

Consolidated Emergency Report



Boys wait to collect water in drought-affected area in Gedo region © UNICEF Somalia 2016/Rich

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Table of Contents

Abbreviations and Acronyms	2
Executive Summary	3
Humanitarian Context.....	4
Humanitarian Results.....	5
Health	6
Nutrition	7
WASH	8
Education	8
Child Protection	9
Cash Transfers and Social Protection	10
Cluster Sector Leadership	10
Nutrition Cluster	10
WASH Cluster	11
Education Cluster	11
Child Protection Working Group.....	12
Monitoring and Evaluation	13
Financial Analysis	13
Future Work Plan	16

Abbreviations and Acronyms

AMISOM	African Union Mission in Somalia
AWD	Acute watery diarrhoea
BNSP	Basic Nutrition Services Package
CEC	Community Education Committee
FAO	Food and Agriculture Organization
FEWSNET	Famine Early Warning Systems Network
FSNAU	Food Security and Nutrition Analysis Unit – Somalia
GBV	Gender-based violence
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
MoE	Ministry of Education
NDP	National Development Plan
ODF	Open Defecation Free
OTP	Outpatient Therapeutic Programme
RSH	Regional Supply Hub
RUTF	Ready-to-use therapeutic foods
SAM	Severe Acute Malnutrition
SHF	Somalia Humanitarian Fund
UASC	Unaccompanied and separated children
UNICEF	United Nations Children’s Fund
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Executive Summary

In 2016, UNICEF strengthened its humanitarian response in Somalia with higher results for children achieved, implementation of integrated nutrition, health and WASH responses to the drought affecting Puntland and Somaliland and scale-up in the response to the Acute Watery Diarrhoea (AWD)/cholera outbreak. These achievements were made possible as UNICEF was 77 per cent funded against requirements in the Somalia Humanitarian Response Plan (HRP)¹.

Life-saving emergency health services were provided to 617,953 children under-5 and pregnant women through fixed health facilities, as well as outreach and mobile clinics, in particular in drought-affected areas and AWD/cholera hotspots. UNICEF and partners also immunised 857,225 children against measles. While Somalia has remained free of polio for the past two years, since the last case in August 2014, polio campaigns continue, due to the high risk of re-importation. In 2016, more than 2.3 million children under-5 were reached through immunization campaigns conducted by health authorities, in partnership with UNICEF, WHO and the Global Polio Eradication Initiative.

UNICEF supported the treatment of 122,072 severely malnourished children under-5 via therapeutic feeding programmes, with 92.8 per cent recovery rates. Strengthened partnerships and improved supply distribution processes, meant that over half of all severely malnourished children and women needing life-saving services were reached. To ensure the availability and continuity of services for children suffering from severe acute malnutrition (SAM), UNICEF procured and delivered the necessary nutrition supplies, and in total, close to 75 per cent of the targeted regions were covered with emergency nutrition supplies in 2016. In Sool, Sanaag and Middle Shabelle, insecurity limited access and the delivery of nutrition services.

water, sanitation and hygiene (WASH) interventions were scaled up to respond to the AWD/cholera outbreak; a total of 654,120 emergency-affected people received hygiene kits to boost safe hygiene practices and water treatment at household level through the UNICEF-supported Regional Supply Hubs (RSH). UNICEF and partners also provided safe water through water vouchers, repair and rehabilitation of strategic boreholes.

A total of 34,838 children and adolescents (42 per cent girls) across the country were provided with access to education in emergencies and close to 5,000 survivors of gender-based violence (GBV) were supported with a comprehensive package of services, including psychosocial support, clinical assistance, security and legal aid. Furthermore, UNICEF and partners identified, documented and supported 1,496 unaccompanied and separated children. The Monitoring and Reporting Mechanism expanded its reach with 4,889 cases reported and documented.

Throughout 2016, UNICEF continued to effectively lead the WASH and nutrition Clusters, the child protection sub-Cluster and to co-lead the education Cluster. WFP and UNICEF engaged in a strategic partnership, building on the synergies between both organizations to implement and scale up the response to address the alarming food insecurity and malnutrition levels in Somalia. In the second half of the year, the partnership was extended to support the reintegration of Somali returnees from Dadaab refugee camp in Kenya using the SCOPE biometric platform. UNICEF continues to be engaged in durable solutions initiatives for internally displaced persons (IDP), returnees and vulnerable host communities.

¹ Funding status against the Appeal reflects programmable amounts, excluding recovery costs and includes carry-forward from the previous year.

Humanitarian Context

In 2016, the humanitarian situation continued to deteriorate and Somalia remains in a state of chronic humanitarian emergency. Over 363,000 children under-5 are acutely malnourished, with 71,000 affected by severe acute malnutrition². More than 6 million people, or 50 per cent of the population, are food insecure. There are 3.2 million people in need of WASH assistance, 3.3 million in need of emergency health services and 3 million children remain out of school³. Over 1 million people are internally displaced and more than 30,000 refugees have returned from Dadaab refugee camp. Fighting in Gaalkacyo, Lower Shabelle, coupled with the withdrawal of Ethiopian troops from Bakool, Hiraa and Galgaduud created instability and displaced close to 150,000 people. The drought, which started in the north, is now affecting most of the country. Malnutrition rates remain above emergency thresholds in IDP sites and Somalia is plagued by disease outbreaks, including measles and AWD/cholera, with 15,600 cases reported in 2016, three times more than in 2015.

