

Somalia

Consolidated Emergency Report 2018



Students sit in class at Qansahley Primary School, Doolow - Somalia

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Map



Abbreviations and Acronyms

AWD	Acute Watery Diarrhoea
BNSP	Basic Nutrition Services Package
C4D	Communication for Development
CAAFAG	Children Associated with Armed Forces and Groups
CEC	Community Education Committee
CERF	Central Emergency Response Fund
CP AoR	Child Protection Area of Responsibility
CPMS	Child Protection Minimum Standards in Humanitarian Action
CSR	Central South Regions
CTFMR	Country Task Force on Monitoring and Reporting
DOCC	Disaster Operation Coordination Centre
EiE	Education in Emergencies
EAC	Expanded Admission Criteria
EDG	Executive Directors' Group
FAO	Food and Agriculture Organization
FEWSNET	Famine Early Warning Systems Network
FGS	Federal Government of Somalia
FSNAU	Food Security and Nutrition Analysis Unit – Somalia
GAM	Global Acute Malnutrition
GBV	Gender-based Violence
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IMAM	Integrated Management of Acute Malnutrition
INGO	International Non-Governmental Organizations
IYCF-E	Infant and Young Child Feeding in Emergencies
MAM	Moderate Acute Malnutrition
MHM	Menstrual Hygiene Management
NGO	Non-Governmental Organizations
NWOW	New Way of Working
OCV	Oral Cholera Vaccination
ONA	Online Nutrition Information System
OTP	Outpatient Therapeutic Programme
PSS	Psychosocial Support
RUTF	Ready-to-use Therapeutic Foods
SAM	Severe Acute Malnutrition
SHF	Somalia Humanitarian Fund
SMART	Standardised Monitoring and Assessment of Relief and Transitions (SMART)
TLS	Temporary Learning Spaces
TSFP	Targeted Supplementary Feeding Programme
UASC	Unaccompanied and Separated Children
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

Throughout 2018 the humanitarian situation in Somalia remained critical due to the ongoing impacts of drought, displacement and conflict. The impact of the pre-famine crisis continued with 5.4 million people in need of urgent assistance, including 2.8 million children. Malnutrition rates across Somalia were among the worst in the world, with 1.2 million children under-5 years of age at risk of being malnourished, including 232,000 suffering from severe acute malnutrition (SAM). More than 2.6 million people remained displaced, while there were more than 6,761 cases of Acute Watery Diarrhoea (AWD)/cholera and 9,034 measles cases, with more than three in four cases among children aged under-5. Over three million children, out of 4.9 million, were estimated to be out of school, and exposure to armed conflict remains high with 4,148 verified incidents of grave violations in 2018 and 3,566 children affected (2,997 boys and 569 girls) – of which 1,811 were cases of recruitment and use of children in conflict.

Building on the achievements of the pre-famine response, UNICEF Somalia continued to prioritise an integrated, multi-sectoral response to residual drought impacts, displacement, conflict, disease outbreaks and seasonal floods. In line with the 2018 Somalia Humanitarian Response Plan (HRP) as well as the Humanitarian Country Team (HCT) Centrality of Protection Strategy, UNICEF provided life-saving services to address critical malnutrition and excess mortality, effectively respond to mounting protection threats, as well as support resilience building and early recovery. UNICEF maintained critical service provision in the highest need areas, procuring life-saving core pipeline supplies and continually looking to expand partnerships and coverage in hard-to-access areas. Life-saving programme integration prioritised nutrition, health and WASH services, complemented with child protection and education in emergencies. UNICEF maintained key leadership roles in support of humanitarian coordination, as well as active participation in other crucial strategic forums. Humanitarian efforts were closely coordinated with relevant government ministries, disaster management agencies and clusters. Where possible, UNICEF responded jointly with the World Food Programme (WFP) through an augmented response package, including the integrated treatment of acute malnutrition and joint humanitarian cash interventions. In line with Grand Bargain commitments, cash-based assistance was prioritised where appropriate. UNICEF also worked to strengthen linkages with the Joint Resilience Action, in coordination with WFP and the Food and Agriculture Organization (FAO), to contribute to longer-term, shared outcomes and build resilience, in line with the New Way of Working (NWOW) principles.

In addition to a carry-over of US\$ 20.1 million, UNICEF Somalia received US\$ 81.5 million for the 2018 HRP, with UNICEF's overall requirement at US\$ 154.9 million. Close to 1.1 million people were reached with humanitarian assistance through the following interventions:

- Treatment of 220,763 SAM children aged under-5 (94 per cent of the Cluster total result), eventually achieving a 94 per cent recovery rate;
- Provision of emergency life-saving health services to one million women and children, as well as the vaccination of 4.4 children aged under-10 against measles;
- Provision of temporary access to water for 1.1 million people (65 per cent of the Cluster total result), and sustainable access to safe water for 728,925 people;
- Access to safe and protected learning opportunities for 99,322 school-age children in emergency-affected environments (48 per cent of the Cluster total result) and provision of emergency school cash grants benefiting 66,188 children;
- Provision of psychosocial support for 35,318 children, and provision of support for 10,956 children and women who experienced or were at risk of sexual violence; and

- Provision of monthly cash transfers to support access to basic services for 18,979 emergency-affected households.

In 2018, UNICEF-led Clusters, in collaboration with a network of Somalia-based regional Cluster focal points, supported the delivery of humanitarian assistance. The Nutrition Cluster reached 778,000 children aged under-5 with life-saving curative nutrition interventions. The WASH Cluster and its partners provided 1.6 million people with temporary access to safe water. The Education Cluster supported 206,282 school-age children with access to learning opportunities in safe environments and the Child Protection sub-Cluster provided 123,279 children with psychosocial support.

Humanitarian Context

Despite improvements in the overall food security situation in 2018, the humanitarian situation in Somalia remained critical due to ongoing impacts of drought, displacement and conflict. As per the Food Security and Nutrition Analysis Unit - Famine Early Warning Systems Network (FSNAU-FEWSNET) 2017 post-*Deyr* findings, 5.4 million people needed urgent assistance, including 2.8 million children. Malnutrition rates across Somalia are among the worst in the world, with 1.2 million children under-5 years of age at risk of being malnourished in 2018, including 232,000 at severe risk. Over 4.4 million people were in need humanitarian WASH services, with 3.5 out of 5 people without adequate water to meet basic needs, and over three million children, out of 4.9 million in country, are estimated to be out of school. More than 5.7 million people required basic health services, including critical needs in maternal and child health, as one in seven Somali children die before the age of five. Disease outbreaks such as acute watery diarrhoea AWD/cholera and measles continue to represent a major threat to children, with 6,761 cases of AWD/cholera and 9,034 cases of measles reported in 2018.

