

Somalia

Consolidated Emergency Report 2021



Displaced children utilise a UNICEF-supported water point in Haddi IDP camp near Borama, Somaliland on the 10th February 2021 © UNICEF/UN0414850/Naftalin

**Prepared by:
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Expression of thanks

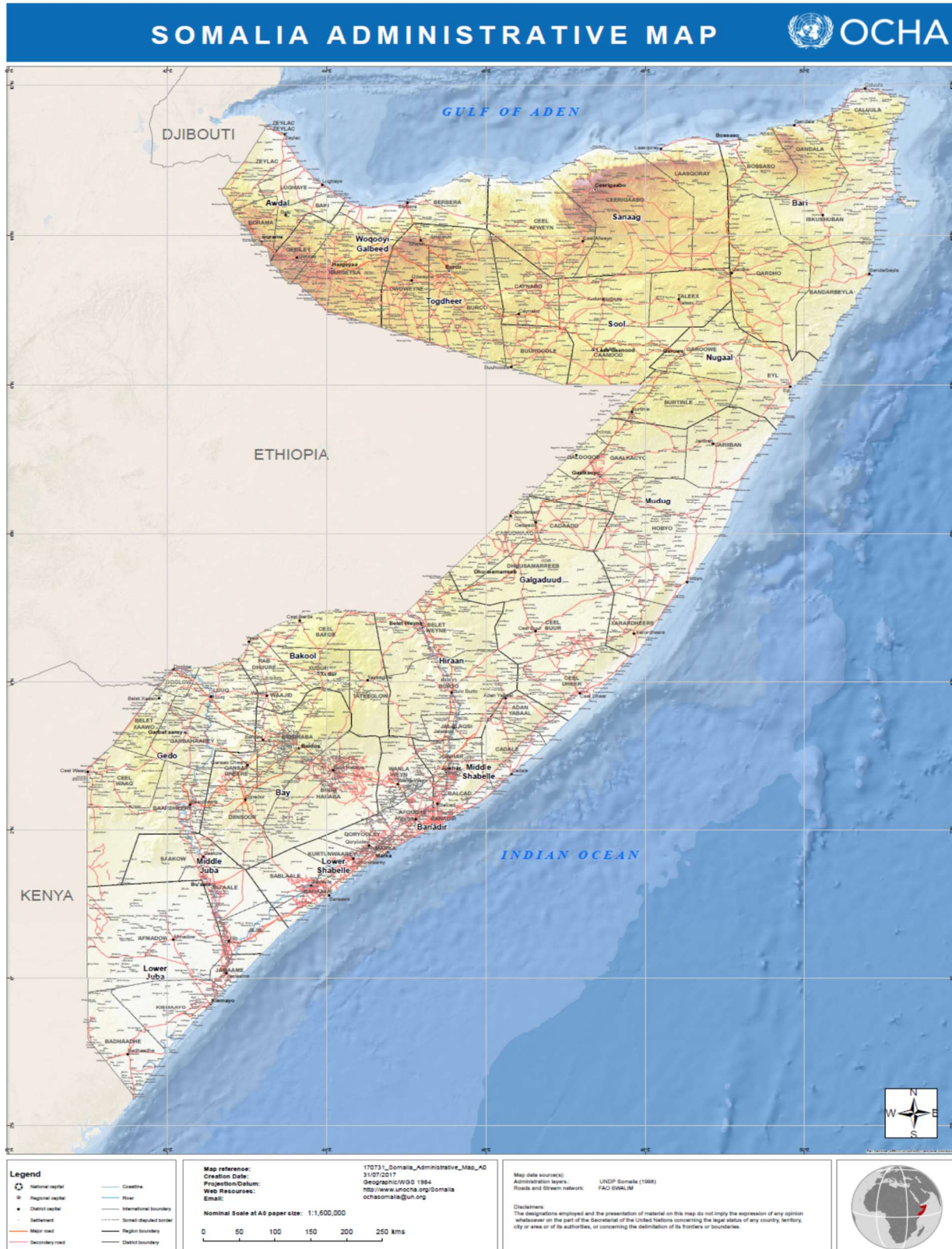
UNICEF Somalia would like to thank all its donors for their continued generous support for the children and women of Somalia. The contributions made over the past year enabled UNICEF and partners to sustain humanitarian assistance at scale in Somalia and ultimately save lives. Continued, predictable, flexible and timely donor support into 2021 was critical to sustaining and scaling up the response and preventing further deterioration of the situation.

To all the donors who contributed to support the needs of the most vulnerable children and women in Somalia: the Bureau for Humanitarian Assistance (BHA), Foreign, Commonwealth and Development Office (FCDO), the Directorate-General for European Civil Protection and Humanitarian Operations (ECHO), the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Central Emergency Response Fund (CERF), the World Bank, the Gavi alliance, the Global Partnership for Education (GPE), the Governments of Sweden, Japan, Norway, Canada and Saudi Arabia and the Republic of Korea, as well as the UNICEF National Committees – we thank you.

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Map



Abbreviations and acronyms

AAP	Accountability to Affected Populations
AWD	Acute Watery Diarrhoea
BEmONC	Basic Emergency Obstetric and Newborn Care
BHA	Bureau for Humanitarian Assistance
BNSP	Basic Nutrition Services Package
C4D	Communication for Development
CAAC	Children Affected by Armed Conflict
CAAFAG	Children Associated with Armed Forces and Groups
CEC	Community Education Committee
CERF	Central Emergency Response Fund
CP AoR	Child Protection Area of Responsibility
CPIMS	Child Protection Information Management Systems
CSR	Central South Regions
cVDPV2	Vaccine Derived Polio Virus type 2
ECHO	Directorate-General for European Civil Protection and Humanitarian Operations
EWARN	Early Warning and Response Network
FAO	Food and Agriculture Organization
FCDO	Foreign, Commonwealth and Development Office
FEWSNET	Famine Early Warning Systems Network
FGS	Federal Government of Somalia
FSNAU	Food Security and Nutrition Analysis Unit
GBV	Gender-based Violence
GPE	Global Partnership for Education
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychosocial Support
MRM	monitoring and reporting mechanism
NID	National Immunization Days
NGO	Non-Governmental Organizations
ONA	Online Nutrition Information System
OTP	Outpatient Therapeutic Programme
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support
RSH	Regional Supply Hubs
RUTF	Ready-to-use Therapeutic Foods
SAM	Severe Acute Malnutrition
SNA	Somali National Army
SUN	Scaling Up Nutrition
TSFP	Targeted Supplementary Feeding Programme
UASC	Unaccompanied and Separated Children
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNSOM	United Nations Assistance Mission in Somalia
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive summary

In 2021, a combination of three consecutive dry seasons, severe water shortages, and rising food prices left Somalia as the Horn of Africa's most severely drought-affected country. More than 3.2 million people in 66 of Somalia's 74 districts have been hit by the severe drought¹. According to the Food Security and Nutrition Analysis Unit's (FSNAU) projections, an estimated 3.8 million Somalis are at risk of severe food insecurity through January 2022. An estimated 1,281,944 children under the age of five years face acute malnutrition by July 2022, including 295,515 likely to be severely malnourished. Water scarcity and drought conditions have contributed to rising water prices, causing displacement and diarrhoea-related morbidity in many parts of Somalia. The Water, Sanitation and Hygiene (WASH) cluster reported that Gedo, Bay, Bakol, Lower Jubba, Galgadud, Mudug, and parts of Bari, Nugaal, Sool, Sanaag, Togdheer, and Hiraa are the worst affected regions.

In Somalia, 2.9 million people have been displaced. In 2021 alone, 874,000 people were displaced, with 544,000 (62.4 per cent) displaced due to conflict, 245,000 (28 per cent) displaced due to drought, 62,000 (10.6 per cent) displaced due to floods, and the remaining 22,000 displaced due to other factors². Displacement patterns in Somalia remain protracted, while climate-related shocks are more intense and frequent, requiring sustainable development and durable solutions with peace-building interventions now more than ever. Furthermore, the children of Somalia continue to suffer from various forms of grave child rights violations. According to the Secretary General's 2021 annual report on Children Affected by Armed Conflict (CAAC), Somalia is one of the world's most dangerous conflict for children. In comparison to other countries included in the Secretary General's report, Somalia had the highest number of verified violations (23,374) over the last five years (2016–20). Following the release of this report, the Somali Group of Friends of CAAC issued a statement emphasizing the importance of child rights in international efforts to bring sustainable peace to Somalia.

