more than 30 minutes to collect water.

The second deprivation is the lack of adequate knowledge and practice of good water, sanitation and hygiene behaviours. Most of the rural population neither know the health benefits of using improved sanitation facilitie,s nor are aware of the health benefits of practising handwashing with soap at critical times. Contamination of water during collection, transport and storage is a common problem, indicated by low levels of hygiene at the water points and in the homes. Over 77 per cent of people are aware that drinking water needs to be treated at home, while 23 per cent do not consider water treatment important. The underlying causes of these deprivations include the lack of motivation by heads of households to construct latrines with hand washing facilities, due to perceived high cost of latrine construction, and the absence of hand washing facilities at schools or health facilities. A lack of common approaches among service providers on hygiene promotion, as well as the low literacy level of caregivers, have been identified as two of the principle underlying causes of deprivations on knowledge and practice. The prevalence of open defecation in rural areas is estimated at 56 per cent, an improvement from 83 per cent in 2011, but only a quarter of households have sanitation facilities within 10 metres. Poor sanitation and hygiene practices, coupled with cultural preferences for open defecation, result in many children and adults ingesting faeces, from both humans and animals, on a regular basis. Diarrhoea incidence in children under-5 remains high at around 23 per cent, has not changed much over the last decades and is not much different for urban compared to rural children, and only somewhat lower for wealthier families and more educated mothers.  It is, however, higher in central and southern regions (CSR).

Use of contaminated drinking water and unimproved sanitation facilities, as well as lack of proper hygiene, are the major causes of waterborne diseases in Somalia. In turn, waterborne diseases are the main cause of child morbidity and mortality and are strongly correlated to child malnutrition, leading to both wasting and stunting. Since malnourished children are more susceptible to disease, there is a feedback causal loop from undernutrition to WASH-related diseases.

[1] Most of the data presented in this section is drawn from the 2015 Knowledge, Attitudes and Practices (KAP) study.

Only about one fifth of Somalis use both improved water and improved sanitation. This proportion is about half for urban populations and extremely low for rural populations. There is high variability in water resources, from abundance in regions bordering the Shabelle and Juba Rivers, to acutely arid regions elsewhere in the country. Coverage of water sources for the population is within an acceptable range in some regions. In rural areas, this is as a result of regular investment in new boreholes. However, water points are often unevenly distributed leaving many household members, mainly women and girls, with long distances to travel to water supplies, especially in the dry season, or reliance on water trucking. Extreme water resource shortages in parts of the country, especially Puntland and central regions, means that groundwater is the only reliable water source and this is at depths of up to 400 metres or more in some areas. In drought-prone and conflict-affected regions, such as Gedo and Hiraan, the coverage is as low as 30 per cent. In urban areas, private water utilities often provide a reliable service, but at a high cost. Although the coverage is adequate in some areas, up to 40 per cent of the water supplies are non-functional at any one time.

Today, over 6.2 million people are in need of humanitarian assistance, as a result of drought. This includes 2.9 million people in crisis and emergency. Should the 2017 *Gu* season perform poorly and humanitarian assistance not reach populations affected by drought, there is a risk of famine unfolding in the second half of 2017. Water prices have increased six-fold in some of the worst-hit remote pastoral settlements. Reduced access to water directly contributes to malnutrition and water shortages carry an inherent increased risk of AWD/cholera outbreaks; in 2017 more than 10,000 cases have already been reported in southern regions and Puntland.

Somalia's weak infrastructure means that the spare parts supply-chain is weak or non-existent and skilled mechanics are only found in urban areas. Poor operation and maintenance is also common where local governance of the water supply is weak. Water infrastructure constructed is frequently handed over to communities who lack the knowledge, skills and resources to maintain it.

Water is seen as an economic, rather than a social good in Somalia, with businessmen or clan elders running most water supplies. As such, profit or personal interests dominate their operation and there is little reinvestment in the systems. Repairs are ad-hoc and dependant on available resources. Even where Government has a presence, there is very little regulation of private water supply operators. Tariffs are not regulated, allowing operators to charge extortionate prices, especially in times of scarcity. However, in communities where local governance of water services is established and functioning well, with the involvement of clan elders for public oversight, private water operators are very successful in maintaining services, even where external actors have no access.

Water supplies in Somalia have very high operation and maintenance costs due to poor design and construction; over-reliance on inappropriate diesel-powered technology; lack of routine maintenance; poor technical skills of operators and high cost of fuel, spare parts and skilled labour.

Lack of any standardization of tariffs results in high variability in the price of water throughout the country. A 20 litre jerry can of drinking water can cost up to US$ 0.50 and an average family requires at least two jerry cans to meet their minimum daily requirement. Because of these high prices, poor households often choose to fetch water from unimproved sources. About one half of households require more than 30 minutes to make a round trip to collect water and this rises to about two-thirds for rural households. Depending on the size of the water collection container, three to four such trips are usually required daily. Almost no rural households have water provided to their dwellings. Carrying filled jerry cans of water significant distances represents a physical strain for

women who are already overburdened with other domestic and economic work. Innovative designs for rolling jerry cans, thus reducing the burden of carrying water, have been introduced in other arid and semi-arid areas in the Horn of Africa, however, they are rare in Somalia. The logistical difficulties faced in transporting bulky jerry cans means that the majority of relief distributions provide collapsible jerry cans that cannot be rolled. Additionally, for women and girls, fetching water subjects them to the risk of sexual abuse. As a result of all the above factors, the quantity of water fetched by a household is usually well below the recommended volume per person; WHO recommends a minimum of 7.5 litres per capita per day.

The high incidence of open defecation also carries a risk that women and girls will suffer sexual abuse when far from the house at night for purposes of defecation. The need for privacy and requirements for anal cleansing often forces people to defecate in places that are particularly risky for contaminating water supplies.

Poor design of latrines in urban areas, particularly in IDP camps, has resulted in high rates of collapse during the rainy season and latrines that fill up rapidly, forcing users to empty them manually to be able to continue using them. Lack of systems for cleaning, maintaining and emptying public latrines has resulted in low levels of usage and open defecation. Continued subsidy for household latrine construction can only be considered as 'paying people to defecate'. All health authorities in Somalia have issued circulars insisting that the CLTS zero subsidy approach be used for promoting household sanitation. It remains the challenge of the implementing agencies to create and sustain ODF communities. The first 39 villages were certified as ODF in 2016 benefitting 23,400 people.