UNICEF Somalia supported drought-affected communities through the provision of water vouchers and integrated mobile health and nutrition services. Severely malnourished children under-5 were treated, with 92.8 per cent recovery rates. Assistance was provided to flood-affected households in Belet Weyne and efforts scaled up to contain the AWD/cholera outbreak through an integrated response. UNICEF also supported displaced populations, returnees from Dadaab and communities affected by conflict and clan fighting. The response focused on preventing mortality and morbidity with provision of an integrated package of curative and preventive nutrition interventions and primary health care services. Eradication of polio remained a top priority and efforts were made to immunise all children, combined with emergency measles vaccination campaigns to prevent outbreaks. UNICEF increased access to safe water, promoted emergency sanitation and maintained immediate response capacity through supply hubs across central and southern regions. UNICEF supported the disengagement and reintegration of children associated with armed groups, monitored and reported on grave violations, while preventing and responding to incidents of GBV, through a comprehensive package consisting of psychosocial support, clinical assistance, security and legal aid, and also worked to improve access to emergency education. These interventions contributed to the joint UNICEF, FAO and WFP resilience programme, which addresses the interrelated causes of malnutrition through multi-sectoral interventions at community level. The aim is to build community capacity to anticipate and deal with recurrent shocks with a package which includes support to schools as an entry point for nutrition support, behaviour change interventions and quality education.

In line with the World Humanitarian Summit and Grand Bargain commitments, UNICEF transfers 30 per cent of its funds to local partners and uses humanitarian cash transfers to support returnees and newly displaced communities. UNICEF is also investing in reducing vulnerability by ensuring linkages with resilience and development programming through durable solutions and the National Development Plan (NDP).

Results achieved by UNICEF and its partners and by the Clusters are presented and summarised in the table below, based on UNICEF Somalia's humanitarian performance monitoring. The table has been updated with end-of-year figures.

² FSNAU-FEWSNET, Post Deyr 2017 Technical Release, February 2017.

³ 2017 Humanitarian Needs Overview (HNO), OCHA, November 2016.

Humanitarian Results

	Cluster Response		UNICEF and IPs	
	2016 Target	Cumulative Results	2016 Target ⁴	Cumulative Results
HEALTH				
# children under-1 vaccinated against measles			445,000	857,225
# of children under-5 vaccinated against polio			2,374,950	2,425,662
# of children under-5 and women provided with emergency life-saving health services in high risk areas			450,000	617,953
NUTRITION				
# of children under-5 with SAM admitted in therapeutic feeding programmes	150,000	137,876	108,750	122,072
% of children with SAM under treatment recovered	91%	92.9%	75%	92.8%
% nutrition centres stocked out of essential nutrition supplies	<10%	0%	<10%	0.1%
EDUCATION				
# of children and adolescents (girls/boys) accessing education in emergencies	200,000 (94,495 F)	74,568 (31,844 F)	50,400 (50% F)	34,838 (42% F)
# of children (girls/boys) benefitting from teaching and learning supplies, including recreational materials	200,000 (94,495 F)	96,110 (40,207F)	50,400 (50% F)	33,237 (43% F)
# of teachers (women/men) receiving training (including life-saving messages, psycho-social support and pedagogical support skills) and monthly incentives – training	7,000 (2,100 F)	1,493 (652 F)	500 (20% F)	493 (25% F)
# of teachers (women/men) receiving training (including lifesaving messages, psycho-social support and pedagogical support skills) and monthly incentives – <i>incentives</i>	3,000 (900 F)	1,922 (790F)	500 (20% F)	923 (26% F)
# of Community Education Committee (CEC) members trained to participate in school management	3,000 (900 F)	2,224 (876 F)	1,750 (30% F)	538 (36% F)
WASH				
# of people with sustained access to safe water	1,230,000	569,194	250,000	439,306
# of affected people accessing safe water through temporary means	1,265,000	1,339,825	642,000	643,909
# of affected people with new access to sanitation facilities	600,000	255,221	200,000	135,000
# of villages self-declared Open Defecation Free (ODF)	250	135	150	135
# of people with means to practice good hygiene and household water treatment through water filters, purifiers, jerry cans, aqua tabs, etc.	600,000	654,120	510,000	654,120
CHILD PROTECTION				
# of children affected by grave child rights violations	3,000	2,462 (496 F)	3,000	2,462 (496 F)
# of children (girls/boys) formerly associated with armed forces/armed groups and other vulnerable children provided with inclusive reintegration services	2,000	854 (132 F)	2,000	854 (132 F)
# of unaccompanied and separated children (UASC) identified and registered	6,500	2,475 (1,017F)	3,000	1,496 (641 F)
# of GBV survivors (boys/men, girls/women) accessing a package of GBV services (medical, legal, psychosocial and materials)	8,000	5,098 (4,712 F)	7,248	4,898 (4,555 F)
# of child rights violations that are resolved or referred by community-based child protection mechanisms.	6,750	8,294 (5,015 F)	6,750	8,294 (5,015 F)
CASH TRANSFERS AND SOCIAL PROTECTION				
# of households able to meet basic food and non-food needs with improved access to services in situations of crisis			16,000	0 ⁵