Access to affected populations in hard-to-reach areas remained challenging in Somalia due to poor security. Furthermore, the country continued to be affected by disease outbreaks such as Cholera, Acute Watery Diarrhoea (AWD), and measles. The COVID-19 pandemic also continued to pose unique public health, economic, and social risks countrywide. The Federal Ministry of Health reported a total of 23,532 positive cases and 1,333 deaths as of December 31, 2021.

In 2021, UNICEF and partners scaled up their response across all sectors to meet the rapidly growing needs of the displaced families and the host communities. This was done through risk-informed programming that took into consideration conflict sensitivity, peacebuilding, and preparedness actions, among other cross-sectoral considerations.

Aligned to the 2021 Somalia Humanitarian Response Plan (HRP) and the 2021 UNICEF Humanitarian Action for Children (HAC), UNICEF provided life-saving services to address critical malnutrition and excess mortality, effectively respond to recurring protection risks for women and children, 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 districts and communities. Lifesaving programme integration prioritized nutrition, health and WASH services, complemented with child protection and education in emergencies interventions. UNICEF maintained key leadership roles in support of humanitarian coordination, as well as active participation in other strategic forums. Humanitarian efforts were closely coordinated with relevant government ministries, disaster management agencies and clusters.

¹ UNOCHA humanitarian report, December 2021.

² UNHCR Protection and Return Monitoring Network.

Some of the key results achieved by UNICEF in 2021 include:

- Provision of access to essential health services reaching 360,923 people, including 180,815 children
- Emergency water services and sustainable access to safe water for 1,110,779 and 347,834 people respectively.
- Support to nutrition facilities reaching 257,021 children (141,362 girls) suffering from Severe Acute Malnutrition (SAM). The total admissions of 2021 exceeded the UNICEF target for the year with 95 per cent of children discharged as recovered.
- Preventive services reached 1,186,018 pregnant women and caregivers through counselling on Infant and Young Child Feeding practices.
- Improved access to formal and alternative primary education was ensured for 176,073 children (84,226 girls) through the provision of safe and protective learning spaces, including the availability of water at school sites, the capacity strengthening of teachers, the distribution of learning materials and the capacity building of community education committees
- Dedicated mental and psychosocial support was provided to 74,663 people, including 47,791 children, via psychological first aid, structured & non-structured psychological support, and group counselling.
- 1,041 children (195 girls) released from armed groups and forces were reintegrated with their families and communities and provided with reintegration services. In addition, 16,487 unaccompanied and separated children (UASC), including 6,779 girls benefitted from family tracing and were reunified with their families
- UNICEF ensured that 4,730 people, including 1,896 children (1,611 girls) survivors of rape and sexual violence receive adequate clinical and psychosocial support and benefit from legal service, transport, and safe accommodation assistance.
- More than 6.4 million people countrywide were reached with key messages on individual, family, and community-level prevention practices and access to services.

Continued predictable, flexible and timely donor support was critical to sustain life-saving response activities and preventing further deterioration of the situation in Somalia. Contributions that were made in 2021 enabled UNICEF and partners to ensure the delivery of humanitarian assistance at scale responding to multiple emergencies.

Moving forward to 2021, UNICEF will continue to provide life-saving health, nutrition, education, WASH and child protection interventions for Somali children, investing in systems strengthening and building the resilience of services and communities. UNICEF will prioritize the mainstreaming of Prevention of Sexual Exploitation and Abuse (PSEA) across its programmes. Humanitarian programmes will emphasize the importance of community engagement and participation. UNICEF will build on its work to improve accountability to affected populations by focusing on inclusion of children with disabilities and gender equity.

Humanitarian context

In 2021, Somalia experienced the worst seasonal harvests on record, with excess livestock losses and exceptionally high cereal prices. More than 3.2 million people in 66 out of the country's 74 districts are experiencing the cumulative impacts of three consecutive below average rainy seasons, during which 245,000 people have abandoned their homes in search of water, food, and pasture. The Government declared a state of emergency in November and appealed for international assistance. This was undertaken in order to rapidly provide assistance at scale and to avert the risk of famine, based on the lessons learned from the 2011 famine and the 2017 drought. According to Famine Early Warning Systems Network (FEWSNET)/FSNAU, the 2021 deyr (October-December) rains have largely failed across most of Somalia. Preliminary findings from a country-wide rapid needs assessment completed on December 6, 2021 indicated that access to water had diminished as the boreholes and shallow wells in most locations had dried up. Water prices spiked, with the eastern and central parts of Galmudug State, Jubaland, and South West States reporting the highest water prices. Water wells were found to be distant from communities, up to about 100 km in some places.

The seasonal rains that started in late April also caused the displacement of more than 400,000 people. The combined effects of drought and flooding worsened the dire circumstances of 3.2 million food-insecure people in the country. The 2021 HRP indicated that an estimated 5.9 million people need humanitarian assistance in Somalia. Of this number, 2.9 million were displaced from their homes. According to the education cluster, 1.4 million school-aged children were affected by the drought. As a result, 420,000 school-aged children (45 per cent of whom are girls) were at risk of dropping out of school.

Access to affected populations in hard-to-reach areas remained challenging in Somalia. In 2021, 34 (46 per cent) districts were identified with moderate to severe access constraints, due to insecurity. Furthermore, the children of Somalia continue to suffer from various forms of grave child rights violations. In 2021, 3,340 verified cases of grave rights violations against children were reported. 2,691 children (646 girls and 2,045 boys) were directly affected, while 1,116 were recruited by armed groups, 1,030 were abducted, 593 were maimed, 195 were detained, 307 were sexually abused, and 200 were killed. In addition, there were 33 incidents of attacks on schools and hospitals and 16 incidents of denial of humanitarian access for children.

The country continued to be affected by disease outbreaks such as Cholera, Acute Watery Diarrhoea (AWD), and COVID-19. Since COVID-19 was reported in the country, the Ministry of Health has confirmed 23,532 cumulative cases with 1,333 deaths. In 2021, 74,888 cases of acute diarrhoeal disease were reported from drought-affected districts through the Early Warning and Response Network (EWARN). Of these, 76 per cent (56,915) were children aged below five years. The districts reporting most of the cases are Daynile (12,317), Baydhawa (10,424), and Marka (8,008).

UNICEF and partners scaled up their response across all sectors to meet the rapidly growing needs of the displaced families and the host communities. This was done through risk-informed programming that takes into consideration conflict sensitivity, peacebuilding, and preparedness actions, among other cross-sectoral considerations.

2021 Situation in Numbers

3,900,000

children in need of humanitarian assistance
(Humanitarian Needs Overview February 2021)

5,900,000

people in need
(Humanitarian Needs Overview, February 2021)

1,958,550

Internally displaced children or refugees
(OCHA March 2021)