Difficulties in coordinating and regulating water services are mostly due to low capacity at the national and sub-national levels. Human resource capacity in Government has been boosted in the last five years by the return of skilled engineers and managers from the diaspora, however there is rapid turnover and consequently little consistency in strategy or planning. Vocational training to create skilled workers for the water sector (plumbers, electricians and mechanics) does not exist in-country and the engineering schools at the universities do not have the resources to effectively teach students. Both the public and private sector suffer from lack of skilled workers, therefore water supplies are badly constructed and maintained.

Local governance of water supplies is generally weak. Tools for effective regulation and public oversight of private water services are slowly picking up in Somaliland and Puntland, but there is limited understanding or political will at the local level to enforce them. Users are not empowered to demand better services from providers and there is a general lack of collective responsibility to provide affordable water supply to the population. Where private water operators are providing water, roles and responsibilities are not clearly defined so public-private partnerships are effectively only private businesses with no public oversight.

WASH is at the centre of the 2016-2030 sustainable development agenda, with a distinct sector goal (Sustainable Development Goal - SDG 6) that envisions universal, sustainable, and equitable access to safe drinking water, sanitation and hygiene and the elimination of open defecation by 2030. By aiming for universal coverage, while stressing the needs of women and girls and those in vulnerable situations, this target challenges Somalia as a member state and all its development partners to scale up efforts and redefine national development planning targets.

## Results in the Outcome Area

The WASH programme addresses strategic programme outcome 3**:** ***"More communities use sustained WASH services and are empowered to stop harmful sanitation and hygiene behaviours."***

The impact of poor sanitation and hygiene, coupled with the use of unsafe water sources, as well as the risk of conflict over access to water, affects the lives of almost every Somali, every day. Communities with sustained access to safe water and who practice good sanitation and hygiene behaviours are relieved of the burden caused by diarrhoea and other WASH-related diseases, positively impacting their health, wealth, livelihoods, as well as children's education and development.

The WASH programme is structured around the following four outputs:

**Output 3.1**: An additional 2.9 million people in urban and rural areas have sustained access to improved safe water supply by 2017.

**Output 3.2**: Additional households in 850 peri-urban and rural communities, have knowledge and are able to alleviate harmful hygiene and sanitation practices and norms that impact on their health.

**Output 3.3**: Emergency-affected people access life-saving WASH interventions within the first 96 hours to reduce morbidity and mortality.

**Output 3.4**: Enabling environment and management systems for sustainable service delivery established and in use with clearly defined roles and responsibilities at all levels.

**Outcome 3**
**More communities use sustained WASH services and are empowered to stop harmful sanitation and hygiene behaviours**

| OUTCOME INDICATORS | BASELINE | TARGET | PROGRESS |
|---|---|---|---|
| 1. Proportion of the population using an improved source of drinking water | 30% | 50% | 53% |
| 2. Proportion of the population practising open defecation | National 52%<br>Rural 83% | 43% | National 37%<br>Rural 53% |
| 3. Prevalence of diarrhoeal disease reduced by 5% (U5) | 25% | 20% | 24% |

**Progress against outcome**

In 2016, UNICEF achieved steady progress towards expected results, including timely responses to emergencies across Somalia. UNICEF continued to use a combined approach to all aspects of WASH in a community to ensure that everyone has access to safe water at home, in schools and health care facilities, practices good sanitation and lives in a hygienic environment. Since the beginning of the current country programme in 2011, with support from UNICEF, an estimated 1.96 million people have gained access to sustained safe water through development or rehabilitation of community water points. UNICEF installed or extended water supply systems to 232 schools and 163 health facilities to benefit an estimated 81,000 school-going children and 57,000 users of health facilities respectively. The first 39 villages were certified as ODF during the year benefitting 23,400 people. Additionally, UNICEF supported 427 villages in achieving self-declared ODF status benefitting an estimated 256,200 people since the introduction of the CLTS approach in 2012. The number of joint field visits by the government-led hygiene and sanitation working groups, as well as supportive supervisory and monitoring trips, has doubled compared to 2015. This, coupled with the readiness and willingness of the certification and verification committee to be deployed when called upon to verify a self-declared ODF village, has been exemplary.

To ensure emergency-affected people can access life-saving assistance, UNICEF provided 713,386 people with the means to practice good hygiene and household water treatment, through provision of soap, buckets, jerry cans and water purification chemicals. Through the RSH mechanism, UNICEF responded to 70 per cent of declared emergencies within the first 96 hours. UNICEF also supported some 550,339 affected people to access safe water through temporary means, including water vouchers/trucking, chlorination of unprotected shallow wells and support to operation and maintenance of water schemes. An additional 170,000 people in AWD/cholera hotspot areas gained access to sanitation facilities (toilets) through UNICEF support.

UNICEF ensured gender responsive services throughout the programme. In schools and health facilities, UNICEF constructed single sex latrines. There is evidence that inadequate sanitation, water and hand washing facilities act as barriers to children's attendance and performance in schools, especially for girls, and particularly for girls when their MHM needs are not addressed. The composition of women on water user associations suggests that women are increasingly prepared to be engaged

on WASH-related issues. Field reports also suggest that women are beginning to engage in management of water supply systems by buying shares in small-medium entrepreneurships or public-private partnerships.

To promote improved sanitation and hygiene behaviours, UNICEF provided support to government counterparts for development of policies, strategies, performance monitoring tools and regulatory frameworks. UNICEF contributed to the drafting of the NDP, ensuring WASH-related issues are distinctly captured among the government priorities. Technical and financial assistance was provided to government line ministries with overlapping responsibilities in WASH, for policy development and institutionalization of the IMWSC across Somalia.

Besides UNICEF, other partners are also investing in the WASH sector. The Somaliland Development Fund (SDF) provides support for 12 water projects with a total value of US$ 62 million. The projects are implemented by the Government of Somaliland through the Hargeisa Water Agency and the Ministry of Water Resources and include a construction component. In the same vein, the African Development Bank Group will provide funding for the water infrastructure development programme for resilience in Somaliland. With US$ 8.4 million, the programme will benefit an estimated 250,000 people, including IDPs in Hargeysa and their livestock.