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary

⁴2016 nutrition SAM target and child protection UASC targets were slightly revised as per situation on the ground in early 2016.

⁵Results from the ongoing SCOPE response for Dadaab returnees will be reflected in 2017.

Health

In 2016, Somalia experienced one of the most severe AWD/cholera outbreaks, both in scale and coverage, of the past five years. More than 15,600 cases were reported, including 548 deaths representing a case fatality rate of 3.5 per cent, well above the 1 per cent emergency threshold. Children bore the brunt of this crisis with children under-5 representing more than half of the cases.

UNICEF and partners provided life-saving emergency health services to 617,953 children under-5 and pregnant women through fixed health facilities, outreach and mobile clinics, in particular in drought-affected areas and AWD/cholera hotspots. To respond to this crisis and mitigate a further increase in cases, UNICEF pre-positioned Diarrhoeal Disease Kits to support 27,000 moderate and severe cases, as well as Interagency Emergency Health Kits to support close to 2 million people affected by drought and conflict for a period of three months. UNICEF also expanded the coverage of health services with an additional 38 facilities, 16 health posts and 35 mobile clinics supported through new partnerships.

In 2016, a total of 5,657 suspected measles were detected, affecting a majority of children under-5 in central and southern regions, in particular Banadir and Lower Shabelle. In response, UNICEF and partners immunised 857,225 children against measles, which represents a 192 per cent achievement of the 2016 target. Somalia has remained polio free for the past two years, and with the aim of achieving eradication of polio, UNICEF procured vaccines and supported the social mobilization network and cold chain management reaching over 95 per cent of the targeted 2.4 million children under-5. Nomadic elders were also contacted and oriented to mobilise nomadic communities with only a 2 per cent refusal recorded. In line with the Polio End Game Strategy, the bivalent oral polio vaccine (bOPV) was used in all polio campaigns since April 2016.

Above results were achieved in partnership with the Ministries of Health, including at regional level, WHO and health Cluster partners. Where possible, health services were integrated with nutrition and WASH and efforts were made to scale up mobile clinics and outreach to reach pastoralists, populations on the move and to access hard-to-reach areas.

Nutrition

In 2016, UNICEF supported the treatment of 122,072 severely malnourished children under-5 across Somalia (112 per cent of targeted SAM), with 92.8 per cent recovery, 0.5 per cent death and 5.4 per cent defaulter rates. All treatment outcome indicators were within SPHERE performance standards⁶. To ensure the availability and continuity of services for children suffering from SAM, UNICEF procured and delivered nutrition supplies including 130,874 cartons of ready-to-use therapeutic foods (RUTF), therapeutic milk, and BP-5 high energy biscuits. When required, essential nutrition supplies were airlifted to high risk districts to ensure pipeline continuity. In total, close to 75 per cent of the targeted regions were covered with emergency nutrition supplies. However, in Sool, Sanaag and Middle Shabelle, insecurity limited access and the delivery of nutrition services.

In response to the drought affecting Somaliland and Puntland, throughout 2016, UNICEF scaled-up the availability of outpatient therapeutic programme (OTP) service sites, both static and mobile, coupled with the delivery of an integrated package of care – the Basic Nutrition Service Package

⁶ SPHERE standards are universal minimum standards for humanitarian response developed in 1997 by a group of NGOs and the Red Cross and Red Crescent Movement. More information can be found at www.sphereproject.org

(BNSP⁷). In Somaliland, UNICEF increased OTP coverage to 16 rural health centres in Woqooyi Galbeed region and started the provision of nutrition emergency interventions in Ceel Afweyn district in Sanaag. In total, UNICEF and partners provided 20,954 children in the drought-affected regions of Bari, Nugaal, Awdal, Woqooyi Galbeed, Sool and Sanaag with life-saving treatment services. As the drought expanded to southern regions, UNICEF increased its response in Bay and Bakool, reaching 15,939 children for SAM treatment and achieving a recovery rate of 92 per cent.

Addressing malnutrition in IDP sites remained a priority in 2016, and Doolow a key area of focus in light of the emergency malnutrition rates. UNICEF implemented an integrated nutrition, WASH and health response which included nutrition screening and referral; deworming; routine immunization; and distribution of micronutrient powders. UNICEF also expanded the coverage of SAM treatment and scale-up of nutrition, health, hygiene promotion activities. Throughout the year, UNICEF worked closely with WFP and the nutrition Cluster on the integration of the severe and moderate acute malnutrition response, in particular in drought-affected areas and IDP sites. A joint simplified protocol was established and referrals strengthened. This partnership has been key to the results of the nutrition response in 2016.