As conflict and climatic shocks continue to affect Somalia, more than 2.6 million people remain displaced, and major humanitarian needs persist, particularly among internally displaced persons (IDP) populations. More than 76 per cent of recorded gender-based violence (GBV) survivors are reported to be from IDP communities. Grave violations against children continue at worrying rates, with abductions, recruitment and use and killing/maiming reported as the primary concerns.¹ The growing trend of forced evictions continues, and between January and October 2018, close to 235,000 IDPs were evicted across Somalia. On average, over 11,000 IDPs are evicted every month, and many were subjected to multiple evictions. In 2018, reported cases of child protection violations concerns were also on the rise, with 4,798 incidents affecting 4,880 children, including 780 girls, reported to be victims of grave violations committed by parties to the conflict. The Country Task Force on Monitoring and Reporting (CTFMR) also reported that 2,300 children, including 72 girls, were recruited by armed groups, an increase of 8 per cent when compared to the same period in 2017.

Somalia thus remains one of the toughest places to be, and raise, a child. That Somalia managed to pull through an impending threat of famine in 2017, however, brings hope for women and children and the country at large. The last twelve months saw promising signs of recovery, and there is hope, even though the challenges are many. However, the 2018 *Deyr* season was below average to poor in many parts of Somalia, and as a result, the northeast and central regions are expected to be affected by drought, with the overall humanitarian situation expected to worsen until the next *Gu* rainy season in April 2019. To avert the risk of

¹ 2018 Somalia Humanitarian Needs Overview

potential famine, it is critical to have a dual focus on both humanitarian and development action – building on the successes of the humanitarian response to build resilience and support development programming in support of the government.

Humanitarian Results

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

	UNICEF and partners		Cluster response	
	2018 Target	Total Results	2018 Target	Total Results
WATER, SANITATION & HYGIENE				
# of emergency affected people with temporary access to adequate and safe water through chlorination, operation and maintenance, water trucking, vouchers and household water treatment	2,000,000	1,095,704	3,800,000	1,676,849
# of people with sustained access to safe water through newly built and/or rehabilitated water points	702,000	728,925	1,200,000	769,115
# people access appropriate sanitation facilities	750,000	157,598	1,000,000	219,439
# of girls/women access menstrual hygiene management services	312,500	35,310		
# children access WASH facilities in health facilities and learning environments	18,500	50,227		
EDUCATION				
# children affected by crisis access formal or non-formal early learning, pre-primary, primary education	120,000	99,322 (43% F)	381,556	206,282 (45%)
# children receive individual education/early learning materials	100,000	65,490 (47% F)	278,025	184,123 (44% F)
# temporary learning spaces newly established/rehabilitated with gender sensitive WASH facilities	100	140	683	310
# children from the most vulnerable and at-risk households receive support for schooling through emergency school cash grants	35,000	66,188 (47% F)	35,000	66,188 (47% F)
HEALTH				
# children (6 months-10 years) vaccinated against measles	4,400,000	4,438,725		
# of crisis affected people with adequate access to PHC services provided with emergency life-saving health services in high risk areas	1,400,000	1,029,896		
# children (0-59 months) with acute watery diarrhoea treated	44,000	28,916		
# of pregnant and lactating mothers reached through antenatal and postnatal consultations	126,000	312,015		
NUTRITION				
# children 6-59 months with SAM admitted for treatment	173,000	200,763	232,000	234,169
# caregivers of children reached with IYCF counselling	350,000	267,927	463,472	414,578
% children under-5 with SAM admitted in therapeutic feeding programme discharged cured	>75%	94.9%	>75%	95.6%
# boys and girls screened for acute malnutrition	1,200,000	317,767	1,200,000	446,150
% of OTP sites stocked out of RUTF	<2%	0.2%	< 2%	0%
CHILD PROTECTION				
# children reached with psychosocial support	50,000	35,318	150,000	123,279

	UNICEF and partners		Cluster response	
	2018 Target	Total Results	2018 Target	Total Results
# children separated from armed forces/groups reached with reintegration support	1,000	1,179		
# of registered unaccompanied/separated children supported with reunification services	3,000	5,445	8,000	6,815
# children in areas affected by landmines/other explosive weapons reached with prevention interventions	180,000	24,981	85,250	5,216
# of women and children reached with GBV prevention and response interventions	4,500	10,956		
CASH TRANSFERS				
# of emergency-affected households provided with monthly cash transfers to support access to basic services	50,000	18,979		

Water, Sanitation and Hygiene (WASH)



A combination of poor access to safe drinking water, lack of adequate sanitation facilities, especially in IDP settlements, and poor hygiene practices, contribute to continued WASH challenges impacting the population of Somalia. Open defecation rates stand at 60 per cent in rural areas and 39 per cent nationally. Handwashing practices with soap are very low, with only 10 per cent of the population having access to handwashing facilities with soap. In response to needs, UNICEF provided close to 1.1 million people with temporary access to safe water, and with UNICEF's sustained effort to transition to more sustainable access to supply water, 728,925 people were reached with continued access to safe water through newly built and/or rehabilitated water points.

In Somaliland, 300,000 people in four urban areas now have sustained access to safe water through infrastructure improvements and enhancement with the management structure through the Private Partnership Programme (PPP) model. UNICEF supported line ministries at federal and regional-levels with capacity strengthening and technical support to increase direct service delivery. UNICEF and partners also provided 157,598 people with access to appropriate sanitation facilities and living in environments free of open defecation, and 50,277 children accessed WASH facilities in health centres and learning environments. To further improve hygiene practices, 720,518 people were also reached with hand-washing behaviour-change programmes for both cholera and non-cholera hygiene promotion activities.

Considering the scale of the displacement crisis, UNICEF prioritised the delivery of assistance to areas with large IDP caseloads. However, challenges related to evictions, land availability and land holding affected the construction of latrines in many IDP camps and settlements. In 2018, UNICEF initiated the inclusion of menstrual hygiene management (MHM) kits as part of the standard WASH hygiene package reaching 35,310 girls and women with MHM services. However, the results were lower than expected because of challenges in accessing some of the targeted areas due to insecurity along some of the main roads and delays in supply delivery. The overall UNICEF WASH response was hampered by insecurity related challenges affecting the transportation of supplies, and limited by the lack of long-term development funding, which is key to transition to more sustainable WASH interventions.

UNICEF continued cash-based assistance for provision of temporary access to safe water through vouchers. Temporary water access efforts were systematically paired with the repair

of strategic water points and development of new sustainable water sources, where possible, to ensure continued access to safe water.