Humanitarian Results

	UNICEF and Partners		Cluster Response	
	2021 Target	Total Results	2021 Target	Total Results
WATER, SANITATION & HYGIENE				
# of people reached with emergency water services in targeted settlements and communities	850,000 (255,000 G 263,500 B 178,500 W 153,000 M)	1,110,779 (315,639G 371,372B 228,117W 195,651 M)	1,000,000 (300,000G 350,000B 180,000W 170,000M)	2,160,915 (694,180G 809,879B 416,509W 240,347 M)
# of people reached with sanitation services in vulnerable settlements and communities	175,000 (52,500 G 54,250 B 36,750 W 31,500 M)	62,427 (19,705 G 17,948B 13,906 W 10,868 M)	1,000,000 (300,000 G 350,000 B 180,000 W 170,000 M)	375,272 (110,596G 128,749 B 70,144W 65,783M)
# of people reached with hygiene promotion activities and hygiene kits distribution in vulnerable settlements and communities	1,200,000 (360,000 G 372,000 B 252,000 W 216,000 M)	488,197 (135,363G 148,192B 116,511W 88,131M)	2,547,007 (764,102 G 891,453 B 458,461 W 432,991 M)	1,458,551 (437,566G 510,493B 262,539 W 247,953 M)
# of people reached with sustainable access to safe water in targeted settlements and communities	320,000 (96,000 G 99,200 B 67,200 W 57,600 M)	347,834 (103,011G 103,820B 75,245W 65,758 M)	1,547,007 (464,102 G 541,453 B 278,461 W 262,991 M)	826,969 (247,969G 289,300B 148,781W 140,519M)
# of people reached through institutional WASH Infection Prevention and Control (IPC) activities	220,000 (66,000 G 68,200 B 46,200 W 39,600 M)	31,430 (12,354 G 13,796 B 3,073 W 2,207 M)		
EDUCATION				
# of children accessing formal and non-formal primary education	160,000 (80,000 G 80,000 B)	176,073 (84,226G 91,847B)	374,973 (168,738 G 206,235 B)	454,334 (215,717G 238,617B)
# of school children with access to safe drinking water and hygiene promotion services	120,000 (60,000 G 60,000 B)	85,935 (41,474G 44,461B)	374,973 (168,738 G 206,235 B)	232,381 (109,327G 123,054 B)
# of teachers trained in basic pedagogy and psychosocial support	1,200 (480 W 720 M)	511 (126W 385M)	7,300 (1,825 W 5,475 M)	4,494 (1,072W 3,422 M)
HEALTH				
# of people provided with access to essential life-saving health services	849,484 (210,165 G 192,320 B 259,793 W 187,206 M)	360,923 (95,878G 84,937B 109,240W 70,868 M)		
# of children under 1 year vaccinated against measles	64,156 (34,620 G 29,536 B)	49,020 (25,367G 23,653B)		
# of emergency-affected pregnant woman received delivery services by skilled birth attendants	28,227 (28,227 W)	11,663 (11,663 W)		
# of children aged 0-59 months with diarrhoea receiving oral rehydration salts (ORS)	>90%	100%		
# of healthcare facility staff and community health workers trained in infection prevention and control (IPC)	1,486 (809 W 677 M)	1,534 (780 W 754 M)		
NUTRITION				
# of boys and girls aged 6-59 months with severe acute malnutrition admitted for therapeutic care	121,500 (62,546 G 58,954 B)	257,021 (141,362G 115,659 B)	162,008 (82,624 G 79,384 B)	257,021 (141,784G 115,237B)
# of boys and girls aged 6-59 months with moderate acute malnutrition (MAM)	25,000 (12,750 G 12,250 B)	28,777 (15,434G	560,615 (285,914 G	595,870 (322,988G

	UNICEF and Partners		Cluster Response	
	2021 Target	Total Results	2021 Target	Total Results
admitted for therapeutic care through the simplified protocol		13,343B)	274,701 B)	272,882B)
# of primary caregivers of children aged 0-23 months who received counselling on infant and young child feeding	880,000 (850,000 W 30,000 M)	1,186,018 (1,186,018W 0 M)	887,582	1,186,018 (1,186,018 W 0 M)
CHILD PROTECTION				
# of children and caregivers accessing community based mental health and psychosocial support services	180,000 (79,200 G 79,200 B 14,400 W 7,200 M)	74,663 (21,816 G 25,975 B 14,980 W 11,892 M)	408,000 (122,400 G 142,800 B 73,440 W 69,360 M)	246,903 (95,612G 94,440B 31,784W 25,067M)
# of registered unaccompanied and separated children supported with reunification services, family-based care or appropriate alternatives	7,040 (2,605 G 4,435 B)	16,487 (6,779 G 9,708 B)	15,000 (4,500 G 5,250 B 2,700 W 2,550 M)	22,635 (11,255 G 11,380 B)
# of women, girls and boys accessing GBV risk mitigation prevention and response interventions	100,000 (16,760 G 14,285 B 40,550 W 28,405 M)	13,764 (3,982 G 2,195 B 5,561 W 2,026 M)		
# of girls and boys released from armed groups and forces, reintegrated with their families/communities, and provided with adequate care and services	1,760 (440 G 1,320 B)	1,041 (195 G 846 B)	3000 (900 G 1,050 B 540 W 510M)	6,117 (898G 5,219 B)
# of individuals targeted with rights-based public outreach and awareness raising activities	200,000 (80,000 G 80,000 B 20,000 W 20,000 M)	170,176 (45,348 G 42,201 B 45,810 W 36,817 M)	744,000 (223,200 G 260,400 B 133,920 W 126,480 M)	603,189 (177,899G 155,481B 165,806W 104,003 M)
Communication for Development				
# people reached through messaging on the individual, family, and community-level prevention practices and access to services	2,000,000 (1,008,000 W 992,000 M)	6,438,388 (3,373,371W 2,065,017 M)		



Water, Sanitation and Hygiene

In 2021, UNICEF and its partners provided temporary and life-saving water supply for 1,110,779 vulnerable people in need, of which 687,011 children, in targeted settlements and communities (131 per cent of the annual target). This was done through water trucking, emergency water source chlorination and household water treatment. UNICEF also promoted the sustainable access to safe water in targeted settlements and communities through drilling and equipping new boreholes, installation of pipeline extensions, water storage tank, solar system upgrades and hand pump installation. These interventions benefitted 347,834 people, including 206,831 children. The close collaboration with government and related entities contributed to their capacity strengthening and boosted their immediate response capacity. This approach was also critical to reach more people in need than expected.

In response to the increasing risk of cholera outbreaks during this dry season, a total of 62,427 vulnerable and emergency-affected people were reached through community-centred sanitation interventions. This includes the provision of emergency family-shared and gender segregated sanitation facilities through latrines de-sludging and repair, and new facilities construction, including the provision of handwashing stations. Confronted with multiple crisis and limited resources, UNICEF prioritized life-saving interventions such as the provision of safe water and nutritional assistance to communities in need. This explains the limited resources, in comparison to planned target, dedicated to the improvement of sanitation facilities.



Mothers and her children wash their hands before entering a maternal and child health centre, supported by UNICEF, near Kabasa camp for internally displaced people in Dolow, Somalia on 26th May 2021 ©UNICEF Somalia 2021

Furthermore, UNICEF supported the distribution of hygiene kits to 488,197 people to improve hygiene practises at home. Kit distribution was coupled with awareness raising sessions on key hygiene and sanitation practices, via culturally accepted communication channels, including home visits and radio and TV broadcasts.

To mitigate the consequences associated with the COVID-19 pandemic that continued to pose unique public health, economic, and social risks in Somalia, UNICEF reached 31,430 (2,354 girls, 13,796 boys, 3,073 women, 2,207 men) through institutional WASH Infection Prevention and Control (IPC) activities.

The comprehensive lifesaving WASH support was provided to some of the most vulnerable populations and supported by key donors such as ECHO, CERF, BHA, FCDO alongside core UNICEF resources. Whilst responding to sporadic events the emergency interventions has provided opportunities for recovery efforts.

In 2021, UNICEF supported the government in a transition from emergency response interventions towards a humanitarian peace-development nexus. Through emergency funds from key donors, UNICEF supported the development of multi-year Town Master Plans offering structured planning and investment opportunities in major urban centers for integrated urban water supply for both Internally Displaced Persons (IDP) and host communities. After completing Master Plans for other major urban centers, in 2021 UNICEF started the development of new master plans for Beletweyne and Barawe.

UNICEF also implemented climate-resilient WASH interventions through the development of deep borehole systems powered by renewable solar energy. This represented a positive development for the country, especially in harsh semi-arid and arid climatic locations, affected by population displacement, conflict, flooding, droughts, and cyclones.

Increased UN collaboration was noted across agencies bringing expertise to address climate-change through joint UN and regionwide resource mobilization efforts.

One of the key challenges in 2021 was funding constraints that limited progress in sanitation services provision to people in need. Communities do not prioritize sanitation as a life-saving intervention during

emergencies and the support is mostly focused on water supply and other response needs, including nutritional assistance.



Education

Somalia has one of the highest proportions of out-of-school children anywhere in the world. Less than 30 per cent of school-aged girls and boys are enrolled in primary education and fewer still are demonstrating achievement of the foundational learning outcomes and skills required for a successful transition to secondary education.

