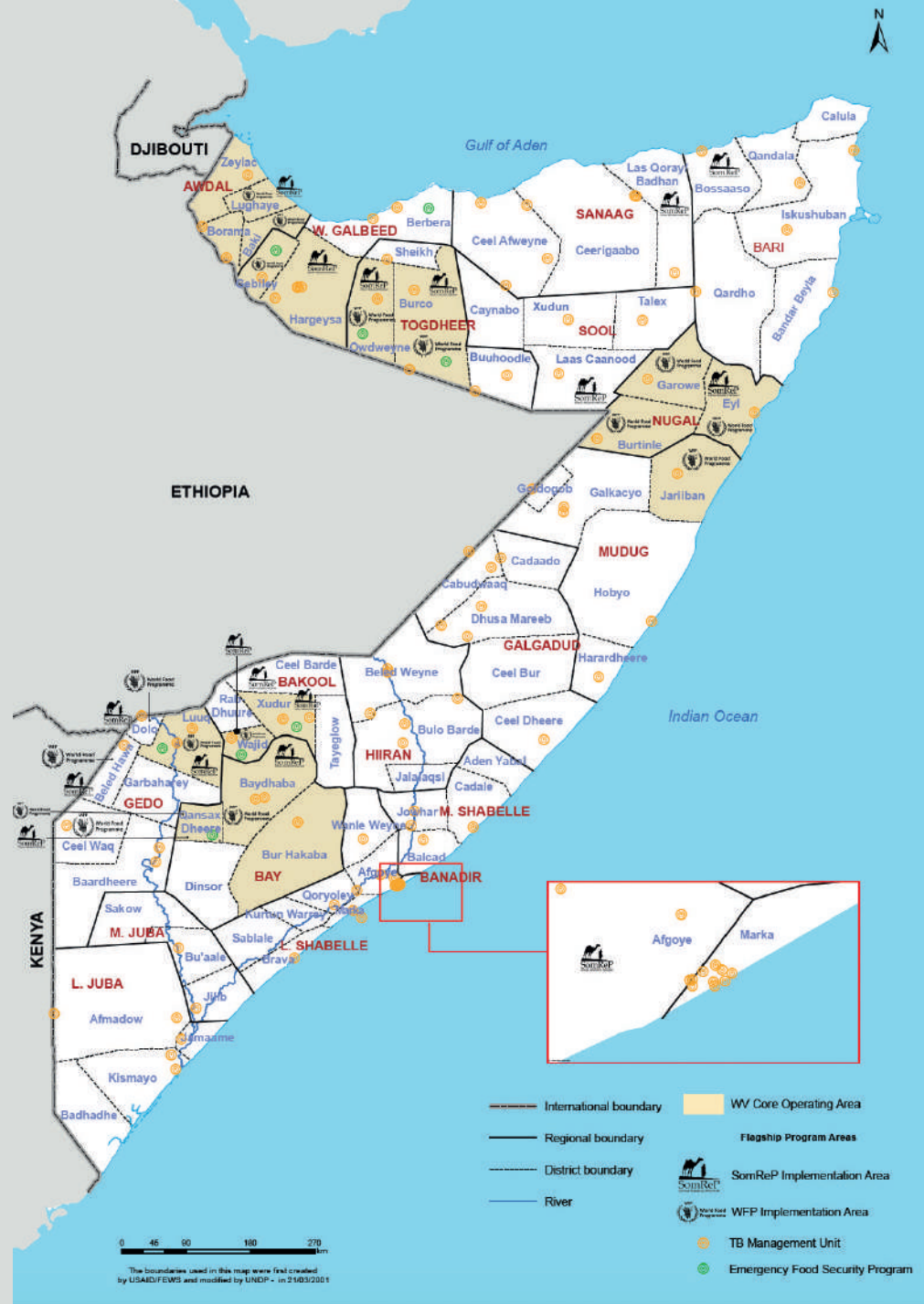




2019

ANNUAL REPORT
World Vision Somali Programme

Area of Operation



About World Vision Somali Programme

World Vision (I/VV) is an international Christian relief development and advocacy organisation working with children, families and communities in almost 100 countries worldwide to create a lasting change and overcome poverty and injustices. We are dedicated to working with the world's most vulnerable population. We serve all people regardless of religion, race, ethnicity or gender.