Education



Access to basic education in Somalia is impacted by climatic shocks and conflict-related displacement – with over three million children reported to be out of school. In 2018, thanks to the joint efforts by UNICEF and partners, and with the support of federal and state ministries in Education, the monthly children enrolment trend increased gradually. However, a decrease of enrolment from January to June was noted because of the short life span of programme implementation related to limited available funding for Education in Emergency (EiE). Nationally, the cumulative monthly enrolment grew steadily throughout the year from an average of 50,791 children in the first half of the year, to 99,322 children at the end of the year, representing 83 per cent of UNICEF's annual target. New EiE interventions were implemented as a response to the floods emergencies along the Shabelle and Juba rivers in central and southern regions, as well as the Sagar Cyclone in coastal areas of Somaliland. Despite the limited funding available, UNICEF was able to provide services to many children due to significant social mobilisation campaigns, and the use of school grants strategies to increase enrolment in emergency-affected schools. In 2018, 65,490 children (47 per cent girls) from 269 schools received essential teaching and learning materials. Lifesaving support, including safe-drinking water, hygiene promotion and community-based school meals and tuition fees were provided to 66,188 vulnerable children (47 per cent girls) in 272 schools.

UNICEF supported the empowerment of 1,687 Community Education Committee (CEC) members, including 572 women from 241 schools. These school community members were trained on school management, social mobilisation techniques, conflict resolution in schools, hygiene and sanitation promotion, local resource mobilisation, disaster early warning systems and resilience building. As a result, CECs could effectively manage school resources, including emergency cash grants and support safe-drinking water in schools, as well as provide in-kind contributions to education. In addition, 955 primary school teachers (20 per cent women) from 322 schools were provided monthly incentives and training on psycho-social support and care, pedagogical support and lifesaving skills. The interactive learning processes in classrooms improved due to the training received, and teachers being more motivated and retained in schools for continuous teaching. Children are learning in improved and safer schools through the renovations of existing schools, as well in newly established temporary learning spaces (TLS). UNICEF and partners also supported the rehabilitation of 99 classrooms damaged by either floods, conflict or cyclones, and the construction of 44 new TLS classrooms with WASH facilities and separate latrines for girls and boys and hand-washing facilities in 85 schools. The provision of safe and protective learning spaces increased access to basic primary education and improved the learning environment for more than 11,200 children (43 per cent girls) in a humanitarian situation.

Health



Throughout 2018, UNICEF reached one million women and children aged under-5, including 566,443 IDPs, with emergency life-saving health interventions, representing 74 per cent of the annual target. This was achieved through the support provided to 143 health facilities and 72 integrated mobile and outreach teams across Somalia. Thanks to moderate rains in most areas, coupled with enhanced promotion of health education and timely response, there was a nine-fold decrease

of AWD/cholera cases, from 78,853 in 2017 to 6,761 in 2018. Most of the cases were recorded in flood prone areas with high caseloads of IDPs due to limited access to safe water and sanitation. UNICEF and partners supported and treated 5,850 patients and conducted two rounds of oral cholera vaccination (OCV) campaigns in the districts of Hudur and Afmadow reaching 175,987 people. These interventions were coupled with AWD/cholera information, education and communication materials reaching 269,387 people. Essential drugs and supplies to cover the needs of 62,500 people were also prepositioned in seven high-risk outbreak areas as a preparedness measure.

Of the 9,034 measles cases recorded in 2018, 57 per cent were children aged under-5. Regions with large caseloads of IDPs and cross border movements accounted for most of the cases, with 60 per cent of cases recorded in Banadir, Bari, Lower Juba, Lower Shabelle and Togdheer regions. The reduction in measles cases took place on the backdrop of an increase in routine immunisation from 54 per cent in 2017 to 73 per cent in 2018, and the mass supplementary immunisation of 4,438,725 children between six months to 10 years of age. However, the overall health response was constrained by access and security challenges affecting the transport of medical supplies and vaccines by road in parts of central and southern regions in Somalia and increasing the cost of service delivery with the use of air transportation to reach some of the areas of highest need.

Nutrition



UNICEF provided life-saving SAM treatment to the most vulnerable children in Somalia, with 220,763 children under-5 years of age admitted for treatment, including 52 per cent girls. This was achieved while maintaining programme quality above Sphere standards, including a cure rate of 94.9 per cent, defaulter rate of 2.8 per cent and death rate of 1.1 per cent. Of these admissions, 85 per cent were in central and southern regions of Somalia, which host the highest caseload of SAM. UNICEF and partners reached 94 per cent of the national SAM burden, and exceeded the UNICEF annual target, 173,000 children aged under-5, by 28 per cent. This points to an initial underestimation of the malnutrition burden for 2018 partly due to:

- (i) sustained residual impact of the 2017 pre-famine caseloads;
- (ii) limited coverage of the Targeted Supplementary Feeding Programme (TSFP) to prevent moderate acute malnutrition (MAM) children from deteriorating to SAM; and
- (iii) continued deterioration of the nutrition situation in hotspot locations (particularly IDP camps).

In 2018, nutrition partners and the World Health Organization (WHO) revised the Integrated Management of Acute Malnutrition (IMAM) guidelines, with the expanded admission criteria (EAC) implemented in areas where access remains a challenge and integration are lacking. In seven hard-to-reach districts where the TSFP is not operational, UNICEF in collaboration with WFP, implemented the EAC to treat over 9,000 MAM cases with ready to use therapeutic food (RUTF).

To achieve the 2018 results, an estimated 3,000 metric tons of lifesaving supplies were procured to ensure the timely replenishment of RUTF in nutrition sites. In addition, nutrition cluster partners endorsed a revised definition of RUTF stock-out to ensure zero stock out and presence of buffer stock at any given time. Following a life cycle approach to nutrition, UNICEF provided a comprehensive basic nutrition services package (BNSP), fostering longer term impacts of nutrition interventions. Over 900 community health workers engaged in the delivery of community nutrition prevention and promotion services. In addition, 385,315

pregnant women received iron folate for the prevention of anaemia, and 87,000 children aged between 6-23 months were provided with micronutrient powder boosting complementary feeding. Routine and mass immunisation campaigns were conducted during which 70 per cent of children aged between 6-59 months received two annual doses of vitamin A supplementation.

While UNICEF continued to deliver nutrition services at scale, the response was hampered by limited access to some of the areas of need, insufficient long-term development funding to break the cycle of vulnerability, high cost of service delivery in central and southern regions and limited capacity for implementation in certain districts. In 2019, the priority will be to expand resilience programming, continue efforts to further improve integrated service delivery, including through the rationalisation of partners.