WASH

UNICEF provided WASH life-saving assistance to 654,120 people affected by drought, AWD/cholera, floods and conflict. In drought-affected areas, UNICEF intensified its assistance with the provision of safe water through vouchers, repair and rehabilitation of strategic boreholes and distribution of hygiene kits. A total of 27 boreholes were rehabilitated benefitting 135,000 drought-affected people. In addition, an estimated 85,000 people affected by drought 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 benefitting 127,000 people.

In response to the AWD/cholera outbreak, in addition to providing 654,120 people with hygiene kits to boost safe hygiene practices and water treatment at household level through the UNICEF-supported RSHs, UNICEF chlorinated shallow wells on a daily basis and protected and upgraded these to ensure the safety of water sources in affected areas. UNICEF and partners also completed the construction of gender sensitive sanitation facilities in 10 health centres and desludged more than 4,500 overflowing pit latrines. UNICEF also distributed 42,685 sandbags to households to support the construction of embankments to prevent flooding of their homes.

In line with WASH Cluster recommendations, UNICEF moved towards cash-based assistance through provision of temporary access to safe water through vouchers. This modality, as opposed to blanket water trucking, allows for greater accountability to affected populations. This temporary response is also systematically paired with the repair of strategic water points to ensure sustained access to safe water. In 2016, UNICEF strengthened its partnerships with line ministries in Puntland and Somaliland to respond to the drought and provided integrated services with health actors to contain the AWD/outbreak.

⁷ The BNSP includes the management of acute malnutrition; micronutrient support; infant and young child nutrition; maternal nutrition; deworming; promotion of appropriate food fortification; monitoring and surveillance; prevention and management of common childhood illnesses; and immunization.

Education

In 2016, UNICEF provided 34,838 children and adolescents (42 per cent girls) with access to education in emergencies. The drought and water shortages in Somaliland and Puntland led to a rise in drop-out rates and closure of some schools, with as many as 180 schools and 34,000 students in Somaliland and Puntland directly affected by the drought. For Puntland, this constitutes 30 per cent of the schools in drought-affected areas. As a response, UNICEF supported children to resume access to education through the rehabilitation of schools, provision of incentives to teachers, as well as through the training of teachers and Community Education Committee (CEC) members.

Following fighting in Gaalkacyo in October 2016, four schools were damaged and five schools outside the town closed to serve as shelters for some of the displaced families. As a result, functioning schools in the area became severely overcrowded, with the conflict disrupting the education of more than 13,000 learners. In response, UNICEF provided education and recreational materials to support more than 6,000 students (45 per cent girls). Similar interventions were undertaken to respond to the floods in Belet Weyne to ensure children continued their education. UNICEF also provided children displaced by conflict with education supplies and supported the voluntary repatriation process of Somali refugee children from Dadaab. This was complemented with the development of a response plan to address conflict triggers with host communities.

In Somalia, an average of 90 per cent of schools do not have access to safe drinking water and 61 per cent do not have functional latrines. With 3 million children already out of school, it was critical to prevent further drop-outs as a result of the drought and family migration. UNICEF thus implemented an integrated response with the provision of safe water in affected schools and coordination with food security partners to also ensure food availability. This was achieved through cash-based assistance i.e. vouchers, with the use of schools as entry points for provision of life-saving assistance.

Child Protection

In 2016, the Country Task Force on Monitoring and Reporting documented 4,889 grave violations against 3,385 boys and 750 girls in central and southern regions of Somalia. The majority of violations were on the recruitment and use of children (1,917), followed by abduction (1,458). This is a significant increase compared to 2015 data (2,785 violations documented). The taskforce advocated for the release of 70 boys (44 in Gaalkacyo and 26 in Puntland) detained by Galmudug and Puntland authorities since March 2016 due to their association with Al-Shabaab. UNICEF supported 824 children (665 boys; 159 girls) with reintegration services in Mogadishu, Belet Weyne, Baidoa and Afgooye. In April 2016, 527 children (450 boys; 77 girls) graduated from the programme.

UNICEF also responded to drought and conflict induced protection needs resulting in displacements and increased child rights violations. Comprehensive services were maintained reaching 4,898 GBV survivors (307 boys; 1,482 girls; 36 men; 3,073 women) with psychosocial support, clinical assistance, security and legal aid. UNICEF and partners also identified and documented 1,496 cases of unaccompanied and separated children and supported them with reunification, interim care services, access to basic services and psychosocial support. In 2016, UNICEF and community-based child protection partners provided services to 3,279 boys and men and 5,015 girls and women and implemented extensive targeted prevention programmes reaching approximately 25,485 people.

To ensure a greater coverage of the child protection response, service provision in the main towns is supplemented by an extensive network of community-based child protection and GBV referral mechanisms that provide primary clinical and psychosocial care where possible and support referrals to various child protection services.