**Constraints and actions taken**

Creating ODF communities is still a challenge, despite progress. Over a third of Somalis (37 per cent) practice open defecation which poses a serious threat to the health of the community, particularly children. Funding and access constraints are delaying some activities including urban water supply activities; water quality initiatives; borehole repair centres; timely delivery of supplies; and WASH-in-Schools including MHM. Lack of clarity of roles and responsibilities between state and federal authorities has also delayed implementation of activities. At 24 per cent in 2015, the incidence of diarrhoea in children under-5 has not changed much in the last decades despite the rise in use of improved water. The stagnation can be attributed to lack of knowledge in optimal hygiene and sanitation practices and the quality of water used for domestic purposes. UNICEF will continue to work to improve knowledge on these issues.

**Way forward**

Moving forward, to support ODF communities, UNICEF will continue the engagement with opinion, clan and religious leaders in raising awareness on the health benefits of not defecating in the open. UNICEF will focus on strategic engagement with emerging state authorities, as well as the private sector, for sustainable service delivery. UNICEF will support the national priorities set out in the NDP. UNICEF will also work to harmonise approaches for the software component of WASH service delivery e.g. WinS and MHM. UNICEF will encourage the incremental improvement of household and community water supply through user investment in construction and upgrading of shallow wells and small rainwater harvesting systems. UNICEF will continue to support and implement the JPLG through increased engagement of municipal authorities, capacity development of private companies and ensuring that tariff setting mechanisms are managed at the local level for more sustainable safe water delivery mechanisms. Finally, UNICEF, WFP and FAO will fundraise for, and start, the joint resilience programme, working together to implement an integrated programme to maximise nutrition results through joint service delivery and to strengthen resilience in key districts.

**Output 3.1**

**An additional 2.9 million people in urban and rural areas have sustained access to improved safe water supply by 2017**

| OUTPUT INDICATORS | BASELINE | TARGET | PROGRESS |
|---|---|---|---|
| # of additional people accessing sufficient safe water | 0 | 2,900,000 (2016 target -250,000) | 1,959,740 since 2011 to 2016 (439,306 in 2016) |
| # of additional health facilities/nutrition centres and schools with functioning WASH facilities | 0 | 460 schools (70 for 2016)<br>265 Health/Nutrition facilities (60 for 2016) | 232 schools and 163 health facilities since 2011 to 2016 (60 schools and 47 Health/Nutrition facilities in 2016) |

**Progress against output**

The results achieved in relation to the 2016 annual target were fully met but remained constrained in relation to the overall country programme target. High capital investment for new water sources, coupled with lack of funding, has been the single-most important reason, followed by technical limitations of the service providers in areas of pumping tests and hydrogeological surveys.

A total of 55 water supply systems (33 in CSR; 13 in Somaliland; 9 in Puntland); 27 drought-affected strategic boreholes (18 in Puntland; 9 in Somaliland) and 129 shallow wells (8 in Puntland; 121 in CSR) were constructed or rehabilitated benefitting 439,306 people, double the annual target. UNICEF also extended the water supply connection to 60 schools (7 in Somaliland; 13 in Puntland; 40 in CSR) and 47 health facilities (5 in Somaliland; 13 in Puntland; 29 in CSR).

Support was also provided for urban water supply systems. In Somaliland, works are at advanced stages in four urban/peri-urban communities anticipated to benefit over 2.2 million people. Similarly, in Puntland, UNICEF is supporting the rehabilitation of the Bossaso water supply system to increase access from 45 to 58 per cent. In the south of the country, UNICEF concluded the assessment of the status of water supplies and sanitation services, including a design and feasibility report for the improvement of water and sanitation and drainage infrastructure, in three towns. It is expected that two of the systems will be included in future infrastructure rehabilitation plans, although funding is yet to be confirmed. In the meantime, UNICEF supported quick fixes to ensure essential services were restored through repair of key components of water supply systems in the three towns and the capacity of utility companies to carry out daily maintenance was built.

The collaboration between UNICEF and different stakeholders including implementing partners, as well as line ministries of water resources in Somaliland and in FGS, have contributed to the achievement of these results. Joint planning for water supply interventions and joint monitoring and supportive supervision of ongoing works have yielded positive results.

**Constraints and actions taken**

Considering the technical limitation of the services, the enabling environment needs to be strengthened to support WASH policy guidelines and strategies so that NGOs, civil society organizations and private sector partners have harmonised and common approaches to take improved sanitation and safe water to scale. In other words, an improvement in the enabling environment will lead to an improvement in service delivery. Weak systems for the sustainable management of community water schemes, leading to low operation and maintenance capacities, prevail in most parts of the country. This is manifested by longer downtime of WASH services and sometime leads to abandonment. If the enabling environment directs, regulates and subsequently controls the behaviour of community members, then knowledge among the communities about their social responsibilities increases, leading to new services and behaviour change that will influence practices. Equally, if user associations in collaboration with the small-medium entrepreneurs adopted the public private partnership (PPP) model of managing WASH service delivery, there would be reliable and well-maintained WASH services. The role of the community and opinion leaders therefore becomes crucial if they become aware of their social roles and responsibilities and are motivated to be engaged on WASH service delivery.

**Way forward**

UNICEF will promote self-supply i.e. user investment in construction and upgrading of shallow wells, small rainwater harvesting systems, including household water treatment and safe storage. UNICEF will continue to advocate for the adoption of tools such as the three-star approach for WinS, designed to improve the effectiveness of hygiene behaviour change programmes. The approach ensures that healthy habits are taught, practised and integrated into daily school routines. In the three-star approach, schools are encouraged to take simple, inexpensive steps to achieve goals. It involves changing the way WinS programming is perceived by schools, communities and decision makers in government, as well as support agencies. By prioritising the most essential actions, this approach helps schools focus on meeting children's needs through key interventions. At the same time, it provides a clear pathway for all schools throughout Somalia to meet national standards and for all children to have hygiene-promoting and healthy schools. A fundamental principle behind the approach is that expensive WASH infrastructure in schools is not necessary to meet health goals. Once minimum standards are achieved, schools can move from one to three stars by expanding hygiene promotion activities and improving infrastructure, especially for girls, ultimately meeting national standards for WASH in schools.