Child Protection



In 2018, 77,879 people benefited from UNICEF-supported child protection programmes, including the improvement in quality of services and increase of accountability by UNICEF and partners on case management for unaccompanied and separated children (UASC). UNICEF and partners identified, documented and reunified with their families 10,461 UASC (5,580 girls), including identifying children on the move and reaching 348 per cent of the annual target. This over achievement is a result of the rapid and spontaneous reunification cases of short and temporary family separation. There is, however, a need to improve coordination between actors, ensure greater coverage, cross border reunifications and create sustainable systems with greater government involvement. UNICEF and partners also provided 35,318 children, including 18,964 girls, with psychosocial support (PSS) in child friendly-spaces located in IDP settlements and host communities. A rights-based PSS programme was delivered to children in communities, including those at the interim care centres with a comprehensive and holistic programme that aimed to minimise children's exposure to harmful situations and risk factors. Children suffering from depression, anxiety and some aspects of complex trauma resulting from continued exposure to conflict, were supported with methods such as short-term group crisis interventions, which use drawing, storytelling, free play and expression of feelings. The main constraints affecting service delivery was the low achievement on the mine risk education, with only 23,320 children, including 11,866 girls, reached (13 per cent of the annual target) in areas affected by landmines/other explosive weapons with prevention messages. Efforts are ongoing to scale-up a response in 2019 through the development of an operational framework with the United Nations Mine Action Service (UNMAS).

Additionally, through an improved system for monitoring and reporting grave violations against children, the CTFMR documented a total of 4,798 grave violations affecting 4,880 children (4,100 boys and 780 girls). This represents a 23 per cent increase compared to the 5,134 violations affecting 3,960 children (3,283 boys and 677 girls) documented in 2017. To protect children, UNICEF and the CTFMR continued to support the Federal Government of Somalia (FGS) in the implementation of the signed action plans to end recruitment, use, killing and maiming of children in Somalia. Overall, 1,466 children, including 339 girls, were enrolled in UNICEF supported reintegration centres, including 1,179 children who are formerly associated with armed forces/groups, as well as 287 other vulnerable children in affected communities. An increase in partnerships to provide reintegration services, including formal education and vocational training helped UNICEF expand its programme for children associated with armed forces and groups (CAAFAG) in 2018. In addition, 270 soldiers were

trained on child protection topics to enhance their knowledge towards on child protection and child rights.

UNICEF and partners' prevention and response to GBV efforts reached 10,956 survivors (3,640 girls, 5,396 women and 1,920 boys) who accessed appropriate services. Amongst the GBV survivors, 364 received free legal aid representation through the formal justice system, and 754 GBV survivors accessed legal aid through the informal justice system, which encourages perpetrators to compensate survivors. This continuing practice shows the need to advocate against community negotiations after abuse of women. General trends indicate an increase in the number of incidents reported compared to the same period in 2017, and the majority of those affected by violence were girls and women, further evidence of the need to invest in protection services for women. There is on-going capacity strengthening for UNICEF and partners on response to GBV. In 2018, 78 child protection monitors on Monitoring and Reporting Mechanism were trained to respond to GBV incidents. Finally, it should be noted that in 2018 the Federal Government of Somalia signed onto the Convention on the Rights of People with Disabilities (CRPD) - with humanitarian and longer-term programming and interventions for children with disabilities often overlooked this was a positive development to build momentum towards more humanitarian and development action focusing on addressing the needs of children and people with disabilities in 2019 and beyond.

Despite the positive progress made in 2018, insecurity in Somalia continues to directly impact the population as the safety and psychosocial well-being of children and their caregivers remains greatly compromised. Widespread violence, including grave violations against children such as child recruitment and conscription, remains a critical concern. The situation was exacerbated by other factors such as limited baseline data for effective Child Protection in Emergency programming, coordination, planning and evidence-based advocacy. Likewise, administrative and political dynamics between states tends to complicate monitoring while limited funding to address the Child Protection needs if a further factor constraining responses.

Cash Transfers



In 2018, UNICEF, through its joint intervention with WFP, delivered predictable, monthly cash assistance to displaced households in Bay and Bakool regions. This was done using WFP's SCOPE platform to manage transfers reaching a total of 18,979 households in Waajid, Xudur and Baidoa districts. Over US\$ 10 million were transferred directly to targeted households since the beginning of the programme in 2017, making an important contribution towards averting famine in Bay and Bakool, which were some of the worst hit areas by the 2017 drought. In addition, UNICEF reached the targeted households with a comprehensive package of positive behavioural messages, including health, nutrition and hygiene promotion, while aiming to enhance access to basic services. Programme monitoring showed that cash transfers encouraged increased uptake of basic services, as 62.9 per cent of households used part of their cash allowance towards medicine/health and 62.8 per cent of them for education. Over 63 per cent of households also used part of their cash for repayment of debts. The programme was limited in its scope by funding availability and hence, only approximately 27 per cent of displaced families in target areas were reached. Working with WFP, UNICEF aimed to ensure that those reached were the most vulnerable in their communities, although limited vulnerability selection criteria were available for use.

Despite improvements, acute malnutrition rates remain critical among IDP populations. To sustain the gains made through emergency interventions, UNICEF is planning to transition into longer-term cash safety net programming. In 2019, UNICEF will transition to targeting households with children suffering from severe acute malnutrition, as a proxy identifier of extreme vulnerability. Households with children enrolled in the therapeutic treatment programmes will be enrolled to receive monthly cash assistance to complement therapeutic programmes by promoting improved dietary diversity, positive feeding and hygiene practices, reducing incentives to share therapeutic commodities at household-level and addressing extreme poverty – all recognised root causes of acute malnutrition. The transitional programme will initially target Bay and Bakool regions, while working in coordination with other agencies including WFP and possibly FAO to establish more expansive safety net programmes.

Cluster Sector Leadership

Throughout 2018, UNICEF continued to be part of the Humanitarian Country Team, participating in the Humanitarian Heads of Agencies meetings and the Inter-Cluster Working Group, which lead strategic and cross-sectoral coordination of humanitarian programmes. UNICEF continued to lead the WASH and Nutrition Clusters and the Child Protection Area of Responsibility (CP AoR) and to co-lead the Education Cluster with Save the Children. The operational capacity of the UNICEF-led Clusters remained significant, with a network of over 140 partners, including sub-regional coordinators in over 15 regions. The network facilitated access to information, coordination and interventions in hard to-reach and inaccessible areas. UNICEF and the WASH, Nutrition and Education Clusters remained active members of the inter-agency Disaster Operation Coordination Centre (DOCC) in Mogadishu. UNICEF actively participated in the drafting of key humanitarian response documents, including the Somalia 2019 Humanitarian Needs Overview and Humanitarian Response Plan, and was an active member of the Civil-Military Working Group and Access Task Force.