WorldVision International has worked in Somalia since 1992 in a variety of emergency and rehabilitative programmes to address emergency needs of communities while addressing some of the underlying causes of vulnerability in those communities.

Currently, we are directly implementing projects in four states namely Jubaland, Puntland, Somaliland and South West State and have programmes across the country in conjunction with various implementing partners in the Global Fund and Somali Resilience Programme (SomReP). World Vision's multi sectoral and integrated approach is community managed and focuses especially on the needs of children.

We use comprehensive and integrated approaches to support various interventions including child protection, health and nutrition, livelihood and resilience and Water Sanitation and Hygiene (WASH) to ensure that children receive sustainable and quality services.

Year At A Glance

Total Reach

In FY 19 we reached 4,032,072. The total reach in this case is defined as the number of children and adults who have been reached either directly or indirectly by World Vision interventions across all sectors of our programme.

The majority (**2,499,884**) of the total reach were female, representing **62%** of our primary beneficiaries. The number of children reached is estimated at **1,768,662**, representing **44%** of the overall reached population.

Children in this context are defined as boy and girls below the age of 18 that have been reached by World Vision's programme interventions in the country.

The proportion of girls among children was higher compared to that of boys.

See table below for details.

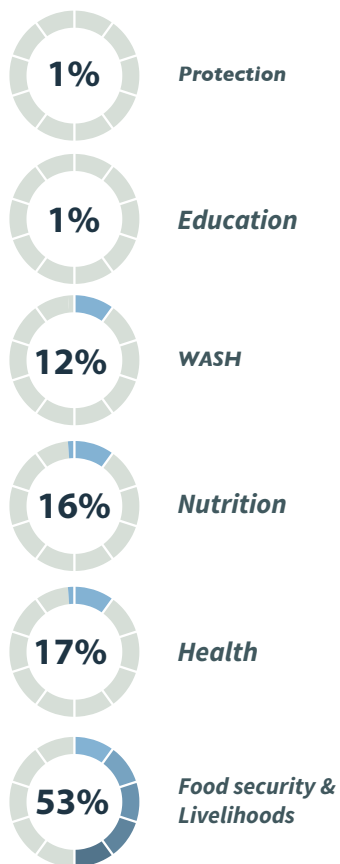
All ages	All Ages 2018	2018 Men	2018 Women	All Ages	2019 Men	2019 Women
Overall Reach	3628649	1378887	2252412	4032070	1541088	2499982
Food security & Livelihoods	1934365	735058	1199307	2136997	812059	1324938
WASH	471724	179255	292469	483849	183863	299986
Nutrition	544297	206833	337464	645131	254150	399981
Health	614460	233803	383657	685452	260472	424980
Education	25671	9755	15916	28800	10844	17956
Protection	36286	13698	22588	50321	19122	31199
Shelter & NFI	1631	620	1011	1520	578	942

Under 18

Overall Reach	1591796	764061	827734	1768661	855958	912701
Food security & Livelihoods	848557	407307	441250	937391	449948	487443
WASH	207933	99808	108125	212239	101875	110364
Nutrition	238769	114609	124160	282986	135834	147152
Health	269548	129383	140165	300672	144323	156349
Education	12034	5776	6258	16687	8010	8677
Protection	14355	6890	7465	17870	8578	9292
Shelter & NFI	600	288	312	816	392	424

Food Security and livelihoods reached at least **53%** of the overall population served by World Vision. Health, Nutrition and Wash reached to **17%**, **16%** and **12%** of the primary beneficiaries in that order.

The sectoral reach also reflects the pattern of needs for the Somali population. Food insecurity remained a prime challenge for the Somali people.