The UNICEF Education program provided temporary and integrated emergency interventions for internally displaced children through a two-fold strategy of seeking to retain children already enrolled in schools and providing alternative educational program for children who had never been to school prior to their displacement. In the central and southern states of Somalia, UNICEF reached 176,073 children (of which 84,226 were girls) through the provision of safe and protective learning spaces, including the availability of water at school sites, the capacity strengthening of teachers, the distribution of learning materials and the capacity building of Community Education Committees (CEC) to enhance access and quality of learning. These interventions contributed to ensure that those children previously in school were able to continue their education and that out-of-school children were provided an opportunity to embark on accelerated education pathways.

The provision of safe water for 85,935 (41,474 girls) school children, the construction of gender-responsive sanitation facilities and the delivery of menstrual health and hygiene education to 1,500 girls strongly contributed to minimize absenteeism and mitigate the risks of children dropping out of school. As a key enabler of learning, 511 teachers (of which 126 were female) were trained in pedagogical skills, psychosocial support skills, and classroom management with UNICEF support. Coupled with the provision of student and teacher materials, the training aimed to enhance the skills of teachers to deliver child-centred teaching and facilitate students' acquisition of learning outcomes.



A pupil is photographed at a UNICEF-supported water point at Muuse Xuseen Hodoon School in Borama, Somaliland on the 10th February 2021©UNICEF Somalia 2021

A total of 230 CEC members (of which 105 female) participated in training on school governance, social mobilization, and child protection issues. The training was facilitated by the Ministry of Education and sought to enhance the capacity of the CECs to improve the quality of education and assist in enrolment campaigns. These efforts resulted in the enrollment of 3,793 out-of-school children (1,747 girls) in schools.

To understand the impact of the COVID-19 pandemic on the education sector, UNICEF supported various assessments in Somaliland, Puntland, and other central and southern states. This was undertaken in collaboration with the United Nations High Commissioner for Refugees (UNHCR), and the findings revealed the opportunities and limitations for technological solutions to distance education as well as registering schools' compliance with COVID-19 prevention and safe school operational guidelines.

UNICEF introduced a real-time school level data collection system through mobile SMS, using the Rapid Pro platform. This system allowed UNICEF to disseminate COVID-19 awareness raising messages to teachers across Somaliland, advocating for the implementation of preventive measures in their schools.

Despite these successes, there remained limited support for structured programmes for younger children through ECE in Emergency interventions which remain a priority for 2022 and beyond. Efforts will continue in 2022 to strengthen the impact of education emergency interventions through convergence with other sectors in the same districts and communities, and so as to ensure sustainability of new school programmes and facilities financed through humanitarian contributions.



Halimo Abdirahman Ismail, 12 years old, attends class in Mogadishu, Somalia on 23 January 2021. © UNICEF/UN0405812/Taxta



Health

In 2021, UNICEF provided emergency health care to most vulnerable people, including women and children among IDPs, host communities and underserved areas. An estimated 360,923 people (95,878 girls, 84,937 boys, 109,240 women, 70,868 men) were provided with access to essential life-saving health services. UNICEF activated 35 public health facilities (in 16 districts, in 8 regions) to provide lifesaving emergency healthcare services, including curative services delivery through outpatient department, child immunization, antenatal care, delivery with skilled birth attendant, postnatal care, nutrition services). 34 per cent of these facilities (12) provided basic emergency obstetric and newborn care (BEmONC) services for mothers and children. A total of 11,663 pregnant woman benefitted from delivery services by skilled birth attendants.



Aden Abdi Ibrahim (42) examines child in a maternal and child health centre, supported by UNICEF, near Kabasa camp for internally displaced people in Dolow, Somalia on 25th May 2021. ©UNICEF Somalia 2021

UNICEF also supported a total of 49 mobile clinics linked to the 35 health facilities to ensure that communities in hard-to-reach areas have access to lifesaving healthcare. These mobile clinics extended the reach of health services through health education, case management, and basic health screening for those priority populations that are less likely to seek preventive health services. Moreover, 14 of the mobile and outreach services focused on providing health education and cost-effective vaccinations in six priority districts, which contributed to reducing the risk of acute watery diarrhea, cholera, measles, and other preventable infectious diseases.

In humanitarian settings, the immunization programme was the foundation for implementing integrated primary health care services, including immunizations in nutrition outpatient therapeutic programmes. This has been implemented in close coordination with the Ministries of Health, the World Health Organization (WHO) and local partners for a unified plan of action. In 2021, more than 49,020 children under-1 were vaccinated against measles (25,367 girls and 23,653 boys). Measles vaccination coverage increased from 70 per cent in 2020 to 82.7 per cent in 2021. UNICEF, in partnership with health authorities and implementing partners, successfully responded to a measles outbreak in Dhobley District in Lower Juba Region. Over 77 per cent of children aged between 6 and 59 months were vaccinated, whilst also receiving

Vitamin A supplementation to boost their immunity. In 2022, the country is planning to conduct an integrated measles campaign in 2022 and introduce the second dose of measles vaccination into the routine immunization schedule.

Somalia has also made significant progress to eradicate polio, although accessibility to some security-compromised districts in the Central South Region (CSR) continued to pose challenges to these efforts. Cases of Vaccine Derived Polio Virus type 2 (cVDPV2) reported in Kenya and South Sudan have the potential to spread to Somalia and regionally. Two cases of cVDCPV2 were confirmed in 2021 as compared to 14 cases in 2020, and 349 acute flaccid paralysis cases were reported in 2021. One round of National Immunization Day (bOPV) was conducted reaching 3,048,232 children (97 per cent). Two rounds of mOPV2 campaigns were conducted in Somaliland reaching 801,195 children in the first round (95 percent) and 831,476 children in the second round (98 percent). Two rounds of preventive polio supplementary immunization campaigns were also conducted in CSR achieving a coverage of 91 percent in the first round and 93 percent in the second round. The first round of fIPV pilot was conducted in 5 target districts, which reached 126,781 children (95 percent of the target).

Somalia witnessed more COVID-19 cases in 2021 than 2020 with repeated waves. In 2020, an estimated 4,726 confirmed cases were recorded while 10,271 were recorded in the first half of 2021 including 358 frontline health workers. In response, 920 health facility staff and community health workers were trained on IPC to ensure that COVID-19 preventive measures are in place.

Additionally, UNICEF continued to respond to other infectious diseases outbreaks. In response to the increased AWD/Cholera cases, UNICEF supported four Cholera Treatment Centres in Banadir, Baidoa and Marka Hospitals with the steady provision of supplies.

The provision of emergency healthcare services to some displaced people in hard-to reach areas due to widespread insecurity was a key challenge in 2021. In addition, most of the donors' support was available since March 2021 onwards, leaving a critical gap in the provision of healthcare assistance to people in need at a critical moment characterized by conflicts and drought.



Nutrition

UNICEF, with its partners, continued to provide preventive and curative nutrition services to children and women in Somalia. Between January and December 2021, a total of 257,021 children (55 per cent girls) aged 6 to 59 months with Severe Acute Malnutrition (SAM) were admitted for treatment in 2021, against a target of 249,783 children. About 95 per cent of children 6 to 59 months admitted with SAM were discharged as recovered. More than 90 per cent of all sites offering Outpatient Therapeutic Programs (OTPs) did not report any stock shortages of Ready-to-Use Therapeutic Food (RUTF), surpassing the 90 per cent target. The prevalence of child wasting reduced from 17 per cent to 11 per cent between 2017 and 2021. The decline in wasting rates can be attributed to many factors including malnutrition prevention interventions in Somalia. Infant and Young Child Feeding (IYCF) counselling reached 1,186,018 pregnant women and caregivers of children 0–23 months.

UNICEF and partners responded to the severe drought with different kinds of nutrition activities. Thus, a collective effort needs to be exerted to avoid a new increase in child wasting similar to what was observed in 2011 and 2017. In response to the humanitarian situation, in 2021 UNICEF activated 10 new partnership agreements to increase nutrition program coverage in the affected areas.

Capacity building of nutrition stakeholders was also critical in 2021. UNICEF and its partners trained over 4,719 health and nutrition staff across the country against a target of 852. The impact of training and monitoring of nutrition programs resulted in improved performance indicators. Nutrition sites providing treatment of wasting have shown impressive performance with over 95 per cent of nutrition sites surpassing

the sphere international standards of cure rate above 75 per cent, default rate less than 15 per cent, and death rate less than 10 per cent.