Nutrition Cluster

In 2018, the Nutrition Cluster continued to deliver life-saving intervention to the most affected populations, mainly those suffering from acute malnutrition, while working to strengthen the enabling environment for the nutrition programme. The Cluster is comprised of a network of 101 active partners, four UN agencies, three observers, eight donors, as well as the Government at all levels. There are 1,546 functional emergency nutrition service delivery centres (62 stabilisation centres, 901 Outpatient Therapeutic Programme (OTP) centres and 583 targeted supplementary feeding centres). The Cluster received a total of US\$ 75 million (30 per cent of its funding requirement) which enabled 544,187 acutely malnourished children aged under-5 and 103,351 pregnant and lactating women suffering from acute malnutrition to receive life-saving therapeutic services, with a performance well above Sphere standards.

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 (IYCF), Capacity Development and Assessment, as well as Information Management. The Nutrition Cluster undertook a national guidelines development exercise on the integration of management acute malnutrition, digitised and automated reporting system, as well as nutrition in emergencies. In addition, the Cluster rolled-out the Standardised Monitoring and Assessment of Relief and Transitions (SMART) survey and Cluster coordination approach establishing trainings across Somalia to strengthen response capacity.

WASH Cluster

The WASH Cluster received a total of US\$ 40.5million (31.3 per cent of its funding requirement) from bilateral and pooled funding sources to respond to emergencies in 2018. Major emergencies included population displacements to IDP camps and settlements following prolonged drought conditions in most parts of Somalia, as well as supporting the emergency WASH response to 500,000 people affected by flooding along the Shabelle and Juba rivers.

Despite low funding levels, access and security constraints, the WASH Cluster, comprising of a national coordination mechanism in Mogadishu and a sub-national-level constituted of 14 regional Clusters, delivered a strong emergency response in 2018. The response comprised of temporary provision of safe water, access to sustained means of water supply through the rehabilitation/construction of water sources, access to adequate improved sanitation through rehabilitation of latrines and construction of communal emergency latrines and hygiene promotion. The Cluster utilised a rapid response mechanism with the quick mobilisation of supplies through a system of 10 regional supply hubs, and this action was a key strength of the Cluster to avert epidemic break out and respond to life-saving needs in flood and conflict affected locations. More than 35 Cluster partners benefited from the pre-positioned supplies enabling timely access to life-saving emergency WASH supplies to over 800,000 people receiving hygiene kits distributed through this system, providing beneficiaries with the means to practice good hygiene and household water treatment. In total, 769,115 people were supported through sustainable access to water, 1,676,849 people benefited through temporary access to water, 219,439 people received emergency sanitation support and 1,850,561 people benefited from interactive and mass hygiene promotion activities.

In 2018 the WASH Cluster also re-established its architecture in Mogadishu. A cash/market task force for WASH was established, as well as two technical working groups, one to develop cluster guidelines and standards and the second one to harmonise joint response and preparedness actions with the health cluster.

Education Cluster

In 2018, Education Cluster partners responded to the on-going emergencies reaching more than 206,000 children with Education in Emergencies (EiE) assistance. In addition, 184,123 children were reached with teaching and learning materials, 4,079 teachers received emergency incentives, 310 temporary learning spaces were established, 106,177 children received emergency school feeding and 148,632 children were reached with safe drinking water. With the drought situation improving and various other emergencies appearing throughout the year, the Education Cluster response was more diverse than the focused drought response in 2017. As such, the Cluster did not have one specific overall response strategy for 2018 but had several context specific approaches. In addition to prioritising response allocations to emerging emergencies, the cluster prioritised support to the continuation of on-going responses in areas with significant humanitarian needs, and to the extent possible, to remote areas without access to education facilities.

The integrated approach to the humanitarian response continued in 2018, and for the Education Cluster there was an increased focus on integration with Child Protection. Different modalities for integrating Education and Child protection were applied for the flood response in Hiraaan, Middle Shabelle and Gedo regions with a focus on sharing child friendly spaces while schools were being rebuilt to ensure a safe and protected environment for children. The floods occurred while schools were closing for the year and one focus was to give school children an opportunity to finalise their academic year while also being supported with access to child protection services. In Puntland and Somaliland integrated Education, Child Protection

and WASH responses were also rolled out with a focus on ensuring teachers and school personnel have the necessary capacity to provide PSS and knowledge of referral pathways to child protection services, as well as ensuring child protection services were available. In Banadir and Baidoa a similar approach was applied with a specific focus on targeting IDP children.

The Education Cluster targeted 396,000 children in 2018, requesting US\$ 51 million. Approximately US\$ 11 million was received, accounting for 21 per cent of the requested funding. This was an expected result considering the improved drought situation. Education thus suffered from significant underfunding over the year. Mechanisms such as the Somalia Humanitarian Fund and Central Emergency Response Fund (CERF) prioritised other sectors, despite the life-saving and protective nature of education, highlighting the importance of new instruments such as the Education Cannot Wait platform. Such gaps also underscore the need for continued, sustained and long-term humanitarian and development funding from bilateral donors and mechanisms in education and child protection.

Child Protection Area of Responsibility (CP AoR)

The Child Protection Area of Responsibility in collaboration with 57 partners reached 448,941 people across Somalia, including 283,789 children (139,124 girls) with prevention and response services. This includes 110,806 children (59,765 boys and 51,036 girls) who accessed structured psychosocial support programmes against the target of 150,000, including 1,466 children (339 girls) enrolled in the reintegration programme and 6,815 separated and unaccompanied children (3,064 girls) provided with identification documentation, tracing and reunification services. The sub-cluster experienced improvements in the quality of services delivered, including case management provided to UASC and greater accountability of CP AoR partners regarding UASC. In 2018, Somalia CP AoR received US\$ 12 million dollars (57 per cent funded) of the total HRP funding request.

In a bid to strengthen coordination and minimise duplication of child protection services, 13 coordination platforms were established across Somalia. The sub-cluster witnessed an increase in relevant government Ministry's involvement and leadership in child protection coordination. At the strategic level, the FGS led the process of drafting a National Strategy for preventing child recruitment and facilitating the release and reintegration of Children Associated with Armed Forces and Group (CAAFAG) in Somalia, as well as facilitated the consultations on the on the draft Child Protection Minimum Standards in Humanitarian Action (CPMS). The consultative meeting which is part of the global CPMS review brought together 96 participants drawn from International Non-Governmental Organizations (INGOs), UN agencies, local Non-Governmental Organizations (NGOs) and relevant government ministries to examine the draft CPMS, share best practices, evidence and experience in humanitarian action at the country-level. Consequently, the recommendations from the consultative meeting were consolidated and shared with the Global CPMS revision team. A new edition of the CPMS is expected to be launched in mid-2019.