UNICEF will maintain long-term agreements for procurement of supplies and will advocate for government counterparts to increase funding to the water sector. UNICEF will promote decentralised WASH service delivery though the JPLG in major towns. UNICEF will make use of the Somalia Water and Land Information Management (SWALIM) database to identify strategic boreholes for rehabilitation. Support will be provided to develop IMWSC at state and regional levels to support the decentralization of management of WASH services. WASH sector capacity building on hydrological and geophysical studies, as well as pump testing, will also be prioritised going forward. UNICEF will continue to support and implement the JPLG through increased engagement of municipal authorities, capacity development of private companies that are well accepted by user communities, ensuring that tariff setting mechanisms are managed at the local level for more sustainable safe water delivery mechanisms. Finally, UNICEF, WFP and FAO will fundraise for, and start, the joint resilience programme, working together to implement an integrated programme to maximise nutrition results through joint service delivery and to strengthen resilience in key districts.

**Output 3.2**

**Additional households, in 835 peri-urban and rural communities, have knowledge and are able to alleviate harmful hygiene and sanitation practices and norms that impact on their health**

| OUTPUT INDICATORS | BASELINE | TARGET | PROGRESS |
|---|---|---|---|
| # of communities certified free of open defecation | 0 | 460 (45 for 2016) | 39 |
| # of additional villages/communities self-declared ODF | 0 | 835 (135 for 2016) | 427 since 2011 to 2016 (76 in 2016) |
| The proportion of targeted caregivers routinely washing hands with soap and clean water at critical times increases by 60 per cent | 19% | 60% | 54.5% (status as per 2015 KAP survey) |
| # of additional schools with active hygiene clubs | 0 | 535 (75 for 2016) | 128 (69 in 2016) |

**Progress against output**

In the sanitation and hygiene sub-sectors, cultural beliefs and practices, ineffective public health departments, coupled with the perceived high cost of latrine construction, are among the underlying and structural causes for not meeting the targets. Furthermore, there has been too much focus on service provision, rather than demand creation, and the absence of a costed sanitation and hygiene master plan continues to hamper results in this output. Nonetheless, implementation of this output is gaining momentum with 39 communities (out of a target of 45) having been certified as ODF. The success is attributed to frequent interaction between members of the sanitation and hygiene technical working, UNICEF, master trainers and certification committee members to share experiences and develop solutions to challenges. Exchange visits to Kenya in February 2016 by UNICEF Somalia staff, strengthened capacity around CLTS. The biggest game changer in the pursuit of ODF communities is the engagement of opinion leaders and peer networks like religious leaders (imams and sheikhs). The quoting of “Hadiths” from the Quran, that specifically mention the role of religious leaders in promoting safe sanitation and cleanliness, is beginning to demonstrate results in the drive for ODF communities.

Aside from the CLTS approach, UNICEF is supporting the provision of safe WASH facilities for health centres and schools (water connections, latrines and washing facilities) and hygiene education in schools is being strengthened. A total of 56 schools and 39 health facilities have been equipped with improved sanitation facilities to benefit 16,800 school-going children and 13,650 users of health facilities. Child-to Child clubs were established in 71 schools and are functional (9 in Somaliland; 22 in Puntland; and 40 in CSR). The three-star approach was launched and trainings for 91 people conducted in Garowe, Mogadishu and Hargeysa with the Ministry of Education (MoE).

**Constraints and actions taken**

Due to the length of the conflict, most of the communities are accustomed to hand-outs, including subsidy for construction of household latrines. It will take time to sensitise community members to build their own latrines without subsidy. The lack of water in most communities affects sustainability of ODF. It is difficult to promote practices such as handwashing with soap, when water is not available. UNICEF therefore revised its strategy of selecting the villages to trigger based on availability of water supply. It is proving to be more difficult to achieve ODF and uphold status and related behavioural changes, like washing hands with soap and water critical times, in communities without water supply systems. Lack of strong community/sanitation champions and key political leaders to advocate for ODF has constrained the campaign. The clarity of roles between the FGS and state authorities delayed the certification of self-declared ODF villages in central Somalia. In early 2017, the drought experienced in most parts of Somaliland and Puntland affected triggered communities and slowed down post-triggering follow-up, hampering gains that had been made. Shortage of female teachers to support the MHM component of the WinS interventions and absence of policy guidelines at the MoE are also key constraints.

**Way forward**

To keep the momentum and double results in the coming year, UNICEF will specifically work with religious and traditional leaders in selected communities, as well as high profile public figures, for the promotion of CLTS approaches. Documentation of best practices and challenges, as well as the use of this information, is expected to identify bottlenecks and motivate communities that are lagging behind. The finalization of the CLTS protocol at federal level and increased advocacy for stronger government support for CLTS/ODF at both federal and state level will be prioritised. Formative research will be used to develop effective strategies, including communication channels to influence behaviour change and social norms surrounding menstrual hyghiene management in Somalia. The research will help identify and understand the interests, behaviours and needs to inform decision-making.

**OUTPUT 3.3**

**Emergency-affected people access life-saving WASH interventions within the first 96 hours to reduce morbidity and mortality.**

| OUTPUT INDICATORS | BASELINE | TARGET | PROGRESS |
|---|---|---|---|
| % of declared emergencies responded to within 96 hours | N/A | 60% | 70% |
| % of target districts covered with adequate emergency WASH stocks | N/A | 50% | 67% (50 of the 74 districts in Somalia) |
| % of people in humanitarian situations who access and use safe drinking water | N/A | 50% | 50 % (550,339 of 1,096,000) |
| % of targeted population in humanitarian situations using appropriate sanitation facilities | N/A | 50% | 16% (170,509 of 1,096,000) |
| % of people in affected areas, including IDPs, with means to practice good hygiene and household water treatment | NA | 50% | 66% (713,386 of 1,096,000) |

**Progress against output**

In 2016, UNICEF provided WASH life-saving assistance to 713,000 people affected by drought, AWD/cholera, floods and conflict. In response to the drought affecting Somaliland and Puntland, UNICEF intensified provision of safe water through vouchers, repair and rehabilitation of strategic boreholes and distribution of hygiene kits. A total of 27 boreholes were rehabilitated in Somaliland and Puntland (18 in Puntland; 9 in Somaliland) benefitting 135,000 people. In addition, an estimated 85,000 people received temporary access to safe water via vouchers. To support safe hygiene practices and water treatment at household level, UNICEF and partners distributed 21,250 hygiene kits, containing soap, water purification tablets and containers for water storage, benefitting 127,000 people.