These positive results were achieved despite the unpredictable security situation, especially in Somalia's central-south regions where access for a partner to provide nutrition services was restricted in some areas. This resulted in delays especially in supply delivery as was the case in Elwak in Gedo region where supplies had to be transported by UNICEF local partners through the Kenya's border.



Dahiro Hassan (33) and her daughter at a health centre in Dolow, Somalia on 24th May 2021. ©UNICEF/UN0471308/Taxta.



Child Protection

2021 has been an important year for UNICEF and the government in strengthening the protective environment for children in Somalia. As part of its response to the most critical needs of people affected by the humanitarian crisis, UNICEF reached 74,663 people, including 47,791 children with Mental Health and Psychosocial Support (MHPSS), delivering psychological first aid, structured & non-structured psychological support, and group counselling. While the COVID-19 epidemic and related movement restrictions had limited the delivery of MHPSS in 2020 UNICEF capitalized on lessons learned to deliver MHPSS through new modalities including distance counselling, house-house visits, use of social media, hotlines and peer - peer support. In addition, and as an innovative initiative, UNICEF also successfully piloted a mindfulness & wellness methodology to develop therapeutic relationship between children and coaches using play, yoga, surfing, basketball & soccer to achieve mental health wellness. It is also worth noting that humanitarian access has been challenged by conflict in Dhusumareb, Jubbaland, Mudug, Bakool and Bari, leading to the UNICEF programme reaching only 41 percent of its MHPSS annual target.

Children rights violations continued throughout the year. The country task force on monitoring and reporting verified and confirmed 631 cases of child recruitment in armed groups (14 girls) representing an 18 per cent increase in child recruitment during the first half of 2021 compared to the same period in 2020. Partnership and engagement with the Ministry of Internal Security and the Somali National Army (SNA) resulted in handover of 98 children previously associated with armed forces and armed groups (CAAFAG) to UNICEF. A total of 1,041 children (195 girls) former CAAFAG and children at risk benefitted from reintegration services, including safe shelter, career orientation, vocational training, formal education, medical care, MHPSS, and community follow-up. 185 former CAAFAG and Gender-based Violence (GBV) survivors (97 male, 88 female) set up socially conscious businesses.

In 2021, UNICEF identified over 2,556 cases of abuse affecting 2,040 children (1,563 boys, 477 girls) through its monitoring and reporting mechanism (MRM), making Somalia as one of the most dangerous conflict regions in the world for children. To address the consistently high number of abductions and recruitments, UNICEF conducted research into the drivers of child recruitment. Early findings reveal the prevalence of 'conscription' type policies for boys, as well as a sophisticated recruitment process through Qur'anic schools.

UNICEF continued to provide an adapted support to unaccompanied and separated children (UASC), due to humanitarian consequences. A total of 16,487 UASC (6,779 girls) benefitted from family tracing and were reunified with their families. This represents 109 per cent of the expected target. Services were delivered by trained social workers and members of the child protection committees supported at community level.

A case management platform (Child protection IMS) was officially launched at national level and 19 Non-Governmental Organization (NGOs) committed to use the platform for case management.

Rights-based awareness campaigns using radio programmes, TV, social media, and hotlines reached 170,176 people, including 87,549 children with messages on prevention of child abuse, child recruitment, child marriage, Female Genital Mutilation, GBV, and hygiene practices to fight against COVID-19. Awareness messages on GBV increased the number of community referrals and survivors of violence accessing specialized services. UNICEF support was critical to ensure that 4,730 people, including 1,896 children (1,611 girls) survivors of rape and sexual violence receive adequate clinical and psychosocial support and benefit from legal service, transport, and safe accommodation assistance. Increased awareness raising by social workers, intensive messaging on the reliability of services, and the availability of confidential communication avenues such as helplines resulted in increased GBV cases reported. Despite a relative increase in awareness-raising that reached 65,433 people (60 per cent children), the stigma associated with reporting GBV cases remained high. 12 case management centres were established including five case management centers (Galkayo-2, Adado-1, Marka-1, Barawe-1), 5 stop centre (Galkayo-1, Adado-1, Hudur-1, Baidoa-1, Banadir-1), and 2 Family care centres (Jowhar – 1, B/weyne-1). Four one stop centres remained operational in Somaliland and Puntland. Nine safe houses (Galkayo-2, Adado-2, Baidoa-1, Hudur-1, Mogadishu 1, Kismayo-1, Beletxawa-1) were also established and provided safer and quality protection services for survivors.

Preventing child recruitment is effective when dialogue with parties to the conflict is followed by targeted humanitarian responses to alleviate suffering and provide children and youth with alternative opportunities. However, the limited funding received in 2021 was a challenge to reach all the targeted children for key protection interventions.



Communications for Development

A total of 6.4 million people were reached with messages on individual, family and community-level prevention practices and access to services. This was done through household visits, broadcast of radio and television spots and animated clips on social media, public addressing

through vehicles mounted with mikes. In addition, social mobilization activities also engaged with traditional and religious leaders and local influencers.

In response to the Guri-Ceel displacements, UNICEF supported the training of 21 social mobilizers, who communicated more than 112 critical messages through local radio and television stations. In Banadir, 234 social mobilizers were trained in default tracing and identified 1,923 infants who had had their vaccination discontinued.

Despite reasonable containment of the COVID-19 infection and fatalities in 2021, Risk Communication and Community Engagement interventions coupled with demand generation efforts for the COVID-19 vaccine continued to be undertaken throughout the year.



Cluster Sector Coordination

Throughout 2021, 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 different inter-agency disaster operation coordination platforms in Mogadishu.

UNICEF actively participated in the drafting of key humanitarian response documents, including the 2021 Somalia 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 2021, the Nutrition Cluster continued to coordinate the delivery of life-saving interventions to the most affected populations, especially children and women suffering from acute malnutrition, while working to strengthen the enabling environment for the nutrition programme. The Cluster is comprised of a network of 91 active partners, four UN agencies, three observers, eight donors, as well as the Government at all levels. The functional emergency nutrition services are inclusive of 944 OTP centres and 1,067 Targeted Supplementary Feeding Program (TSFP) sites. The nutrition cluster received a total of US\$ 125 million (70 per cent of its funding requirement) which enabled 647,112 acutely malnourished children aged under-5 and 124,941 pregnant and lactating women suffering from acute malnutrition to receive life-saving therapeutic services, with a performance well above Sphere standards.

Some of the 2021 key cluster achievements in Nutrition included:

- Coordination of the Somalia Humanitarian Fund allocation for the drought and flood responses, with an updated mapping of key stakeholders, response capacities and interventions zones to ensure that geographical gaps were covered;
- Coordination of a CERF allocation for drought response coupled with the identification of areas with high acute malnutrition requiring additional resources to meet the needs;
- Regularization of national cluster meetings in Somalia with improved attendance of national meetings and establishment of new sub-national coordinations in 13 regions;

- Development of nutrition plan to the Somali Anticipatory Action to mitigate impacts of anticipated crisis on malnutrition.

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, IYCF, Capacity Development and Assessment, as well as Information Management.

The Nutrition Cluster undertook sub-national Nutrition Cluster Coordination trainings for sub-national cluster focal points and relevant Ministry of Health officials both at federal and state level to build capacity and strengthen regional coordination.

In addition, the cluster further strengthened the use of the digitalized and automated reporting system (Online Nutrition Information System/ONA) by nutrition partners.

WASH Cluster

As the WASH Cluster lead and a provider of the last resort, UNICEF continued to be a critical player in efforts to provide life-saving response during emergencies. The Regional Supply Hubs (RSH) approach³ for pre-positioning and replenishment of hygiene kit items enabled the cluster and UNICEF to effectively manage the core WASH pipeline. This approach, supported by key donors, proved to be successful in the Somalia context. This gives flexibility to address challenges such as closure of roads, conflicts, movement restrictions, global shortages etc. Through the management of the regional supply hubs and prepositioning of emergency hygiene kits, emergency responses were undertaken more quickly. Contingency partnership agreements offered a more efficient modality to initiate activities to support the emergency response. Long-Term Agreements with infrastructure service providers and construction companies also saw an improved response time to urgent local needs.