AUNICEF Child Protection Officer in Garowe stands for a portrait with a young displaced girl in the IDP camp where she lives in Garowe, Somalia. © UNICEF/Mackenzie Knowles-Coursin 2018

Results Achieved from Humanitarian Thematic Funding

In 2018, UNICEF and partners faced a major challenge to continue support to the emergency programme initiated following the 2017 pre-famine response, as well as respond to other natural disasters (cyclones and rains). Donors responded quickly and at scale to support expansion of life-saving activities, including through contributions to humanitarian thematic funding.

The flexibility of thematic funding allowed UNICEF to respond to time-critical needs of the pre-famine response, particularly by supporting more equitable response to children through child protection and education interventions, which are typically underfunded sectors in large-scale emergency responses. In 2018, humanitarian thematic funding accounted for 47 per cent of funding received by UNICEF for critical child protection activities, and 13 per cent of funding for child protection emergency activities and 24 per cent for education in emergencies activities. These contributions had a major impact on ensuring the roll-out of integrated programming.

The humanitarian thematic funding contribution was critical to scaling up holistic child protection services supporting unaccompanied and separated children, GBV survivors, children associated with armed forces/groups and building a stronger protective environment for vulnerable children. UNICEF activities supported largely by thematic funding ensured 9,138 GBV survivors (3,099 girls, 4,458 women and 1,581 boys), an 80 per cent increase from 2017 accessed medical assistance and psychosocial support, 10,461 UASC (5,580 girls) received family tracing, care and support services and 1,179 children who are formerly associated with armed forces/groups, as well as 287 other vulnerable children in affected communities received reintegration support.

For education in emergencies interventions supported in part through humanitarian thematic funding, 54,711 children (42 per cent girls) accessed schooling in drought-affected regions across Somalia, including in IDP locations such as Bay and Bakool. Of these, as part of an innovative emergency school cash grant pilot, 33,921 children were reached with regular access to safe drinking water and 44,863 children with community-based school feeding and tuition fee support. Thanks to the flexibility of humanitarian thematic funding, three emergency education supply hubs were set up and operationalised in CSR and nearly 48,693 children and teachers in the hard-to-reach remote/conflict-affected locations received essential teaching and learning materials.

Humanitarian Thematic Funding Case Study

UNICEF Somalia's comprehensive Gender Based Violence programme

As conflict and insecurity continues in Somalia, UNICEF is at the forefront of providing Gender Based Violence survivors with proper and appropriate support. GBV is one of the most prevalent and persistent issues facing women and girls globally, greatly impacting the long-term health and well-being of violence survivors, their families and communities. Responding to GBV is a priority for UNICEF, but it is insufficient to just respond to crises. Applying global frameworks for programming on GBV, UNICEF implemented groundbreaking prevention and risk mitigation programmes that enhanced the protective environment for women and children, as well as decreased stigmatization in intervention areas, leading to greater levels of reporting than ever before. This innovative work has been possible with the flexibility of humanitarian thematic funding resources.

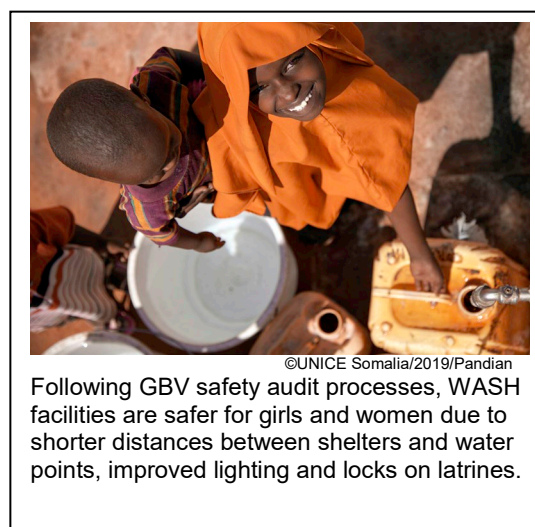
Throughout 2018, UNICEF reached 9,138 GBV survivors (3,099 girls, 4,458 women and 1,581 boys), an 80 per cent increase from 2017. This increase can largely be attributed to the increased breadth and depth of UNICEF's programmes. A crude interpretation of these results is that there was an upsurge in violations, however, the actual story is less about increased violations and more about increased reporting and service seeking behavior from survivors of GBV. Whilst UNICEF's risk mitigation and prevention programmes aim primarily to improve the protective environment for vulnerable women and children, the programmes also aim to shift the burden of blame from survivors to perpetrators which is a key factor in the increased numbers. GBV response services include lifesaving medical assistance, including post-rape treatment, temporary protection accommodation or safe houses for GBV survivors, legal, psychosocial, material and livelihood assistance. Emphasis was placed on an integrated response and multi-sectoral coordinated interventions to facilitate access of survivors to basic needs, including food, shelter, health care and water which represent majority needs of survivors. Banadir region recorded the highest number of people reached with GBV response services during the reporting period due to the considerable number of displaced persons.

GBV is an historically underfunded sector in humanitarian response due to the multi-sectoral nature of response services required and the challenges in preventing GBV. Humanitarian thematic funds of 2018, as well as 2017 and 2016, were critical to the development of an innovative social norms change programme – Communities Care – and the development of a groundbreaking GBV integration process that ensures commitments from other sectors including shelter, WASH, nutrition, Camp Coordination and Camp Management, food security and Health in ensuring their programmes, partners and staff are actively mitigating GBV risks that could arise in their respective sectors and ensuring referrals for survivors identified through their work.

In 2017, a mission conducted by the Inter-Agency Standing Committee's Emergency Directors' Group (EDG), including UNICEF's Director of Emergency Programmes, identified GBV-related risks in and around displacement sites as an urgent priority. Building upon UNICEF's strong existing GBV programming in Somalia and experience leading the rollout of the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action at global-level, UNICEF stepped up to take the lead on addressing the recommendation from the EDG. Initial actions were taken immediately at the end of 2017, both to provide a timely response to the EDG mission recommendations, but also to take advantage of the momentum around drafting of the Humanitarian Country Team Centrality of Protection strategy. Because of the initial successes, additional work was undertaken in 2018. These efforts led to the UNICEF led inter-sectoral Safety Audit process that was undertaken in 2017 and 2018 and is scheduled to occur again in 2019, as a routine aspect of humanitarian programming.

Safety Audit Process and Results

With support from humanitarian thematic funding and recognizing the many facets of this problem, UNICEF mobilized a multi-agency, multi-sector coalition to come together to map out a plan for addressing the urgent safety concerns in and around displacement sites. UNICEF Headquarters deployed a Gender-Based Violence in Emergencies specialist to support the Somalia Country Office in facilitating this process. Together with colleagues from the GBV sub-cluster, Camp Coordination and Camp Management, Shelter and WASH, UNICEF developed a custom safety audit tool for the Somalia context, identified sites and timeline for piloting the tool, and trained partners working in those locations on how to utilize the tool to assess GBV-related risks associated with different sectors' interventions. The training and data collection methodology emphasized safe and ethical practice for GBV assessments and techniques for safely seeking the perspectives of women and girls. Data collection and analysis was conducted across multiple locations (38 sites in late-2017 and 47 sites in late-2018) by teams made up of colleagues from the different sectors. This cross-sectoral collaboration contributed to a more comprehensive analysis of the safety concerns and more relevant and practical recommendations. Once the initial round of safety audit data collection was complete, the results were compiled into a brief report and presentation that was shared with relevant clusters, the Inter-Cluster Working Group and the Humanitarian Country Team (HCT).