ANNUAL STRATEGY PERFORMANCE PROGRESS BY SECTOR

Annual Strategy Performance Progress by Sector

The overall goal of World Vision's Somali Programme is enhancing the Resilient Well-Being of Two Million Children and their communities by 2020. To achieve this goal, a set of four strategic objectives were set.

1. **Strengthened peace and protection of children from abuse and all forms of violence**
2. **Improved and resilient livelihoods and food security for child well-being**
3. **Improved Health, Nutrition and WASH for children, women and families and**
4. **Improved quality of Education and Life skills for children and youth and resilient livelihoods and food security for child wellbeing.**

World Vision selected a list of indicators and strategic objectives and outputs to monitor performance of the strategy implementation.



EDUCATION AND PROTECTION

Education and Protection

Project Models and Strategies

To attain basic skills of literacy and numeracy which is the main focus for children in primary school, the Unlock Literacy Model was implemented in 22 primary schools of Puntland State. In FY19, the Community Action Module of the model was rolled out with an aim of increasing parental involvement in the children's acquisition of literacy skills. Community Education Committee (CEC) members, teachers and MoE officials were trained on techniques, methods and activities for supporting literacy development in a variety of settings in the community. As a result, the community's reading awareness has been raised to the extent that children have access to age appropriate reading materials both in and out of school. With enhanced literacy environment, the learning outcomes in primary school is expected to improve.

To increase access to quality education in our programmes, CEC members have been trained on Citizen Voices and Action (CVA) which is our model for local level advocacy approach that helps communities engage directly with government service providers to improve the quality of the services provided at the community level like education. Armed with knowledge on local education standards and policies, parents and caregivers have been

able to engage the MoE and WVI in dialogues around quality of education service provision which include conversations around pupil teacher ratio, teacher training, school safety etc. For instance in Puntland, the CVA committee has been instrumental in advocating for the fencing of schools as a safety measure for the children's well-being and protection of the school assets. In some schools the parents have come together to put up live fences. In other cases, the parents have lobbied the MoE and WVI to increase the number of trained teachers to improve on their children's education outcomes.

Through our TVET programmes, 77% of adolescents (ages 15–18) had access to training opportunities in preparation for work and adulthood. The adolescents have developed skills that are key for their pursuit of educational and life goals. This programme is implemented in the South Central Region and is contributing to the increase of youths with a learning opportunity that leads to a productive lifestyle and preventing a life of crime and violence.

With the support of Gift in Kind (GiK), WVI has contributed to creating safe and nurturing learning environments in Somaliland and South Central. Schools have benefitted from

learning materials such as exercise books, story books, stationery and furniture which have promoted enrolment and retention of boys and girls to primary school as a result of the improved learning environment. Our menstrual hygiene management in schools has been key in facilitating adolescent girls to attend school regularly including during their menses.

WVI remains to be an active participant in the national and regional education coordination and networking fora where best practices, international standards and government policies are disseminated.

Education Innovation - Digital Attendance Tracking Mobile Application

This is an ongoing pilot in collaboration with the Somalia Response Innovation Lab and the Puntland Ministry of Education in 3 primary schools. The Digital Attendance Tracking Application is a web and mobile application which monitors daily child school attendance. It also helps WVI and other education stakeholders to monitor the rate of school dropouts, school absenteeism and reasons for not attending school. The application is able generate real time reports for programming and decision making.

Achievement



8,765

Number of children enrolled in school



408

Number of teachers in World Vision supported schools



216

Number of teachers trained



2,146

Number of children participating in life skills training



708

Number of children attending non-formal training



7,836

Number of school aged children who received school supplies



78

Number of teachers trained in 'disability inclusion'



64

Number of children or adolescents that have completed a life skills curriculum

Education Innovation - Digital Attendance Tracking Mobile Application

Non Governmental Organisations, including World Vision (WV), usually struggle to obtain authentic information on education indicators such as enrollment, retention and drop out rates of school children. Through collaboration with the Response

Innovation Lab (RIL) and the Ministry of Education in Puntland piloted a Digital Attendance App (DAA) in 3 primary schools to help ease the challenge.

The Digital Attendance Tracking Application is a web and mobile application which monitors daily child school attendance.