In 2016, UNICEF scaled-up its interventions to respond to the AWD/cholera outbreak. UNICEF and partners provided 646,236 people with hygiene kits to boost safe hygiene practices and water treatment at household level through the UNICEF-supported RSHs. To ensure the safety of water sources in affected areas, UNICEF completed a three-month daily chlorination of 140 shallow wells serving 56,000 people. UNICEF also completed rehabilitation works to protect and upgrade 30 shallow wells with 12,000 people gaining access to sustained water. UNICEF and partners completed the construction of 28 gender sensitive sanitation facilities in 10 health centres. Additionally, UNICEF supported desludging of 4,503 overflowing pit latrines in Afgooye, Sigale, Taleh and Tarabunka IDP settlements in Mogadishu, benefitting an estimated 135,000 IDPs and host communities.

Following the resumption of conflict in Gaalkacyo and subsequent displacement of populations, UNICEF provided hygiene kits to 54,240 people, as well as safe water to 30,000 people (7.5 litres/person/day for 15 days). Similarly, in the conflict-affected district of Qandala in Bari region, UNICEF and the Ministry of Health (MoH) distributed hygiene kits to 3,720 people. In response to the floods in Belet Weyne town, Hiraan region, a total of 2,185 households received emergency hygiene kits through the UNICEF-supported RSHs, to avert outbreaks of waterborne diseases. UNICEF also distributed 42,685 sandbags to households to support the construction of embankments to prevent flooding of their homes.

**Constraints and actions taken**

Limited access, funding and weak capacity of partners continue to hamper emergency response. As an indirect consequence of the drought, an increase in the incidence of AWD cases was recorded in health centres in Puntland and Somaliland, as communities share the only available and unprotected water sources with livestock. Many of the districts affected by emergencies are inaccessible, impeding implementation of the response. Road access to most of these locations depends on security and the status of the roads during the rainy season. The few transporters undertaking delivery by road only agree to operate using African Union Mission in Somalia (AMISOM) escorts, which can have a counterproductive effect in anti-Government element controlled areas and expose partners even more. The contamination by latrines located within the effective radius of the hand-dug wells has been one of the biggest challenges in stopping cholera. This has been found to compromise the effectiveness and sustainability of well chlorination. Other challenges include limited capacity for water quality surveillance; the quick fill-up of latrines at IDP settlements; the use and maintenance of latrines and hand washing facilities at IDP settlements; ensuring the effectiveness and sustainability of hygiene promotion through volunteer community hygiene workers; and lack of an ODF strategy for IDP camps.

**Way forward**

UNICEF will continue to pre-position emergency supplies at the RSHs to ensure authorities and partners in high-risk areas are prepared to deliver emergency responses. In 2015, the partnership with the RSH manager for Middle Juba was terminated because of risk findings. Attempts in 2016 to re-establish the RSH through a Memorandum of Understanding (MoU) with the International Organization for Migration to cover both Lower Juba and Middle Juba proved to be practically impossible, due to restricted access. Yet pre-positioning of WASH emergency supplies in hard-to-reach locations helps prevent, control and contain WASH-related diseases during AWD/cholera outbreaks. UNICEF will thus explore alternative options to re-establish the Middle Juba RSH. UNICEF will also continue to advocate for more funding and for the establishment of a comprehensive and long-term approach for durable solutions for people affected by emergencies in Somalia. Capacity building for local authorities in policy development and support for local artisans involved in small-scale desludging are some of the opportunities for improving sanitation responses in emergencies. To support government ownership for emergency preparedness and response strategies, UNICEF will continue to support the development of district contingency plans and strengthen the capacity of the Disaster Management Authority (DMA), National Environment Research and Disaster Preparedness and Management (NERAD) and Humanitarian Affairs and Disaster Management Authority (HADMA). UNICEF will also look into innovations in water source chlorination.

**OUTPUT 3.4**
**Enabling environment and management systems for sustainable service delivery established and in use with clearly defined roles and responsibilities at all levels**

| OUTPUT INDICATORS | BASELINE | TARGET | PROGRESS |
|---|---|---|---|
| # of districts with updated Early Warning, Early Action plans | 0 | 17 | 17 |
| # of zones with strategic frameworks for water quality monitoring and management system | 0 | 3 | 0 |
| # of rural and urban water systems with functioning PPP approach | 0 | 80 (7 in 2016) | 46 (3 in 2016) |
| # of functioning supply chain of spare parts and repair centres for water supply equipment | 0 | 9 (4 in 2016) | 4 |
| # of community water committees trained to manage water supplies | 0 | 770 (82 in 2016) | 529 (70 in 2016) |
| # of zones with a three-year capacity development framework for WASH sector/Cluster/counterpart | 0 | 3 | 3 |
| # of partners trained to deliver quality WASH services | 0 | 60 | 58 |
| # of sector policies, master plans, regulatory frameworks developed and adapted (water and sanitation) | 0 | 3 | 1 |

**Progress against output**
Despite not meeting six of the eight indicators, progress was made in 2016. A draft WASH policy was developed with UNICEF support in collaboration with the IMWSC; regional and federal member state consultations are ongoing to ensure buy-in. The final document is expected to be in place by mid-2017. At the FGS level the IMWSC holds monthly meetings chaired by the Ministry of Planning and International Cooperation. Meetings have been initiated in Puntland and Somaliland. Support to the IMWSC encourages more holistic planning, coordination and execution of WASH programming to allow for progressive expansion of equitable coverage of WASH services. There is growing demand to replicate the IMWSC mechanism at federal state level, as it is a key coordination forum for policy development processes and strategic direction of the WASH sector. The National Sanitation Task Force was established in Mogadishu and it will play a pivotal role in implementation of CLTS (certification mechanisms). Other achievements include the development of a CLTS protocol under the leadership of the MoH and support in integration of WASH in the NDP. The current draft of the NDP has a complete chapter on WASH under the social services pillar and WASH is considered extensively in the infrastructure chapter. UNICEF began work on the establishment of a water quality laboratory and initiated a pilot water quality mapping project in Mogadishu, with Banadir University and the Ministry of Water Resources.

The establishment of the IMWSC is the most significant achievement for the Somaliland WASH sector in 2016. A MoU was signed by the three line ministries of Water, Health and Education to make way for the formation of sub-groups that will provide required input to the IMWSC. Terms of reference for the planning, management and operation of the IMWSC were also drafted and reviewed by members.