Cash Transfers and Social Protection

UNICEF supports predictable, long-term, resilience-oriented approaches to social protection, which incorporate prevention and promotional activities in addition to basic health and livelihood protection. This type of programming requires consistent financing, to ensure that households are provided with a basic level of support throughout the year, not solely during the lean seasons or in response to climactic shocks. In 2016, the roll-out of a year-long, monthly unconditional cash transfer programme to labour-constrained households was planned. However, in the absence of a level of financing which would allow to implement consistent and predictable transfers and achieve the desired impacts, the programme was suspended in March 2016.

In 2016, WFP and UNICEF engaged in a strategic partnership to implement an augmented response to address the alarming food insecurity and malnutrition levels in the country. This partnership was subsequently extended to support the reintegration of Somali returnees from Dadaab refugee camp. WFP and UNICEF partnered to provide returnee households with an emergency unconditional cash-based transfer assistance package to help them settle back in their locations of return. This response will be expanded in 2017 to respond to the drought. Following the interruption of voluntary returns to Jubbaland by State authorities, returns were halted and resumed end-year. Results will thus be reflected in 2017.

Cluster Sector Leadership

Throughout 2016, UNICEF continued to actively participate in the Humanitarian Country Team, meetings of the Heads of Humanitarian Agencies and the Inter-Cluster Working Group, which lead strategic and cross-sectoral coordination of humanitarian programmes. UNICEF continued to effectively lead the WASH and nutrition Clusters and the Child Protection sub-Cluster, and to co-lead the education Cluster. The operational capacity of the UNICEF-led Clusters is significant. The Cluster network ensures access to information, coordination and interventions in hard-to-reach areas.

Nutrition Cluster

In 2016, the nutrition Cluster continued to deliver emergency services and to strengthen the enabling environment for the nutrition programme. The Cluster comprises of a network of 97 active partners; 3 UN agencies; 3 observers; 8 donors; and 3 Governments namely Somaliland, Puntland and the Federal Government of Somalia. There are 1,415 functional emergency nutrition service delivery centres (59 stabilization centres; 662 OTP centres; and 694 targeted supplementary feeding centres).

The Cluster received a total of US\$ 38.1 million (57.7 per cent of its funding requirement) which enabled 332,872 acutely malnourished children under-5 and 68,481 pregnant and lactating women suffering from acute malnutrition to receive life-saving therapeutic services, with a performance well above SPHERE standards, universal minimum standards for humanitarian response developed in 1997 by a group of NGOs and the Red Cross and Red Crescent Movement.

The work of the Cluster is guided by the Strategic Advisory Group which provides overall strategic direction, vision and guidance, alongside various technical working groups on Integrated Management of Acute Malnutrition; Infant and Young Child Feeding; Capacity Development and Assessment; and Information Management.

The nutrition Cluster also undertook a contingency planning exercise in highly vulnerable regions within the framework of the ongoing drought, as well as nutrition in emergencies, SMART survey and cluster coordination approach trainings across Somalia to strengthen response capacity.

WASH Cluster

The WASH Cluster received a total of US\$ 24.3 million (38 per cent of its funding requirement) from bilateral and pooled funding sources to respond to emergencies in 2016. Major emergencies included population displacements across central and southern regions following African Union Mission in Somalia (AMISOM) offensives and clan fighting; AWD/cholera outbreaks in IDP settlements in Mogadishu, Kismayo, Baidoa, as well as a major outbreak in Middle Juba; drought conditions in parts of Bakool, Hiraan, Gedo, Lower Juba, Middle Juba, Mudug and Galgaduud in central and southern regions, in Sool, Sanaag, Bari and Nugaal in Puntland, in Awdal and Woqooyi Galbeed in Somaliland; and floods in parts of the regions bordering the Shabelle river and to a lower extent the Juba river.

Despite low funding levels, access and security constraints, the WASH Cluster, comprising of a national Cluster coordination mechanism in Nairobi and 14 regional Clusters and district focal points, delivered a strong emergency response in 2016. The response comprised of temporary provision of safe water; rehabilitation/construction of water sources; rehabilitation/construction of latrines; scale-up of hygiene activities; and distribution of water treatment supplies.

In total, 569,000 people were supported through sustainable water access; 1,340,000 through temporary provision of safe water; 255,000 through newly accessed sanitation facilities; and 893,000 people benefited from interactive hygiene promotion sessions. Regularly updated maps like vulnerability and coverage maps facilitated response gap identification per district for all WASH interventions. A network of 10 RSHs also enabled timely access to life-saving emergency WASH supplies with 654,000 people receiving hygiene kits distributed through this system, providing beneficiaries with the means to practice good hygiene and household water treatment.

The first phases of a comprehensive capacity building plan was implemented, notably through the development and the use, at regional meeting level, of several movies and on line courses. In the framework of emergency preparedness and response, comprehensive plans were put in place with the help of local authorities in 17 of the most at-risk districts across the country. Hygiene and sanitation kits were also pre-positioned in the north, at government counterpart level and in central and southern regions through the RSH network.