The results had a much wider-reaching impact than were originally anticipated, including the inclusion of safety audits as a core component of the HCT Centrality of Protection strategy and directly informing the approach outlined in many clusters' humanitarian response plans for 2019. Colleagues in other sectors provided positive feedback about the collaborative approach and the relevance of the findings and recommendations to their work. The value other sectors place on this work has been demonstrated by a doubling in the number of (non-GBV) sectors involved – from three in the first round of safety audits to six in the second round. Sector-specific improvements from the first round of safety audits to the second round include the following:

- Increase in WASH facilities with a lock on the inside (45 per cent during initial data collection vs. 63.8 per cent in the second round);
- Water point located inside the displacement site (53 per cent during initial data collection vs. 74.5 per cent in the second round);
- Per cent of shelters with secure doors/locks (21 per cent during initial data collection vs. 40.4 per cent in the second round);
- Per cent of shelters with private sleeping areas (5 per cent during initial data collection vs. 15 per cent in the second round);
- Per cent of sites with protective physical structure around the site, e.g. fencing (8 per cent during initial data collection vs. 21.3 per cent in the second round) and
- Per cent of sites with space to walk between shelters and other structures (7 per cent during initial data collection vs. 66 per cent in the second round).

Assessment, Monitoring and Evaluation

For the emergency response in 2018, UNICEF Somalia created a comprehensive cross-sector monitoring plan to track programme scale-up and implementation. Staff undertook assessment missions to inform programme strategies. As part of this plan, UNICEF continued to implement the Harmonized Approach to Cash Transfers Framework, the backbone of UNICEF's global risk management strategy, involving large-scale implementation of financial and programme assurance activities and risk analysis.

Linked to the monitoring plan, UNICEF continued to use reports of implementing partners as the key source of information and piloted an online reporting system (using the ONA platform) for partners to expedite more real time reporting and support analysis. Partner reporting was complemented with management oversight; and quality assurance for implementation of activities.

Field monitoring was another key component of programme monitoring in Somalia in 2018 and over 300 monitoring visits for the emergency response were conducted in the year. In areas classified as inaccessible, UNICEF intensified third party monitoring activities and utilised multiple firms to support the workload, ensuring efficiency through implementing a systematic quarterly planning process. Field monitoring by staff continued in all accessible areas. All field monitoring was systematically tracked by partner and location and in 2018, UNICEF carried out regular analysis of the monitoring reports to document common issues arising from these trips and to identify macro level common issues for programme follow-up.

Finally, under its commitment to evaluating humanitarian programmes and responses, UNICEF Somalia took part as a case study in the Executive Board-commissioned Evaluation on Coverage and Quality of Humanitarian Responses in Complex High-Threat Environments. Results from this evaluation are anticipated at global-level by mid-2019. Preliminary findings nonetheless already pointed out UNICEF's nimble and agile approach over both the 2017 and 2018 pre-famine responses, including in ensuring greater access for programmes and monitoring of activities in hard to reach areas across Somalia, and its commitment to work through a majority of local civil society partners, in line with localisation commitments stemming from the 2016 World Humanitarian Summit.

Financial Analysis

In 2018, as detailed in Table 1 below, UNICEF Somalia secured 66 per cent of its humanitarian funding requirement outlined in the 2018 HRP, revised to meet the increasing humanitarian needs of women and children due to the rapidly deteriorating country-wide drought situation. This includes US\$ 20,316,906 carry-over available from 2017, due to generous multi-year funding of donors planned for 2017/2018 implementation, as well as contributions received in late December 2017.

Table 1: 2018 Funding Status against the Appeal by Sector (in US\$)

Sector	Requirements	Funds Available Against Appeal as of 31 December 2018*		% Funded Gap
		Funds Received in 2018	Carry-Over	
Health	34,279,200	15,773,676	3,823,630	43%
Nutrition	32,200,000	26,481,900	9,026,406	0%
Education	19,000,000	5,692,587	1,212,650	64%
WASH	43,006,883	19,278,855	5,739,480	42%
Child Protection	11,446,491	9,668,787	511,740	11%
Cash-based response	15,000,000	4,642,103	0.00	69%
	154,932.74	81,537,906	20,316,906	34%

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

Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in US\$)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
See details in Table 3	SM189910	1,738,140
b) Non-Thematic Humanitarian Funds		
USA (USAID/OFDA)	SM180226	18,812,910
The United Kingdom	SM170616	9,722,222
The United Kingdom	SM180290	22,481,620
SIDA - Sweden	SM180174	1,684,718
Netherlands	SM170617	150,000
Kuwait	SM170682	1,400,000
Government of Japan	SM180065	3,000,000
German Committee for UNICEF	SM180298	94,330
European Commission / ECHO	SM180045	9,559,675
Canada	SM180019	2,752,803
Belgian Committee for UNICEF	SM170625	197,640
Belgian Committee for UNICEF	SM180137	229,771
Total Non-Thematic Humanitarian Funds		70,085,689

c) Pooled Funding		
<i>(i) CERF Grants</i>		
<i>(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.</i>		
UNOCHA/CERF	SM180145	966,169
UNOCHA/CERF	SM180146	484,785
UNOCHA/CERF	SM180139	800,000
UNOCHA/CERF	SM180240	1,105,778
UNDP-MDTF - Peacebuilding fund	SM170022	105,000
Total CERF Grants		3,461,732
d) Other types of humanitarian funds		
In-kind assistance (includes both GRANTS for supplies & cash) USAID/FFP	SM180359	3,523,837
USAID/FFP	KM180023	2,208,000
USAID/FFP	KM180025	410,000
USAID/FFP	KM170037	16,301
Total other types of humanitarian funds		6,158,000
Total humanitarian funds received in 2018		81,443,699
II. Carry-over of humanitarian funds available in 2018		20,316,906
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM149910	3,114,335
f) Carry-over of non-Thematic Humanitarian Funds		
Belgian Committee for UNICEF	SM170213	164,663
German Committee for UNICEF	SM170539	107,152
Netherlands	SM170617	241,578
USAID/Food for Peace	KM170035	675,118
USAID/Food for Peace	KM170037	1,172,444
USAID/Food for Peace	SM170491	3,261,336
China	SM170430	141,479
USAID/Food for Peace	SM160380	12,889
UNDP/MDTF	SM170022	40,146
The United Kingdom	SM170616	5,676,063
Belgium	SM170357	182,082
Norway	SM170243	283,580
The United Kingdom	SM160577	2,532,806
USAID/OFDA	SM170054	957,930
Japan	SM170464	876,853
United States Fund for UNICEF	KM170051	133,700
Japan	SM170066	20,177