The WASH Cluster received a total of US\$ 32 million (US\$ 64.2 million funding gap) from bilateral and pooled funding sources to respond to emergencies in 2021.

In 2021, the cluster developed and operationalized its accountability framework to scale up the engagement of beneficiaries in the emergency response cycle and ensure that efficient and operational community feedback mechanisms were in place.

In total, cluster partners reached 826,969 people with sustained access to safe water in strategic locations regularly impacted by droughts and AWD/Cholera outbreaks. This was achieved through the rehabilitation and the construction of strategically located water points including boreholes, shallow wells or berkads, water trucking and household water treatment products, in major IDP sites and flood-affected locations along the Shabelle and the Juba rivers. A total of 2,160,915 (694,180 girls, 809,879 boys, 416,509 women, 240,347 men) people, including 1,504,059 children, benefitted from the provision of emergency water services.

Similarly, 375,272 people were reached with sanitation services, including construction of latrines, maintenance and rehabilitation of existing infrastructures. A total of 1,458,551 were also reached with hygiene promotion activities and hygiene kits distribution, which contributed to the containment of the risk of AWD/Cholera outbreak.

³ RSHs are located in strategic location of the country, and supplies are released in collaboration with the WASH Cluster.



Students wash their hands before returning to class at Darwish Primary School in Garowe, Somalia, Monday, Nov 08, 2021. ©Mackenzie Knowles-Coursin/UNICEF

Education Cluster

The Education cluster continued its collaboration and engagement with the Ministries of Education and education partners. This facilitated the coordination both at the national and state levels, with coordination meetings held every month. This also provided an opportunity to build the capacity of the Ministries of Education on education in emergencies, coordination, child safeguarding, and need assessments.

In 2021, Somalia Education Cluster partners responded to acute and emerging emergencies, including drought, conflict, and floods, by supporting more than 476,000 (48 per cent girls) crisis-affected children (34 per cent) of the 1.4 million children in need with Education in Emergencies services. A total of 314,000 (47 per cent girls) schoolchildren were reached with teaching and learning materials, 11,000 teachers (36 per cent female) received emergency incentives; 4,645 (24 per cent female) teachers were trained in basic pedagogy and psychosocial support skills; and 848 temporary learning spaces were established.

Thanks to Education interventions 142,000 (46 per cent girls) schoolchildren benefitted from emergency school feeding and 247,000 (48 per cent girls) benefitted from safe drinking water and hygiene promotion awareness services. Besides food and water, partners responded to the drought with support for the establishment of protective learning environments, the provision of teaching and learning materials, as well as school-based child protection activities, including recreational materials and psychosocial support (PSS).

Supported by the lead agencies, the cluster expanded to state sub-cluster coordination. This was aimed at strengthening the field coordination architecture and aligning it with the federal and state governance structures of the Somalia government. The state level coordination played a vital role in coordinating the drought response and improving information sharing and linkages with the national level cluster.

The Education Cluster worked with the Ministry of Education in the development of a distance learning programme through a distance learning working group, and the ongoing functioning of a distance learning platform in response to COVID-19. In 2021, COVID-19 disrupted education with school closures between March to August 2021 (FGS in March 2021 and Somaliland from April to July 2021). In response to the third COVID-19 spike, the Education Cluster supported the Ministry of Education in updating their COVID-19 Education Sector Response plan. Importantly, cluster partners scaled up their awareness raising efforts on COVID-19 prevention and mitigation to ensure children were safe.



Students raise their hands during class at Darwish Primary School in Garowe, Somalia, Monday, Nov 08, 2021 © UNICEF Somalia 2021

Child protection Area of responsibility

In 2021, the Child Protection Area of Responsibility reached 1,102,117 individuals (92 per cent of the CP annual target) with integrated child protection in emergency services across the country. These included 712,667 children (52 per cent girls & 48 per cent boys) and 389,360 caregivers (61 per cent women and 39 per cent men). Likewise, 18,989 children were identified as girls and boys at risk, including UASC and received specialized age and gender sensitive child protection services through individual case management to meet their unique needs, translating to 127 per cent of the annual Child Protection target. Moreover, the cases of 8,959 girls and 8,779 boys were documented and children were provided with appropriate family tracing services. Also, 2,868 (1,527 girls and 1,341 boys) UASC were reunified with their families, while 1,405 (696 girls and 709 boys) UASC were placed in alternative care. 325,606 children and adolescents (52 per cent girls and 48 per cent boys) were reached with psychosocial support, translating to 91 per cent of the annual target and 24,708 caregivers accessed community-based psychosocial support and parent support sessions. CP AoR and its members continued to provide lifesaving messages to 584,094 individuals (57 per cent children and 43 per cent adults) to mitigate the risk of family separation, child recruitment, explosive devices and promote safe behaviors among others, translating to 79 per cent of the annual target.

The Primero Child Protection Information Management Systems (CPIMS+) was successfully launched in August 2021. Aimed at strengthening the collective ability to identify children in need, provide them with lifesaving services, and protect them from exploitation and abuse, the platform is used by professional social workers to coordinate social, legal, clinical, and psychosocial services for the children in need.

The CPIMS+ provides intuitive digital forms for child protection workers to assist with documenting case management processes, from identification and registration, to assessment, case planning, referrals and transfers, and case closure. Since its launch, the system is used by 47 registered organisations for case management with 786 cases identified and registered by 117 caseworkers and case supervisors. In order to enhance the capacity of child protection caseworkers and case managers/supervisors, 8 training events were delivered virtually and in person for 300 caseworkers and supervisors.

Results achieved from Humanitarian Thematic Funding

The flexible thematic funding contributed significantly to UNICEF Somalia's humanitarian response and enabled UNICEF to provide critical WASH, Nutrition, Child protection, Education and Health services.

In 2021, the total humanitarian response funds received accounted for 75 per cent of the overall funding needs in the 2021 HAC. Humanitarian thematic funds accounted for 1,7 per cent of humanitarian funding available (including carry over funds) for emergency interventions.

Global thematic contributions were critical in supporting **maternal, newborn, and public health emergencies response** activities in Somalia. Due to the high newborn morbidity and mortality in Somalia, these funds supported a newborn situation analysis which led to the development of the Somalia Every Newborn Action Plan strategy to improve newborn health outcomes. Four hospitals in high burden areas were identified to have Neonatal Intensive Care Units. The funding also supported the procurement of essential medical supplies and equipment for four prioritized hospitals.

Flexible thematic contributions were contributed to the procurement of 23,000 doses of measles vaccines and 10,000 doses of BCG vaccines which helped with immunization in three districts in Lower Shabelle region namely Baidoa and Buurkahaba and Kismayo district in Lower Jubba region. A total of 65,000 outpatient consultations were provided through these contributions in Baidoa and Kismayo districts.

Thematic funds were also critical to support COVID-19 awareness raising and community sensitization campaigns in South West and Galmudug states and to strengthen the capacities of 240 frontline health workers on COVID-19 case management in Banadir and Galmudug regions. Funds also supported freight, logistics and transportation of essential supplies to health facilities and immunization campaigns.

Thanks to these funds, UNICEF was able to ensure prevention and treatment of acute **malnutrition** (see case study).

In the area of **Child protection** in emergencies, thematic funding allowed for the prevention and response to child recruitment notably through community care programmes. Community reintegration, vocational training and follow-up were successfully implemented. A total of 562 children (28 girls) exited armed forces and groups and benefitted from vocational training, formal education, medical services, family tracing, mental health and psychosocial support. To better support dissociation from armed groups and elicit a steady recovery from life-threatening shocks that impact mental health and psychosocial well-being, these funds supported capacity building of six master trainers (three women) on the science of mindfulness and the brain's neurological functions. Skills gained were cascaded to four service points across the country.

The thematic funding supported the humanitarian response plan for Somalia through inter-cluster coordination and the **WASH** cluster technical during outbreak of AWD and flooding season. Specifically, in AWD outbreak location, thematic funds supported delivery of lifesaving safe water through water trucking

to 1,760 people at 7.5l/p/d for a period of 60 days. To ensure quality of services, these contributions were utilized for third party monitoring contractual services and operational support in travel to monitor field activities by UNICEF staff.