The App was developed by UNICEF and students at Kenya's University of Nairobi's, C4D Lab who later formed Sisitech, a Kenyanbased global software design firm.

The DAA tracks student attendance quickly, safely and efficiently to support learning and school re entry. First piloted in Kenya, the Response Innovation Lab and World Vision worked with Sisitech to pilot the application in Puntland that will help education stakeholders to monitor the rate of school dropouts, absenteeism and reasons for not attending school.

The pilot schools were transitioned from a paper-based school attendance tracker to use the application. The app is available both on-line and off-line and is able to capture individual attendance of a student and generate an immediate report.

Individual school data will be fed into the overall District/State data and can be disaggregated by the school, gender and grades, allowing the school and World Vision to track trends in attendance. The web-based platform allows World Vision, headteachers and the government to access the

dashboards for planning and advocacy purposes. The DAA will be useful for the government and other partners to improve attendance tracking. Additionally,

the Ministry of Education would like to have the EMIS and DAA integrated in their systems



Children's Voice Forum

Providing a platform to encourage children to use their voice to highlight issues affecting them.

Garowaland State
29th 2019



**CHILD PROTECTION AND
GENDER BASED VIOLENCE**

World Vision

Children's
Voice Forum

Child Protection and Gender Based Violence

Project Models and Strategies

World Vision believes in a world that is free of violence for children. We are committed to protecting children from abuse, neglect, exploitation and violence, through a systems approach which focusses on strengthening the protective environment around children. Through partnership with the grass root child protection and GBV structures, we invested in strengthening prevention, reporting and referral mechanisms. Using the Child Protection and Advocacy (CP &A) approach, engagement with key community stakeholders to address the root causes of violence against children has been facilitated through building capacity and increasing partnering and collaboration between formal and informal child protection (CP) actors. To this end, the number of people accessing CP and GBV services has increased from 265 to 637. This is attributed to the services WVI has put in place at the community level such as help desks, training of health workers to provide post rape treatment including psycho social support for GBV survivors and referral for legal and livelihood support. Improved community capacity on GBV prevention was also enabled through community based trainings where 843 people were reached. For instance through the Fistula Project in Somaliland, 30 survivors benefitted from fistula repair surgeries and integrated back to their communities with a livelihoods start up package. Community awareness on child protection and gender has been enhanced through involvement of faith leaders as an integral part of our prevention and response initiatives. Through the Channels of Hope Model (CoH Child Protection and CoH

Gender Curricula), faith leaders have been vocal in advocating against social norms that propagate violation of child rights and gender inequality. This has seen the number of GBV and CP cases referred to relevant authorities increase from 74 to 82 in this reporting period. In Puntland State, 34 faith leaders were trained on CoH Gender and CoH Child Protection.

Achievement

Child Protection

115

Number of teachers trained child protection

3,300

Number of people trained in protection

2,513

Number of CAY who participate in actions that support ending violence against children

2,625

Number of female and male adolescents registered as members in adolescent groups

6,865

Number of community members (male, female) in sessions on CP issues

4

Number of CP services improved

67

Number of faith leaders trained in Channels of Hope (CoH)

99

Number of Child Protection and Advocacy Groups

119

Number of faith leaders motivated to act on CoH focus issues

7

Number of Child Protection services monitored

Gender Based Violence

51 Number of GBV cases referred to relevant authorities

148 Number of teachers trained in GBV

637 Number of people accessing GBV services

843 Number of people trained in GBV

82 Number of GBV cases referred to relevant authorities

65 Number of people trained in psychosocial support

187 Number of community based workers trained in psychosocial support for GBV survivors

15 Number of faith leaders trained in Channels of Hope (CoH)

67 Number of Child Protection and Advocacy Groups

Giving Children A Voice

Children and young people are negatively impacted by conflict and displacement. They have little or no say on issues that negatively impact their lives.

World Vision took a bold and ambitious step to place displaced children and young people from some of the world's most complex emergencies at the centre of the global policy and decision-making arena through a unique initiative not yet undertaken by any humanitarian agency.