Education Cluster

The education Cluster, composed of 70 national and international NGOs and one UN agency, continued to be co-led by Save the Children and UNICEF, with a coordination mechanism at national and regional level. At regional level, the coordination structure includes seven regional Clusters in central and southern regions and Education in Emergencies Working Groups in Puntland and Somaliland. The education Cluster continued to strengthen the relationship between the national Cluster, regional Clusters and the Federal Ministry of Education (MoE) by working closely with the officer appointed in 2014.

In 2016, education Cluster partners responded to various emergencies and reached 99,110 school children and youth with education services including establishment of safe learning spaces, provision of teaching and learning materials, WASH facilities and hygiene promotion, training of teachers and CECs, as well as water distribution to drought-hit schools.

In 2016, the education Cluster targeted 200,000 out of the 1.7 million children in need. The funding requirement was US\$ 21 million, of which only 20 per cent was received. Nonetheless, significant carry-over funding from the previous year and re-programming of existing funds by partners enabled

96,110 children to be supported. Funds were channelled through the Somalia Humanitarian Fund (SHF) and allocated to six Cluster partners for IDP responses in Lower Juba, Bay, Mudug, Lower Shabelle and Banadir regions. The main strategic focus of the allocation was on retention of learners and teachers, as well as expansion of education services. In addition to the SHF allocation, education interventions within the 2016 HRP were also funded bilaterally.

The humanitarian crisis in Somalia is primarily considered a food security crisis. This means that food security priorities continue to dictate the direction of the humanitarian response. In 2016, significant efforts were made among Clusters to strengthen an integrated approach. From an education perspective, this has included close cooperation with the WASH and food security Clusters to include schools in the food and water distribution within the drought response; with the nutrition Cluster a school nutrition intervention was piloted to address the inter-generational malnutrition observed among IDPs; hygiene promotion with a specific focus on prevention of AWD/cholera was carried out; and close cooperation with the shelter Cluster was fostered to explore more sustainable solutions for temporary learning space construction.

The Cluster continued to strengthen the working relationship with the MoE at national and regional levels, though high turnover of ministry officials required continued engagement to ensure effective working relationships. The MoE is requesting closer cooperation with the Cluster, an opportunity to further engage and build the capacity of the Ministry to take on more fully the responsibility of Education in Emergency.

Child Protection Working Group

The child protection sub-Cluster responded to various emergencies due to drought, floods, and conflict leading to displacement and increasing child rights violations. Cross border movement of returnee and refugee children and families further heightened the vulnerability of children to hazardous labour, child trafficking and child recruitment. There has been an erosion of traditional safety nets as a result of continuous conflict and repeated natural disasters in some pockets of the country, leading to increased vulnerability and marginalization of the poor and minority groups.

In 2016, the child protection sub-Cluster reached 109,100 beneficiaries (27,589 boys; 26,601 girls; 22,226 men; 32,684 women) with family tracing and reunification services, interim care services, access to basic services, psychosocial support, legal aid services, case management and referral services. Large scale prevention activities were carried out by partners at community level to support the mitigation of child protection risks during emergencies and various child protection in emergencies trainings were conducted to improve the knowledge and skills level of partners.

Child protection sub-Cluster coordination mechanisms were established/strengthened in Mogadishu, Baidoa, Belet Weyne, Hargeysa, Berbera, Bossaso, Garowe and Gaalkacyo.

The United Nations established mechanism on monitoring grave child rights violations continued to receive and document reports of child rights violations mainly perpetrated by key actors to the conflict. Between January and December 2016, the Country Task Force on Monitoring and Reporting documented 4,889 grave violations against 3,385 boys and 750 girls in central southern regions. The majority of violations were on the recruitment and use of children (1,917), followed by abduction (1,458). The taskforce has made significant progress towards safeguarding the rights of children affected by armed conflict, advocating for the release of 70 boys detained by Galmudug and Puntland authorities since March 2016 due to association with Al-Shabaab. Advocacy efforts continue to secure the release of 38 boys still detained by Puntland authorities, 10 of whom have been sentenced to death.

Although child protection sub-Cluster partners responded to the needs of a large population of children and women in humanitarian crisis, access and security-related challenges have made it difficult to reach some of the affected populations and have contributed to coordination gaps in some locations. Project-based funding has also contributed to limiting efforts by national and international organizations in effectively leading coordination in some locations.

Monitoring and Evaluation

The introduction of the Harmonized Approach to Cash Transfers Framework, the backbone of UNICEF's global risk management strategy, required a significant scale up of programme assurance activities, including monitoring visits.

In 2016, UNICEF continued to use reports of implementing partners as the principal source of information and complemented this information with technical; coordination; management; monitoring and supervision oversight; and quality assurance for implementation of activities.