With a dual approach of retaining children currently enrolled in school and offering alternative **educational programs** for children who had never attended school prior to displacement, UNICEF Education offered temporary and integrated emergency interventions for internally displaced children. The thematic funding proved to be critical in contributing to the provision of 104,675 children (47,568 girls) with emergency education services in central and southern Somalia.

Humanitarian Thematic Funding: Case studies

Prevention and response to malnutrition

Background: Malnutrition in Somalia remains high. According to the latest IPC analysis, the population in need of humanitarian assistance has significantly increased to over 4.2 million people, almost a 30% increase from the 2021 projection. On the other hand, the recent nutrition analysis indicated a deterioration in the overall GAM rate to 13 per cent from 11 per cent in 2021, with over 365,000 projected to suffer from acute malnutrition. The key drivers for malnutrition are poor infant and young child feeding practices, drought, food insecurity, and disease epidemics, including COVID-19, cholera, and measles. A drought declaration was made in 2021, signifying a deterioration in the overall food security situation, with a call for enhanced resources to cater to critical implementation sectors.

Resources allocated: In 2021 the UNICEF Nutrition programme was able to secure US\$ 27 million (excluding carry over funds) leaving a gap of US\$ 5.5 million to respond to nutritional needs of populations affected by humanitarian crisis. This includes US\$ 1 million secured through thematic funds, a 3 per cent contribution to the overall funding needs. As of December 31, 2021, UNICEF had utilized US\$ 449,602 of humanitarian thematic contributions to sustain the provision of critical nutrition services in Somalia.

Key results: Thematic funds largely contributed to ensure prevention and treatment of acute malnutrition. The allocation was optimized to sustain the human resource capacity for nutrition as well as to support ten partnerships (eight with local and two with international NGOs) for nutrition interventions and to further support the supply chain system, including procurement, storage, and logistics. Thematic funds were critical to ensure the screening for malnutrition of 311,631 children under-five, with 10,600 children being identified and treated for SAM in Hiran, Bay, Lower Shabelle, Puntland, and Somaliland.

Knowledge management for nutrition remains critical. Flexible thematic contributions were instrumental in supporting the first micronutrient survey in a decade to collect comprehensive national nutrition data. The results have been validated and are currently being used to inform nutrition programming for 2021-2025. Additionally, a nutrition casual analysis in the Dollow district helped better understand the leading causes of the high rates of malnutrition in the district so as to readjust programming strategies to address the critical barriers. UNICEF signed an annual work plan with the Ministry of Health, which includes the support for the Scaling Up Nutrition (SUN) secretariat office that champions all issues with the multisectoral coordination of Government line ministries around nutrition. Thematic funds were vital to support the Ministry of Health at the federal and state level to supervise and monitor nutrition implementing partners across the country to improve ownership and accountability. In addition, UNICEF provided leadership and technical guidance for developing the National Nutrition Strategy aligned to the National Development Plan and global goals such as the Sustainable Development Goals and the Multi-Sectoral Nutrition Strategy in Somalia and Somaliland.

Criticality and value addition: Nutrition remains one of the life-saving interventions in all humanitarian settings. Children remain vulnerable and at risk of malnutrition and death, exacerbated by the changing

feeding practices, climate change resulting in food insecurity and exposure to diseases. UNICEF's focus has been to enhance prevention activities, thereby building institutional and community resilience. Where prevention fails, ensure the provision of life-saving interventions alongside the cost-effective prevention actions. As a cluster lead agency, the provision of nutrition services, either directly or through other partnerships, remains core, intending to mitigate the negative impacts of the humanitarian crisis. The flexible funding from the thematic funds has been critical to bridging the implementation gap and sustaining the overall programming environment, including supporting essential staff and supporting the ministry of health to ensure quality assurance of activities.

Challenges and Lesson Learned: While impressive results were sustained in 2021, critical challenges remain in terms of insecurity and the deteriorating climate conditions resulting in sustained or deterioration of the nutrition situation. In 2021, eight priority districts remained inaccessible, a risk factor for malnutrition and nutrition services access. In these areas, UNICEF relied on third party monitoring providers to ensure the monitoring of nutritional interventions. The screening of children through the Family MUAC approach was a key lesson learned in 2021. Moreover, the digitization of the nutrition information systems has ensured timely situation and program progress updates. Somalia has also sustained a robust, integrated, and all-inclusive food security and nutrition analysis, which provides up-to-date nutrition analysis, including identification of needs, and priority hotspots, enhanced coordination at the cluster level, has also ensured collective support to the population, including optimizations of the resources to reach more children in need.

Moving Forward: With the sustained humanitarian crises in the country, UNICEF will continue to partner with the Ministry of Health and partners to implement nutrition actions. Further, UNICEF will continue to leverage and collaborate with other sectors to ensure that the underlying drivers of malnutrition are addressed. UNICEF will maintain its role as the lead cluster agency and secure systems and structures for quality emergency response.

Costing Guidelines for WASH Services for a better planning and implementation

In 2021, and through UNICEF support from the thematic funding, the WASH Cluster collaborated with the Ministry of Energy and Water Resources to develop and disseminate the national WASH Services Costing Guidelines. The overall concept and primary purpose was to provide cost estimations for each component or common technologies in the WASH sector across all the regions of Somalia based on estimates from key sector stakeholders. The different cost items that contribute to investments in the sector were identified and methodologies developed for how to best estimate the various cost items. The key considerations were:

- Hardware costs for physical construction (including new construction, capacity expansion, and rehabilitation)
- Related investment specific costs (i.e. costs that are necessary for the specific component to function as intended), e.g. design and supervision costs, community mobilization and scheme specific hygiene promotion costs.
- operation and maintenance costs.
- Variation of costs according to different implementation methods, locations, purchased materials and skilled/unskilled labour.

The different water and sanitation facilities have been separated into the overall categories of i) water supply systems, ii) point source water supply, and iii) on-site sanitation, and common components and technologies were identified within each category.

These guidelines are important for both emergency and development interventions, and to guide planning and implementation. Guidelines consider regional and seasonal variations and include different

operational and maintenance arrangements such as private service providers, utilities, NGOs, or community-based groups and committees.

The guidelines allow for the assessment of different viable technology options for the various settings, while not recommending one technology over another and based on the results of specific assessments.

This simplifies work for stakeholders, establishing standards and ensuring adherence to them. In this way, the sector is more coordinated under the leadership of the government, inputs from the WASH Cluster and with the full participation of WASH partners.

Building evidence to positively change social norms: the "Communities Care" programme

In 2021, UNICEF scaled up Community Care activities in 14 communities and started piloting a safe schools programme in 53 schools in Benadir and Jubaland. With the scale up of Community Care initiated in early 2021, baseline surveys have been collected across eight intervention sites in Balligubadle, Boorama, Wajaale, Kismayo, Dollow, Marka, Dharkinley, and Beletweyne. Findings showed that 86.19 per cent of interviewees had some knowledge of sexual and GBV, but worryingly, more than 70 per cent of those surveyed felt that the number of discussions on sexual violence against women and girls had declined compared to a year ago. As it was a baseline survey, the national data describing shifts in harmful norms will not be available until 2022.

Student social workers trained through UNICEF's scholarship programme also provided MHPSS activities to 5,806 people (3,045 children, 51 per cent girls) in low-income communities, facilitating group counselling, peer-to-peer support, house visits. Through these interventions, referral and case support services were strengthened. In addition, UNICEF provided key messages to prevent Female Genital Mutilation, Sexual Exploitation and Abuse, child marriage, GBV and COVID-19. Through social workers' engagements at the community level, 129,670 community members were reached with these messages. In addition, 2,060 stakeholders (862 female) and sub-contractors and 540 partner staff (202 female) were trained on PSEA. Furthermore, two hotlines were established (1 Kismayu, 1 Jowhar), together with four complaints mechanisms (1 in Galkayo, 3 in Marka and Barawe) and 21,310 people (7,501 female) were reached through PSEA awareness-raising sessions.