To support the initiative, we organised the Children's Voice Forum held on 29th April 2019 in Garowe, Puntland State which brought together more than 25 children from Jilib village in Garowe to share their experiences and ideas for durable solutions to displacement.

During the forum, children discussed challenges they face due to displacement, and what interventions have helped them overcome some of these challenges. The forum formed focus group discussions, providing a platform to encourage children to recognize the power they hold in voicing and highlighting issues affecting them.

Parents and guardians also participated in discussions and they were sensitized about child protection issues and durable solutions to displacement.

The objective of the forum was to highlight the challenges of displacement, living conditions in IDP settlements and how World Vision interventions are addressing the issues and achieving durable solutions. The forum was organized in collaboration with the Ministry of Women, Development & Family Affairs (MoWDaFA) of Puntland. Highlights from the Children Voice Forum.





HEALTH AND NUTRITION

Health and Nutrition

In order to deliver quality essential health and nutrition services, World Vision in collaboration with the Ministries of Health systems strengthen through basic infrastructure, provide medical supplies, capacity building and incentives to health personnel.









During FY19, there was a significant improvement in maternal access to health care services through support to health facilities with skilled health workers, consistent provision of pharmaceutical supplies and equipment, health worker capacity building and partnership with communities on approaches aimed at enhancing maternal wellness behaviour change communication.

World Vision worked with partners including various government ministries in Puntland, South West State, Jubaland and Somaliland to address various health and nutrition issues by supporting health facilities to improve availability and quality of healthcare services, especially for the most vulnerable such as pregnant and lactating women (PLW) and children under-five.

WV also supported mobile health teams to reach areas where health facilities are not available through static health facilities such as Mobile Community Health (MCH) clinics, health centres. Other support included staffing for TB clinics, medical supplies and training. WV focus on accelerated child survival care, modelled around the 7-11 mother and child health strategy, which includes Integrated Management of Childhood Illness (IMCI) care practices at all levels of service provision. At the health facilities, the nurses and clinical officers were trained on the 7-11 core interventions that focus of cost-effective preventive practices that address the primary causes of maternal and child mortality and illness, and support mother and childcare to improve health and nutrition.

World Vision adapts a community-based approach in supporting positive health outcome. We engaged Community Health Workers (CHW) to provide Integrated Community Case Management (ICCM) and Community-Based Management of Acute Malnutrition (CMAM) at community level. Through the m-health applications used by the CHW in the implementation for CMAM, ICCM, timed and targeted

counselling in the targeted locations was done, CFW also supported the surveillance of key communicable diseases to enable timely preventive measures.

a	
Achievement	
 <p>33,348 Number of children <5 years diagnosed and treated for 3 most common diseases (Malaria, Diarrhoea and Pneumonia)</p>	 <p>63,397 Number of children 6-9 months screened for malnutrition</p>
 <p>1,023 Number of health facilities supplied with medical equipment</p>	 <p>199 Number of health workers trained according to national standards</p>
 <p>63,397 Number of pregnant mothers/caregivers benefited from qualified counselling services</p>	 <p>26,262 Number of children immunized OPV3 & Pent 3</p>
 <p>70% Proportion of children receiving minimum dietary diversity</p>	 <p>43% Proportion of infants whose births were attended by a skilled birth attendant</p>

A pillar for his community – Dayib The Health Worker

Dayib Muuse Beegsi, 55, is a community health worker and a father of four. He lives in Kalabaydh village in the Awdal region of Baki district in Somaliland. As a community health worker in Kalabaydh, he visits between 2 - 4 families every day to provide health care services to expectant mothers and sick children. He also directs them to health facilities where they can get comprehensive medical care.

Like many other rural villages in the country, Kalabaydh had been facing challenges while trying to access specialized health services and care due to the scarcity of trained health workers and well-equipped health facilities near her home.

Thanks to a World Vision project that aimed to build the capacity of Ministry of Health workers in 43 villages, including Kalabaydh, things are better now. Dayib was among 60 health workers who were trained to support community members with basic health services as well as how to manage the demands for his support; thanks to the Integrated Community Case Management (ICCM Approach) by World Vision in 2017.