The work that started in 2015 to establish contingency planning at district level for 17 districts, including 7 in Puntland and Somaliland, continued and was completed during the first half of 2016, meeting the planned target.

**Constraints and actions taken**

With only two out of the eight indicators achieved, one on track and five constrained, the number of sector policies, master plans and regulatory frameworks developed and adapted (water and sanitation) is the single-most important indicator that has bearing on all of the sub-sectors of the WASH programme. This is largely due to the assurance of the enabling environment and overall governance in WASH. Many challenges were encountered. Presence of Government counterparts is limited to areas under Government control. Policy review and development tasks are taking longer than expected, due to high turn-over in senior government staff. Information sharing among counterparts is limited. Funding limitations are contributing to slower progress on enabling environment priorities. Capacity of sub-national structures to provide oversight to WASH service provision is limited. Other challenges include the lack of WASH sector coordination at sub-federal levels; lack of information, resources and the absence of supportive policies; lack of national standards; and lack of targets with clearly defined roles and responsibilities between national and state level ministries.

**Way forward**

UNICEF will continue to advocate for the roll-out of the active sector coordination mechanisms at, and between, federal, state and district level following the WASH policy finalization. More focus will go towards supporting WASH sector inter-ministerial coordination meetings to fast-rack review and development of outstanding policies, setting of national standards and targets; and strengthening sub-group/thematic (sanitation and hygiene, water supply) meetings. To foster partner accountability, during inception meetings, UNICEF will emphasise obligations of implementing partners throughout implementation. Additionally, UNICEF will work with partners who have the ability and a proven track record, as well as good working relations with federal, state and district authorities, as appropriate. To accelerate implementation, as well as coordination, UNICEF will prioritise joint inter-sectoral monitoring missions and set quarterly WASH review meetings.

## Financial Analysis

The UNICEF Somalia 2016 WASH Annual Work Plan was funded for US$ 15,469,435 against a planned budget of US$ 19,112,645, representing 80 per cent funding. Tables below provide further details.

**Table 1: Planned and funded budget by Outcome Area 3: WASH 2016 (in US$)**

| Output | | Funding Type[2] | Planned Budget[3] | Funded Budget[4] |
|---|---|---|---|---|
| 3.1 | SAFE DRINKING WATER | RR | 643,642 | 1,128,560 |
| | | ORR | 9,194,899 | 2,942,665 |
| | | ORE | | 4,149,676 |
| 3.2 | HYGIENE AND SANITATION PRACTICES | RR | 162,890 | 317,651 |
| | | ORR | 2,327,000 | 926,736 |
| | | ORE | | 1,012,491 |
| 3.3 | WASH EMERGENCY, PREPAREDNESS RESPONSE | RR | 245,248 | 54,806 |
| | | ORR | 3,503,556 | 219,834 |
| | | ORE | | 3,725,818 |
| 3.4 | WASH ENABLING ENVIRONMENT, MANAGEMENT SYSTEMS | RR | 198,578 | 245,906 |
| | | ORR | 2,836,832 | 492,360 |
| | | ORE | | 252,932 |
| **Grand Total** | | | **19,112,645** | **15,469,435** |

**Table 2: Country-level WASH thematic contributions received in 2016**

| Donor | Grant Number | Contribution Amount | Programmable Amount |
|---|---|---|---|
| Swedish Committee for UNICEF | SC1499030022 | 195,631 | 182,833 |
| Polish National Committee for UNICEF | SC1499030060 | 0 | 0 |
| **Total** | | **195,631** | **182,833** |

**Table 3: 2016 Expenditures in the Outcome Area 3: WASH**

| Output | | Expenditure Amount | | | |
|---|---|---|---|---|---|
| | | ORE | ORR | RR | All |
| 3.1 | SAFE DRINKING WATER | 5,145,328 | 2,713,342 | 1,151,553 | 9,010,223 |
| 3.2 | HYGIENE AND SANITATION PRACTICES | 1,279,642 | 872,116 | 325,351 | 2,477,109 |
| 3.3 | WASH EMERGENCY, PREPAREDNESS RESPONSE | 4,425,825 | 233,121 | 54,418 | 4,713,364 |
| 3.4 | WASH ENABLING ENVIRONMENT, MANAGEMENT SYSTEMS | 329,922 | 621,496 | 256,487 | 1,207,905 |
| **Grand Total** | | **11,180,717** | **4,440,075** | **1,787,809** | **17,408,601** |

[2] RR: Regular Resources; ORR: Other Resources – Regular; ORE: Other Resources - Emergency
[3] Planned budget does not include estimated recovery cost
[4] Funded amount excludes cost recovery (only programmable amounts)

**Table 4: Thematic expenses by WASH programme area**

| Row Labels | Expense |
|---|---|
| Other Resources - Emergency | 174,223 |
| 3.1. SAFE DRINKING WATER | 76,933 |
| 3.2. HYGIENE AND SANITATION PRACTICES | 39,131 |
| 3.3. WASH EMER. PREPAREDNESS RESPONSE | 51,786 |
| 3.4. WASH ENABLING ENVIR, MGMT SYSTEMS | 6,373 |
| Other Resources - Regular | 1,230,917 |
| 3.1. SAFE DRINKING WATER | 514,938 |
| 3.2. HYGIENE AND SANITATION PRACTICES | 464,342 |
| 3.3. WASH EMER. PREPAREDNESS RESPONSE | 155,409 |
| 3.4. WASH ENABLING ENVIR, MGMT SYSTEMS | 96,228 |
| **Grand Total** | **1,405,140** |

**Table 5: Expenses by Specific Intervention Codes**

| Row Labels | | Expense |
|---|---|---|
| 03-01-01 | Rural water supply | 5,943,513 |
| 03-01-02 | Peri-urban and urban water supply | 1,223,974 |
| 03-01-03 | Water Safety (including Household Water And Safe Storage) | 3,948 |
| 03-01-04 | Water Supply Sustainability | 1,838,788 |
| 03-02-01 | Open defecation elimination and improved sanitation: rural | 669,907 |
| 03-02-02 | Open defecation elimination and improved sanitation: peri-urban and urban | 1,536,035 |
| 03-03-01 | Hand-washing with soap | 89,816 |
| 03-03-02 | Other hygiene promotion | 181,350 |
| 03-05-01 | WASH coordination # humanitarian | 513,791 |
| 03-05-02 | WASH emergency preparedness | 4,199,573 |
| 03-06-02 | WASH social policy (social safety nets) | 2,271 |
| 03-06-03 | WASH # General | 1,205,634 |
| | **Grand Total** | **17,408,600** |

As detailed in Table 6 below, in 2017, the WASH programme has a budget of US$ 19,857,545 of which 66 per cent has been secured, leaving a funding gap of US$ 6,724,632. The humanitarian situation is rapidly deteriorating with the drought which started in the north last year now affecting most of the country. Overall funding requirements are thus being increased to scale-up life-saving assistance and avert a famine; the WASH programme's ORE budget is increasing from US$ 12,000,671 to US$ 30,000,718. The WASH programme has experienced funding shortfalls over each year of the country programme cycle (2011-2017), resulting in accumulated shortfalls. This means that a number of planned activities may not be achieved.