Assessment, Monitoring and Evaluation and Partnerships

For the emergency response in 2021, UNICEF Somalia strengthened its 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 generalized the use of the online reporting system (using the ONA platform) for third party monitoring partners to expedite more real time reporting and to support analysis. Partner reporting was complemented with management oversight and quality assurance activities during the implementation of activities.

Field monitoring was another key component of programme monitoring. 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, and improving training of third-party enumerators prior to deployment. Field monitoring by staff continued in all accessible areas. All field monitoring was systematically tracked by partner and location. In 2021 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, UNICEF was able to leverage and benefit from a vast network of partners and supporters, for the implementation, coordination and mobilization of resources in support of its programmes for people in need. UNICEF continued to deliver its humanitarian response primarily through local and community-based implementing partners, with more than 65 per cent of its active partnerships being with national NGOs. Partners working with UNICEF have passed due diligence verifications through the United Nations Partnership Portal. In 2021, UNICEF also partnered with United Nations agencies, including the World Food Programme (WFP), Food and Agriculture Organization (FAO), WHO, United Nations Population Fund (UNFPA), International Organization for Migration (IOM), United Nations Assistance Mission in Somalia (UNSOM) and others on a range of critical initiative ranging from coordinated resilience action in nutrition, WASH and education, promoting behaviour change and strengthening protection mechanisms at community and inter-agency levels (including on the prevention of sexual abuse and exploitation), and advocating for the release and reintegration of children associated with armed forces and groups, among others.



Children in Kabasa Primary School in Dolow, Somalia on 24th May 2021. ©UN0471328/taxta

Financial Analysis⁴

Table 1 - Funding Received and Available in 2021 by sector against requirements.

Funding Requirements (as defined in the 2021 Humanitarian Appeal)					
Appeal Sector	Requirements*	Funds available**		Funding gap	
		Funds Received Current Year	Carry-Over	US\$	%
Health	18,247,217	12,053,881	3,444,875	2,748,462	15%
Nutrition	32,718,475	26,951,116	11,612,943	-	-
Education	19,200,000	3,156,919	2,032,824	14,010,257	73%
WASH	33,000,001	18,122,716	1,529,247	13,348,039	40%
Child Protection	19,196,691	10,554,276	3,070,866	5,571,548	29%
C4D, Community Engagement and AAP	2,021,760	500,000	0	1,521,760	75%
Total	124,384,144	71,338,908⁵	21,690,754	31,354,483	25%

Table 2 - Funding Received and Available by 31 December 2021 by Donor and Funding type

Donor Name/Type of funding	Grant Reference	Overall Amount*
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
See details in Table 3	SM189910	\$ 180,802.00
Total		\$ 180,802.00
b) Non-Thematic Humanitarian Funds		
Canada	SM210199	\$791,139.00
European Commission / ECHO	SM210348	\$3,642,819.32
European Commission / ECHO	SM210544	\$3,490,885.51
German Committee for UNICEF	SM210887	\$174,825.00
Japan	SM210058	\$500,000.00
Norway	SM210181	\$162,000.00
Saudi Arabia	SM210161	\$601,379.62
SIDA - Sweden	SM210147	\$1,178,411.50
The United Kingdom	SM210117	\$4,469,274.32
The United Kingdom	SM210720	\$1,948,924.73
USA (USAID) OFDA	SM210362	\$34,699,999.88
USAID/Food for Peace	SM210893	\$2,960,971.00
Total Non-Thematic Humanitarian Funds		\$ 54,620,629.88
c) Pooled Funding		
(i) CERF Grants		

⁴ All financial figures are in US dollars.

⁵ This amount excluded (a) US\$30,400.00 of SM1899100384 received on 21 December 2021 from United States Fund for UNICEF and (b) the other resources (\$245,183.52) from RR (GC and GS Set Aside).

(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.		
UNOCHA	SM210220	\$2,800,000.64
UNOCHA	SM210221	\$4,101,003.98
UNOCHA	SM210913	\$1,750,000.00
Total CERF		\$ 8,651,004.62
d) Other types of humanitarian funds		
USAID/Food for Peace	KM210105	\$4,427,500.00
USAID/Food for Peace	KM210107	\$3,458,971.00
Total Other Types		\$ 7,886,471.00
Total humanitarian funds received in 2021 (a+b+c+d)		\$71,338,907.50
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanitarian Resp	SM189910	\$1,399,671.22
Global - Thematic Humanitarian Resp	SM209910	\$6,754.53
Total carry-over Thematic Humanitarian Funds		\$1,406,425.75
f) Carry-over of non-Thematic Humanitarian Funds		
UNOPS - New York	SC200739	\$842,675.00
USAID/Food for Peace	KM200111	\$3,878,100.00
USAID/Food for Peace	KM200115	\$2,521,972.08
GAVI The Vaccine Alliance	SC200764	\$278,082.41
USAID/Food for Peace	SM200746	\$2,312,350.17
Republic of Korea	SM200774	\$158,278.19
USA (USAID) OFDA	SM200445	\$427,709.84
Global Partnership for Education	SC200365	\$713,138.66
European Commission / ECHO	SM200211	\$1,500,387.00
USA (USAID) OFDA	SM200298	\$2,886,640.93
SIDA - Sweden	SM200116	\$3,566.95
USAID/Food for Peace	SM200209	\$997,913.47
World Bank - Washington D.C.	SM200587	\$8,425.81
Global Partnership for Education	SC200189	\$430.00
British Government (FCDO)	SM200268	\$3,476,241.61
Japan	SM200064	\$18,989.37
Japan	SM200356	\$139,886.08
UNOCHA	SM200517	\$119,540.51
UNOCHA	SM200518	\$0.09
Total carry-over non-Thematic Humanitarian Funds		\$20,284,328.17
Total carry-over humanitarian funds (e + f)		\$21,690,753.92
III. Other sources		

GS - RR 7% Set-Aside allocated to Emergency Expenditures	GS180062	\$15,005.34
GS - RR 7% Set-Aside allocated to Emergency Expenditures	GS200010	\$51,262.47
Regular Resources Allocated to Emergency Expenditures	NON-GRANT (GC)	\$178,915.71
Total other resources		\$245,183.52

Table 3: Thematic Humanitarian Contributions received in 2021

Donor Name	Grant Number	Programmable amount	Total amount
German Committee for UNICEF	SM1899100694	\$ 172,192.02	\$180,801.62
United States Fund for UNICEF	SM1899100384	\$ 28,952.38	\$ 30,400.00
Total		\$ 201,144.40	\$211,201.62

Future Workplan

In 2021, UNICEF will continue to provide life-saving health, nutrition, education, WASH and child protection interventions for Somali children. Building on lessons from previous years, UNICEF will pursue a balanced approach between providing an immediate life-saving response, investing in systems strengthening and building the resilience of services and communities. UNICEF will expand programme monitoring to engage communities in the design, reach and quality. Furthermore, UNICEF programmes will be informed by solid risk analysis and humanitarian access monitoring. UNICEF will prioritize gender and disability responsive programming, as well as mainstreaming PSEA and AAP across its programmes. Humanitarian programmes will emphasize the importance of community engagement and participation.

Working closely with stakeholders, UNICEF will build sustainable programmes, wherever possible, and foster resilience at all levels – from the household level to the community, state and national levels. Cash programming will be a critical component of the emergency response, and humanitarian cash will be integrated into existing social protection mechanisms.

UNICEF will build on its work to improve accountability to affected populations by focusing on inclusion of children with disabilities and gender equity. Women and children will be actively included in programme design and implementation to strengthen community involvement and identify cross-cutting needs and appropriate solutions. UNICEF will also support communities with appropriate technologies to increase awareness and accountability and thereby empower women, children and other vulnerable groups to voice their needs.

As the number of people affected by the severe drought is increasing, UNICEF will adopt a no-regrets approach to scale-up its drought response and deliver integrated packages of services in WASH, Health, Nutrition, Child Protection and Education. In light of the ongoing COVID-19 global pandemic the situation in Somalia is expected to remain complex with fast evolving needs and further requirements to provide lifesaving support to vulnerable populations, including women and children.

Annexes

Annex 1: Two-pagers

Annex 2: Donor Statements by Activity (Uncertified)

Annex 3: Consolidated Communications and Visibility Report

Annex 4: Donor Feedback Forms



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