During the training, he learned how to tackle physical and financial barriers that denied communities' access to treatment for pneumonia, diarrhea and malaria which had led to high numbers of child mortality.

“I was trained on how to apply the integrated approach which is more effective for home-based care treatment with minimal cost. I was also trained on Timed and Targeted Counselling (TTC), an approach to provide the relevant messages for the specific pregnancy period to the expectant mothers and children who are about two years old,” Dayib says.

Dayib goes on to explain that the community had no Maternal and Child Health clinic (MCH) or health facility and that was what prompted him to take the course so that he could support the expectant mothers and sick children in his community. He's passionate about his work and says he finds joy in helping his people.

“When someone got sick, they had to travel to Ali-Haydh village which is 40 kilometres from Kalabaydh to seek medical assistance. I remember one time my wife got sick with Anemia, she had no energy, had shortness of breath and convulsions. I was so confused, I didn't know what to do. I had no money to hire a car to take her to the hospital. Luckily, she got better. I could not recognize what was ailing her from the symptoms she had at the time. But, after the training by World Vision, I can easily tell what disease someone has by examining the symptoms and know what treatment to administer or do a referral if they need special medical attention,” Dayib explains.

Ayan Omar Arrarse, a mother of two boys cannot hide her joy after having a successful delivery following Dayib's advise when he attended to her during his door-to-door home visits. She is one of the community members who has benefitted from the health and care services Dayib gives.

“I was rushed to Gabiley hospital far away from our village to deliver my boys (twins). I had complications and lost a lot of blood during birth. The hospital had to give me more blood (1000 Cubic centimetre transfusion of blood). Even with the complications, I delivered safely and went back home after I recovered,” recalls Ayan.

“My family and I are so grateful to Dayib for giving us advice to go to a hospital. That [information] saved our lives. My boys are alive because of him,” she adds.

The main challenge in Kalabaydh village, which hosts about 330 households, is the accessibility of health facilities with ease. Dayib is committed to helping his community by making door-to-door visits to provide medical advice and refer expectant mothers and sick children to the nearest health facilities when in dire need of medical attention.

“Based on the skills I gained in the training, I also support my family. I sent my wife to the Maternal and Child Health clinic (MCH) about five times to get Antenatal Care and Postnatal Care to avoid any risks that may arise during her pregnancy period. I

also made sure she fed on the right food nutrients to better her health and that of the baby,” he adds.

Dayib gets requests for help from many expectant mothers and at times he walks 15 - 20 kilometres to different houses outside the village to provide medical assistance to those who desperately need it. He is happy to share his contact details with the community in case they need his assistance.

Over the five targeted districts, World Vision reached **43** villages/communities with trained health volunteers. It is estimated that each village has **400** households with **6** members per household, therefore the total targeted population at the household level was **103,200**. All the households were mapped by the village health workers. Through this intervention, World Vision aims to improve the nutritional status of children under five years old and pregnant/lactating mothers, to reduce infections and diseases and to utilize the basic reproductive maternal, neonatal and child health services.





FOOD SECURITY AND LIVELIHOODS

Food Security and Livelihoods

In FY19 cumulative savings of USD \$334,856.50 were recorded under savings for transformation from the groups that WVVS is tracking inclusive of those formed under the projects that ended in 2018.

The number of groups formed, trained and being monitored so far in Jubaland and South West States is 145 with 2,985 members. At least 50% of the Savings Group members are engaged some income generating activities funded by the group savings.

a

Achievement



7 Water catchments each with a holding capacity of 3,000M3 were rehabilitated to improve water supply for human and livestock use. On average they are providing water for 2 months to the targeted beneficiaries when filled after each rain season.



19.768 acres of Fodder crop were established to improve access to fodder for livestock



10KM of road rehabilitation was done to improve access to markets and reduce water trucking costs.

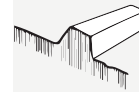


4 Vegetable gardens with each measuring 1ha were established to ensure nutritious support of vegetable crops to the targeted households.