**Table 6. Planned WASH Budget and Available Resources for 2017**

| Output | Funding Type | Planned Budget[5] | Planned Budget | Shortfall[6] |
|---|---|---|---|---|
| 3.1. SAFE DRINKING WATER | RR | 262,366 | 262,366 | 0 |
| | ORR | 4,041,856 | 3,106,209 | 935,647 |
| | ORE | 8,508,476 | 3,326,185 | 5,182,291 |
| 3.2. HYGIENE AND SANITATION PRACTICES | RR | 21,931 | 21,931 | 0 |
| | ORR | 1,325,199 | 467,452 | 857,747 |
| | ORE | 100,806 | 590,536 | (489,730) |
| 3.3. WASH EMERGENCY, PREPAREDNESS RESPONSE | RR | 855,789 | 855,789 | 0 |
| | ORR | 331,300 | 392,455 | (61,155)[7] |
| | ORE | 2,830,958 | 3,610,455 | (779,497) |
| 3.4. WASH ENABLING ENVIRONMENT, MANAGEMENT SYSTEMS | RR | 90,794 | 90,794 | 0 |
| | ORR | 927,639 | 104,192 | 823,447 |
| | ORE | 560,431 | 304,549 | 255,882 |
| Subtotal | RR | 1,230,880 | 1,230,880 | 0 |
| | ORR | 6,625,994 | 4,070,308 | 2,555,686 |
| | ORE | 12,000,671 | 7,831,725 | 4,168,946 |
| **Total 2017** | | **19,857,545** | **13,132,913** | **6,724,632** |

## Future Work Plan

At 24 per cent in 2015, the incidence of diarrhoea in children under-5 has not changed over the last two decades in Somalia, despite the marked increase in use of improved water. The focus of the WASH programme will be to reduce infant and under-5 morbidity and mortality caused by WASH-related diseases, especially diarrhoea. This will require improvements in the enabling environment (policy/legislation and social norms) that will generate supply and demand on knowledge, delivering WASH services in a sustainable manner and leading changes in behaviour and new practices or new norms through advocacy and social mobilization. This requires that everyone has access to safe water, practices good sanitation and has a hygienic living environment, supported by structures in

[5] Planned and funded budget excludes recovery cost. RR plan is based on total RR approved for the country programme duration.
[6] Other Resources shortfall represents ORR funding required for the achievements of results in 2017.
[7] UNICEF used some of its ORR funding in order to ensure a timely response to the drought-induced deteriorating humanitarian situation, leading to an over-expenditure against the planned ORR budget.

their community and Government that allow for sustained systems and achievable standards reinforced by practical policy. The programme strategy will therefore advocate for a comprehensive approach to achieving sustained safe water, good sanitation and proper hygiene in communities, including schools and health centres. In this regard, it adopts a combined approach to all aspects of WASH in a community in order to achieve sustainable results.

In 2017, the UNICEF WASH programme will promote closer alignment and convergence with the education, health, nutrition and child protection programmes to ensure complementarity and sustainability. The WASH programme will seek convergence with health service delivery and WASH in schools. Recent changes in UNICEF's approach for more sustainable service delivery and resilience building are a positive development in ensuring people use sustained WASH services and are empowered to stop harmful sanitation and hygiene behaviours. UNICEF's resilience programme places significant emphasis on community-based interventions and where possible, targeting of individual households with a 'package' of support. The programme will therefore focus on safe water supply for socially excluded population groups, in both urban and rural areas, together with sustainable sanitation services and hygiene promotion. These will be built on best practices, lessons learned and innovative approaches since 2011. Taking these initiatives and innovations to scale will sustain programme gains and results, and will constitute further criteria to determine engagement with stakeholders. The rehabilitation of existing strategic boreholes and management structure strengthening will be prioritised over the construction of new boreholes. Support will be provided for disinfection of shallow wells, household water treatment and safe storage. Furthermore, the programme will scale up solar-powered water supply systems in place of diesel-powered generators as a sustainable alternative for operating water supply schemes. The switch to advocacy for ODF communities, rather than construction of household latrines, has been perhaps the most significant progress in the sector. The programme will continue its efforts to eliminate open defecation, while working with Government and partners to achieve access to basic sanitation for all, progressively achieving safely managed sanitation. To ensure ODF status, the programme will continue to place communities at the centre of its programming, working closely with existing community structures.

Recommendations from a situation analysis concluded in late 2015 highlight the following to ensure the WASH programme makes a significant difference to children.

**Strengthen WASH institutional coordination, planning and implementation of policies and standards at federal, regional and district levels:**

To strengthen the enabling environment, the WASH programme will continue working closely with key WASH ministries at all levels including ministries of Health, Education, Water and Natural Resources, Interior and the ministries of National Planning and International Cooperation, as well as the Puntland State Agency for Water, Energy and Natural Resources. At the sub-national level, the programme will work closely with federal member states. The FGS WASH ministries will remain responsible, at central level, for oversight, policy and strategy development. In urban, peri-urban and small towns, UNICEF will work with the municipal authorities, local government administrators and district councils. For disaster management UNICEF will work closely with NERAD, HADMA and DMA. The overall framework for engaging the line ministries with overlapping result areas in WASH is to guide policy directions and institutional development within the WASH sub-sectors, support integration and coordination of sector planning and set standards and goals for the sector. The IMWSC, that brings all the key ministries together, serves as the platform for advocating for increased allocations from Government to achieve the national goals laid out in the NDP.