European Commission/ECHO	SM170227	722,576
Total carry-over non-Thematic Humanitarian Funds		17,202,572
Total carry-over humanitarian funds		20,316,906
III. Other sources		
Regular resources used for humanitarian action	NON-GRANT (GC)	2,404,652
Total other resources		2,404,652

** Programmable amounts of donor contributions, excluding recovery cost.*

Table 3: Thematic Humanitarian Contributions Received in 2018

Donor*	Grant number	Programmable Amount	Total Contribution Amount (US\$)
Slovenia funds for UNICEF	SM1899100020	53,239	55,901
Slovenia funds for UNICEF	SM1899100150	11,301	11,866
Japan Committee for UNICEF	SM1899100055	772,731	811,368
Danish Committee for UNICEF	SM1899100044	134,103	140,808
UNICEF UK	SM1899100241	13,751	14,439
Australian Committee	SM1899100185	17,424	18,958
UNICEF Croatia	SM1499101445	3,666	3,850
Allocation from Global Thematic Humanitarian (RO)	SM189910	331,925	355,160
Allocation from Global Thematic Humanitarian-EMOPS	SM189910	400,000	420,000
Total		1,738,140	1,832,350

**Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2018 Humanitarian Action Annual Results Reports.*

Future Work Plan

UNICEF's humanitarian action will continue throughout 2019 and will provide an integrated response to climatic shocks, displacement and conflict in Somalia, including life-saving support to address malnutrition and excess mortality. This will be complemented with a central focus on child protection in all programme activities, in line with the 2019 Somalia Humanitarian Response Plan.

UNICEF will sustain critical services in crisis-affected areas and target IDPs in priority locations, while continuing to expand services in hard-to-access areas. The response will prioritise integrated programming that includes nutrition, WASH and health services complemented by child protection and education interventions. UNICEF will maintain its cluster leadership roles and will continue to closely work with line ministries to coordinate activities and support capacity building. Where possible, UNICEF will respond jointly with WFP to address critical malnutrition rates. In line with the Grand Bargain commitments, cash-based assistance will be prioritised, with a gradual transition from humanitarian cash transfers to safety net approaches. UNICEF will also work to strengthen linkages with the Joint Resilience Action, in coordination with WFP and FAO to contribute to longer-term, shared outcomes and build resilience.

The 2019 planning targets presented in the table below are based on planned interventions according to the UNICEF Somalia Humanitarian Action for Children Appeal and the 2019 Somalia Humanitarian Response Plan.

	UNICEF and partners	Cluster Response
	2019 Target	2019 Target
WATER, SANITATION & HYGIENE		
# of emergency affected people accessing temporary safe water services for drinking, cooking and personal hygiene	950,000 (199,500 W 180,500 M 285,000 G 285,000 B)	2,092,000
# people access appropriate sanitation facilities	420,000 (88,200 W 79,800 M 126,000 G 126,000 B)	953,150
# of people in targeted settlements and communities practicing hand washing with soap at critical moments	1,500,000 (315,000 W 288,000 M 285,000 G 285,000 B)	2,213,140
# Number of people in targeted settlements and communities having their main source of drinking water located at less than 500 meters from the household and a queuing time less than 30 minutes.	464,000 (97,440 W 88,160 M 139,200 G 139,200 B)	1,176,491
# of people in targeted settlements and communities with access to sustainable safe water service	340,000 (71,400 W 64,600 M 102,000 G 102,000 B)	889,357
EDUCATION		
# children and youth accessing formal or non-formal primary education (boys/girls)	165,000 (92,400 G 72,600 B)	330,068
# teachers supported with emergency incentives	300 (60 W 240 M)	5,000
# of school children benefitting from emergency teaching materials (M/F)	165,000 (92,400 G 72,600 B)	330,068
# of classrooms constructed or rehabilitated with child friendly and inclusive WASH facilities available to emergency-affected children and youth	120	3,300
HEALTH		
# of crisis affected people with adequate access to PHC services provided with emergency life-saving health services	974,400	
# emergency-affected pregnant woman received delivery services by skilled birth attendants	48,720	
# children under 1 year received Penta3 vaccine	81,600	
% of communicable diseases outbreaks investigated and responded to in the first 96 hrs	90%	
NUTRITION		
# children 6-59 months admitted for Severe Acute Malnutrition (SAM)	130,196	178,000 (150,221 G 27,313 B)
# children with acute malnutrition treated	164,676 ²	648,000 (330,373 G 317,417 B)
% children under-5 with SAM admitted in therapeutic feeding programme discharged cured	≥ 75	≥ 75
# pregnant and lactating women receiving infant and young child feeding counselling	513,000	
CHILD PROTECTION		
# children participating in community-based psychosocial support activities including child friendly space (boys/girls)	120,000 (54,000 G 54,000 B 6,000 W 6,000 M)	250,000
# of registered unaccompanied and separated children supported with reunification services, family-based care or appropriate alternative (boys/girls)	10,000 (3,500 G 6,500 B)	15,000
# of survivors of gender-based violence receiving clinical care, case management, psychosocial support. Legal assistance and safe house support	10,000 (400 G 600 B 4,000 W 5,000 M)	
# of girls and boys formerly associated with armed forces and armed groups provided with reintegration support	3,000 (940 G 2,060 B)	

² This includes the treatment of 130,196 children under-5 years with SAM and 34,480 children under-5 years with MAM through Extended Admission Criteria (EAC) with exemption circumstances when access is an issue and integration is lacking.

	UNICEF and partners	Cluster Response
	2019 Target	2019 Target
# of individuals targeted with rights-base public outreach and awareness raising activities	250,000 (99,500 G 99,500 B 26,000 W 25,000 M)	400,000
CASH TRANSFERS		
# of households with children under 5 years diagnosed with SAM and admitted for treatment receiving monthly cash transfers to support access to basic services	30,062	

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 enabled UNICEF and partners to sustain the delivery of humanitarian assistance at scale in Somalia, and ultimately to save lives. Continued, predictable, flexible and timely donor support into 2019 is critical to sustaining and scaling up the response and preventing further deterioration of the situation.

Back cover: *Anisa Hassan Mahmoud, a UNICEF supported Health Worker, in Shibis Health Centre, Mogadishu*



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