685 Check dams were successfully constructed across the gullies and this reduced the expansion of the gullies and unwanted gully formation during the floods.

a



500 Soil bunds were constructed to improve on rangeland rehabilitation.



Cash vouchers valued at **USD \$1,276,720** were distributed to the participants to close the food gap.

Through General Food Distribution WV in partnership with WFP provided Food in kind, E-vouchers to supplement the nutrition interventions in Dangorayo and Eyl Districts of Puntland. This reached

out to people mostly in need thereby preventing further deterioration of productive assets and mitigated the need for households to engage in negative coping strategies to meet basic food needs.



623.18MT of food commodities were distributed.



Using the E-vouchers valued at **USD \$65**, households were supported to access a monthly food basket through their local markets



This helped to prevent targeted households from having to resort to negative coping strategies, which would have increased their vulnerability to future shocks, such as reducing food intake, keeping children home from school, child labour, foregoing required medical care, selling assets.



The voucher also promoted dietary diversification by increasing purchasing power at household level.



USD \$688,800
worth of vouchers were distributed.

Improved resilience and livelihoods



14143

Number of people receiving unconditional cash



4219

children benefiting from the saving groups



36774

Number of people receiving food parcels



19195

Village DRR committees formed trained



6984

Number of people employed through CFW activities

NFI

6050

Number of people receiving Non-Food items



40446

Number of people receiving food vouchers



2562

Number of people benefiting from irrigation activities



462

Village DRR committees formed trained



25965

Number of people receiving cash for food

Improving Livelihoods through Cash Assistance





**WATER SANITATION AND HYGIENE
(WASH)**

Water Sanitation And Hygiene (WASH)

Communities, Municipalities or Households

In the past 12 months, World Vision Somalia reached a total of **81,992** beneficiaries through WASH with access to basic drinking water. The cumulative reach was achieved through the drilling and development and rehabilitation of boreholes, dam construction, shallow wells and protected springs.

We constructed **204** VIP latrines to serve an estimated **1,155** people. To ensure effective use of the latrines and ensure positive hygienic practices, a total of **112,647** people participated in community hygiene behaviour change programming in Somaliland, Puntland, Southwest and Jubaland States.

Schools

In FY19, World Vision Somali supported **11** schools benefitting **5,959** pupils' access to safe drinking water. This is attributed to installation of **40** taps from the distribution networks. Water from the local water supply was connected to elevated tanks and then obtained from the taps.

World Vision Somali also rehabilitated four wells within school premises by installing hand pumps. Within the reporting period, **40** latrine stalls were constructed in schools enabling **2,862** pupils to access basic sanitation at school. Proper handwashing at critical times was promoted in schools, and **5,885** pupils had access to handwashing facilities.

Health facilities

To support healthcare, **41,293** patients had access to basic water supply either at out-patients or when they were admitted in various health facilities. This is attributed to rehabilitation and upgrading of hand pumps within health centre premises, connecting water to local distribution

lines, and mounting of elevated tanks. At **21** health centres, **68** latrine stalls for both genders were constructed supporting **64,789** patients who had access to basic sanitation facilities.

51,507 patients benefitted from handwashing facilities constructed and installed by World Vision.

Emergency WASH

Through Emergency WASH interventions WV Somalia conducted water trucking to a total **34,828** beneficiaries. Thirteen water points were provided for communities undergoing a humanitarian crisis.

While **21,638** new people had access to basic hygiene items, **22,929** participated in emergency hygiene promotional activities.

In the last year, we distributed hygiene kits and Menstrual Health Management (MHM) kits to over **7,500** households from **48** IDP sites and villages. WV Somalia provided monthly incentives for Community Hygiene Promoters (CHP), conducted regular training and monitoring to ensure targeted delivery of objectives.