**Stop open defecation:**
The WASH programme will continue its efforts to eliminate open defecation while working with Government and partners to achieve access to basic sanitation for all, progressively achieving safely managed sanitation. To ensure ODF status, the programme will continue to place communities at the centre of programming, working closely with existing community structures. In both rural and urban school settings, focus will be placed on influencing hygiene behaviour change in the four areas of handwashing, MHM, safe water handling and the safe disposal of excreta. To help ensure that hygiene, and especially handwashing with soap (or with ash), become life-long practices, daily group handwashing sessions in schools will be promoted. Collaborative efforts with strategic partners on early childhood development initiatives will be sought.

**Reduce the number of non-functional water supply systems:**
Field reports suggest that 40 per cent of existing water sources are non-functional, in addition to the high cost per cubic metre of water. The programme intends to shift from UNICEF as water service provider, to more sustainable service delivery, especially reducing repeated water system rehabilitation. In turn, this will free up resources for scaling up other programme interventions. Recognising the role of the private sector in delivery of sustainable WASH services, private sector actors, including small to medium scale operators will strengthen the enabling environment. PPP approaches will be promoted in order to deliver high-quality and affordable service. Given the relatively high rate of failure of rural and urban water supplies, the investment in improving existing water supply functionality will have a relatively higher impact on safe water access for women and children than investment in construction of new water supplies.

**Resilience building and climate change adaptation:**
While integrating humanitarian and development programming, the role of WASH in peacebuilding, disaster risk reduction, climate change adaptation and environmental protection is fundamental to building resilience. The WASH programme will use its sector leadership, long-term presence in-country and convening power to help communities build resilience to shocks from the impacts of climate change and other disasters. Risk-informed programming approaches will be pursued in support of institutional capacity development for the improvement of risk mitigation. Support for specific adaptation measures in communities, such as rainwater harvesting and groundwater recharge, will continue at scale. Given the negative impacts climate change can have on the sustainability of WASH services and behaviours, special attention will be paid to climate resilient WASH development. The programme will construct sub-surface dams, aquifer-recharge systems and structures for storm water harvesting for the dry spell and solar pump technology will go to scale.

**Pre-famine /drought Interventions**
The humanitarian situation is rapidly deteriorating; currently, over 6.2 million people are in need of assistance, representing more than half of the population. This includes 2.9 million people in crisis and emergency. Should the 2017 *Gu* season perform poorly, and humanitarian assistance not reach populations affected by drought, there is a risk of famine unfolding in the second half of 2017. There are 3.2 million people in need WASH services, and the country continues to be affected by disease outbreaks, including measles and AWD/cholera. In Somaliland and Puntland alone, there are an estimated 1.1 million people in urgent need of WASH assistance and water prices have increased six-fold in some of the worst hit hard-to-reach pastoral settlements. The number of people in need of WASH assistance will likely rise to 4.5 million by April 2017, including 1 million people affected in Gedo, 1.5 million people in Bay and Bakool, and 1 million people in Galmudug.

More than 80 per cent of the human, material and financial resources of the WASH programme are being reprogrammed to address the scale-up plan for the pre-famine response. This is going to seriously impact on the WASH programme targets by the end of the country programme. The humanitarian response plan is being revised to address the increasing WASH needs and financial asks; the budget will be increased from US$ 12 million to US$ 30 million.

## Expression of Thanks

UNICEF Somalia would like to thank all its donors for their continued generous support for the children and women of Somalia. The thematic contributions made over the past year have made a significant impact in ensuring UNICEF continues to provide water, sanitation and hygiene services to disaster affected populations, and to work upstream in creating an enabling environment for sustaining equitable access to WASH. UNICEF looks forward to nurturing these invaluable partnerships for the benefit of the women and children of Somalia.

Human Interest Story

# Somaliland villages lead the way to stop open defecation

© UNICEF Somalia/2016/Rich

*Sa'ado with two of her children at home in Geed Giqsi village, Gabiley, Somaliland*
*Her village was one of the first communities in Somaliland to abandon open defecation*

**By Kun Li**

**Hargeisa, Somaliland, 19 November 2016**

Sa'ado clearly remembers the time when she had to walk far into the open to relieve herself or defecate and would wait as long as she could to avoid the embarrassment. The experience was particularly unpleasant during the rainy season and the months when she was pregnant.

Sa'ado, her husband and her seven children live in the village of Geed Giqsi in Gabiley, Somaliland.

They have a relatively comfortable life growing maize, sorghum and vegetables and tending two cows. But like the other 87 households in the village, they had never had a toilet, nor had given any thought to having one.

When UNICEF's local partner, an NGO called HEAL, came to their village in December 2015, persuading the residents to abandon open defecation, Sa'ado and her husband immediately agreed to build a toilet. By October this year, all the families in the village had followed suite.

There were no incentives given from UNICEF and HEAL, only awareness campaigns and technical assistance. This is an approach that has been tested and proven to work in the rest of the world – Community-Led Total Sanitation. The villagers put up their money and did the construction on their own.

"It cost us $80 dollars and was a lot of work," says Sa'ado. "But we didn't mind at all. I don't want to walk into the dark in the middle of the night anymore just to find a hiding place to relieve myself."

Her toilet is a pit latrine. Shielded by pieces of bright orange cloth sewed together and covered by dried, thorny branches, it stands at the edge of the family's compound.

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

"Many families welcomed the idea right away but many resisted it," says Adan Abdullahi Mohamed, Programme Coordinator at HEAL. "The key to the success of the project is to make the people understand that open defecation is an unhygienic practice and causes serious illnesses especially for children and pregnant women.

"When the community realized that the river where they get water their drinking water was contaminated by their own faeces, they were convinced that a toilet is not a luxury but a necessity."

In Somalia, more than half of the rural population practice open defecation – one of the primary causes of diarrhoea.

In 2012 UNICEF began the project in 60 villages throughout Somalia, and today 12 villages in Somaliland, including Sa'ado's, and two in Puntland have achieved the goal of open defecation-free.

On 19 November, World Toilet Day, Sa'ado and her family joined their neighbours, government officials and UNICEF staff in a ceremony to mark the official declaration of open defecation free for the villages.

"We knew from the start that we would benefit from the toilet," says Yusur Abdillahi of Hirsi Jicir, one of the villages being declared Open Defecation Free. "We now have a place that gives us privacy and convenience. When new people come and want to settle in our village, we ask them to dig first, or we will not welcome them," she says, standing proudly next to her toilet.