Programme monitoring, in general, continued to be faced with multiple challenges, especially in areas classified as inaccessible due to civil strife. UNICEF intensified third party monitoring activities and took on additional firms to support the work. Furthermore, in order to enhance efficiency, UNICEF implemented a systematic quarterly planning process across sections.

Field monitoring by staff continued in all accessible areas. In 2016, UNICEF carried out a detailed analysis of field monitoring to identify coverage, both geographically and across partners and partnerships, as well as to document issues arising from these trips, with a view to informing the locations of third party monitoring missions going forward and feeding more macro level common issues for programme follow up.

Regarding real time monitoring, the office used the RapidPro SMS system to receive messages from communities on health and child protection topics, as well as for communication for development messaging. Stock reporting was also strengthened through this mechanism, allowing health facility staff to report and yield real time data to help the supply chain. In 2017, a mapping of education, health, nutrition and WASH services will be undertaken and linked to an online system to strengthen monitoring systems and match the needs with existing partnerships.

A dedicated cross-sectoral research committee was established in 2016 to support the planning, implementation and monitoring of evaluations, studies and research including rationalization of products and technical inputs into the terms of reference and reports at various stages.

Financial Analysis

In 2016, as detailed in Table 1 below, UNICEF Somalia secured 77 per cent of its humanitarian funding requirement outlined in the 2016 HRP, however, this includes US\$ 27,937,939 carry-forward available from 2015, due to generous multi-year funding of donors planned for 2016/2017 implementation. Funding received in 2016 was US\$ 14.6 million less than in 2015.

This funding picture is a stark reminder of a changing donor climate, in which competing priorities and more scrutiny from donor Governments and taxpayers sees the donor community explore alternative aid modalities, including private sector engagement. Balancing the reality that funding levels are returning to pre-famine levels with the equal reality that disproportionate population numbers are still extremely vulnerable - especially given the serious and worsening drought situation - UNICEF Somalia is adapting itself through re-prioritization and cost-reduction measures.

Table 1: 2016 Funding Status against the Appeal by Sector (in USD)

Sector	Requirements	Funds Available Against Appeal as of 31 December 2016*	% Funded
Health	24,782,068	8,406,248	34%
Nutrition	13,158,990	20,154,585	153%
Education	6,006,565	8,730,641	145%
WASH	12,118,224	11,234,733	93%
Child Protection	13,715,372	9,488,455	69%
Cash Transfers and Social Protection	12,487,068	5,652,188	45%
	82,268,287	63,666,849	77%

* Funds available includes funds received against current appeal and carry-forward from previous year.

Table 2: Funding Received and Available by 31 December 2016 by Donor and Funding Type (in USD)

Donor Name/Type of funding	PBA Reference	Overall Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		US\$ 1,171,439
UNICEF-Morocco	SM/14/9910/0204	10
German Committee for UNICEF	SM/14/9910/1169	228,228
Japan Committee for UNICEF	SM/14/9910/1137	105,765
Japan Committee for UNICEF	SM/14/9910/1270	587,436
Allocation from global thematic humanitarian	SM/14/9910	250,000
b) Non-Thematic Humanitarian Funds		US\$ 27,214,207
Canada	SM/16/0146	2,735,379
Canada	SM/16/0569	342,176
Denmark	SM/16/0164	1,109,890
Japan	SM/16/0090	4,629,630
SIDA - Sweden	SM/16/0107	1,302,898
The United Kingdom	SM/13/0486	3,200,000
The United Kingdom	SM/16/0447	2,339,424
The United Kingdom	SM/16/0577	1,689,648
USA (USAID) OFDA	SM/16/0232	7,628,519
European Commission / ECHO	SM/16/0291	2,083,789
WFP-Italy	SM/16/0429	92,593
Belgium	SM/15/0387	60,261
c) Pooled Funding		US\$ 3,634,604
(i) CERF grants - US\$ 2,886,940		
(ii) Other pooled funds - US\$ 747,664		
(i) CERF	SM/16/0191	350,483
	SM/16/0192	1,682,249
	SM/16/0302	854,208
(i) Somalia Humanitarian Fund	SM/16/0635	747,664

d) Other types of humanitarian funds		US\$ 2,186,858
USAID FFP	KM/15/0030	15,822
USAID FFP	KM/16/0036	218,700
USAID FFP	KM/16/0038	830,142
USAID FFP	SM/16/0380	1,122,194
Total humanitarian funds received in 2016 (a+b+c+d)		34,207,108
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		US\$ 1,712,282
Thematic Humanitarian funds	SM/14/9910	1,712,282
f) Carry-over of non-thematic humanitarian funds		US\$ 26,225,657
Belgium	SM/15/0387	89,739
Canada	SM/15/0206	411,845
European Commission/ECHO	SM/15/0272	1,486,498
Japan	SM/15/0081	968,107
SIDA - Sweden	SM/14/0227	469,020
SIDA - Sweden	SM/15/0198	614,017
The United Kingdom	SM/13/0486	9,338,159
The United Kingdom	SM/15/0500	2,732,967
UNDP - MDTF	SM/15/0354	311,719
UNDP - MDTF	SM/15/0131	359,857
UNDP - MDTF	SM/15/0132	24,853
UNDP - MDTF	SM/15/0130	14,057
UNOCHA	SM/15/0452	1,601,136
UNOCHA	SM/15/0453	504,400
UNOCHA	SM/15/0454	786,726
UNOCHA	SM/15/0489	336,493
UNOCHA	SM/15/0490	426,005
USA (USAID) OFDA	SM/15/0324	3,076,557
USAID/Food for Peace	KM/15/0018	270,388
USAID/Food for Peace	KM/15/0030	19,980
USAID/Food for Peace	SM/15/0334	2,383,134

* Programmable amounts of donor contributions, excluding cost recovery

Table 3: Thematic Humanitarian Contributions received in 2016 (in USD):

Donor*	Grant number	Programmable Amount	Total Contribution Amount
UNICEF-Morocco	SM/14/9910/0204	10	10
German Committee for UNICEF	SM/14/9910/1169	228,228	239,639
Japan Committee for UNICEF	SM/14/9910/1137	105,765	111,053
Japan Committee for UNICEF	SM/14/9910/1270	587,436	616,808
Allocation from global thematic humanitarian*	SM/14/9910	250,000	263,749
Total		1,171,439	1,231,259

* Global thematic humanitarian funds are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2016 Annual Results Reports.

Future Work Plan

In line with the 2016–2018 Somalia inter-agency humanitarian strategy, in 2017 UNICEF will continue to support populations affected by crises. This will include life-saving assistance; prevention and response to disease outbreaks; an integrated response to malnutrition; provision of protective environments; and access to education. UNICEF Somalia has developed a more focused response, looking at the core humanitarian interventions to be implemented. The 2017–2019 NDP will reflect all resilience programmes. UNICEF will continue to strengthen its strategic partnership with WFP to address the deteriorating food security and nutrition situation, and expand the use of the SCOPE biometric platform. This will be combined with a shift towards direct implementation and continued efforts on preparedness and cross-border coordination. UNICEF will transfer 30 per cent of funds to local partners, exceeding the Grand Bargain commitments, and will use humanitarian cash transfers to support returnees and newly displaced communities. UNICEF will also invest in reducing vulnerability by ensuring linkages with resilience and development programming through durable solutions and the NDP.

The 2017 planning targets presented in the table below are being revised to align with the deteriorating humanitarian situation as a result of the drought which started in the north last year now affecting most of the country. HRP targets and funding requirements will be increased to scale-up life-saving assistance and avert a famine.

	Cluster Response	UNICEF and IPs
	2017 Target	2017 Target
HEALTH		
# children under-1 vaccinated against measles		400,000
# of pregnant and lactating mothers reached through antenatal and postnatal consultations		90,000
# of children under-5 vaccinated against measles		200,000
NUTRITION		
# of children under-5 with SAM admitted in Therapeutic Feeding Programmes	150,000	112,500
% of children with SAM under treatment recovered	93%	75%
% nutrition centres stocked out of essential nutrition supplies	<10%	<10%
EDUCATION		
# of children and adolescents (boys/girls) with access to education in emergencies	200,000 (101,000 F)	67,500 (50% F)
# of children (girls) benefitting from teaching and learning supplies, including recreational materials	200,000 (101,000F)	67,500 (50% F)
# of teachers (women/men) receiving training (including life-saving messages, psychosocial support and pedagogical support skills)	5,000 (1,600 F)	1,735 (20% F)
# of teachers (women/men) receiving monthly incentives	4,000 (1,300 F)	1,735 (20% F)
# of CEC members trained in school management	3,000 (1,500 F)	3,535 (30% F)
WASH		
# of people with temporary access to safe water	1,500,000	750,000
# of people with sustained access to safe water	1,230,000	206,000
Number of emergency affected people with access to adequate and appropriate emergency sanitation and hygiene facilities	600,000	130,000
# of people with means to practice good hygiene and household water treatment through water filters, purifiers, jerry cans, aqua tabs, etc.	700,000	600,000

CHILD PROTECTION		
# # of separated and unaccompanied children identified and registered	7,000	3,096 (1,477F)
# of grave child rights violations recorded to inform programming in conflict affected areas.	6,762	6,762
# of boys and girls formerly associated with armed forces/armed groups and other vulnerable children provided with inclusive reintegration services	2,463 (482F)	2,463 (482F)
# of survivors of GBV provided with appropriate support (medical, legal, psychosocial support and materials)	3,155 (1,455F)	3,155 (1,455F)
# of child rights violations resolved or referred by community-based child protection mechanisms	10,000	10,000
CASH TRANSFERS		
# of emergency-affected households provided with monthly cash transfers to support access to basic services		15,000

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 contributions made over the past year have made a significant impact on lifting, and keeping, the most vulnerable children out of critical danger. UNICEF looks forward to nurturing these invaluable partnerships, working together and building on lessons learnt from 2011 to avert a famine in Somalia.