Achievement



27

Number of functional basic sanitation facilities built or rehabilitated in health facilities



18

Number of health centres with basic handwashing facilities



3,802

Number of education facilities with a basic drinking water source



46,745

Number of WASH committees formed and trained



1,023

Number of functional basic sanitation facilities built or rehabilitated in schools

A shallow well saves girls and women in Baidoa the long trek for clean water

In a small Howlwadaag village, located in Baidoa in the South West State of Somalia, access to safe and clean drinking water had been far from reality for many families. Like her fellow women in rural villages, Amina Ibrahim Yarow, a mother of 10 children (4 girls and 6 boys) has been trekking a long distance in search of this essential commodity.

Half of the community used to fetch water from contaminated sources. Some of the water sources from nearby villages dried up and some were contaminated and the water not safe for drinking. Even after trekking up to about 15 kilometres to look for clean water, sometimes Amina would spend a lot of time waiting in queue by the nearest wells during dry seasons before fetching water that would still sometimes not even be very clean.

“Our hand-dug well was open to germs from surface runoff, animal waste, insects and dirt from materials we used to lift the water up. The colour, odour and appearance of the water changed and our children often suffered from diarrhoea. All these issues forced us to walk to far places to fetch water,” says Amina.

To help shorten the long treks and end access challenge for women like Amina and her community in Howlwadaag village, World Vision together with the Ministry of Energy and Water Resource

supported the rehabilitation and protection of a well within the village.

“I am very grateful that we now have clean water from this well. Thanks to World Vision and the government for repairing this well for us. Now we can fetch clean water in less than 15 minutes because we are not going far to look for it and our girls now have time to go to school,” adds Amina.

Before this well was rehabilitated, Mr Mayow, Amina’s husband, a teacher at a local school in Howlwadaag worried about their girls’ future. Like in many fragile contexts, many female students miss school because they have to spend time in search of water for their families.

Mr Mayow always wished that one day his family would access clean water and that their girls would have time to attend school. His dream came true, through funding support by GAC, World Vision partnered with the Ministry of Energy and Water Resource who worked together to ensure they provide a solution to ease the challenges girls and women faced.

“As a father and teacher, I would always feel sad to see girls not attending school as the boys did. Lack of safe water in this village has significantly affected the educational performance of many girls,” he explains.



He adds that: *“Our women and girls will no longer suffer to walk long distances to go look for water. I appreciate the support as this has been provided to us at the right time.”*

Through rehabilitating shallow wells this has also improved safety and security for young girls and women who used to walk long distances in search of safe and clean drinking water for their families.

The rehabilitated shallow well in Howlwadag village will serve and provide safe and clean water for an estimated 500 households (approximately 3,000 individuals). The well has also helped to improve the health of children and their families, and seen a remarkable decrease in the incidences of water-borne diseases including and especially Acute Watery Diarrhoea (AWD) and malnutrition in under-five children.

Additionally, through support by GAC, World Vision reached people with special needs including those that are physically challenged, those with chronic illness and the elderly to get safe and drinking clean water and for other uses in their homes.

As World Vision continue to reach the needy, there is need for continued support due to a high influx of Internally Displaced People (IDP) arrivals to Baidoa and surrounding IDP/host communities who still need to access the clean water.



A young man with a joyful expression is seated in a light blue wheelchair on a dirt path. He is wearing a vibrant, patterned short-sleeved shirt and grey trousers. The background shows a rural environment with banana trees, a stone table, and other people in the distance. A green banner with white text is overlaid at the bottom left.

GIFT IN KIND (GIK)

Gift In Kind (GIK)

GIK has steadily risen from a simple process of receiving a handful of in kind resources to a strategic function in World Vision Somali programming. Over time, the growth has seen the office get shipments of various in kind resources that are aligned with other interventions that seek to achieve the intended child wellbeing outcomes.

Across the areas of operation, all sector interventions are currently programming with GIK factored as a major contributor. Various projects are heavily using GIK for the current running response. This has now been integrated at all levels to ensure ministry objectives were realized in almost every project consisting of WASH, Food Security and Livelihoods, Health and Nutrition, Education and Child Protection.

In addition to integration, GIK has also helped to respond directly to needs of children and their families. The distributed Non-Food Items (NFI's) ranging from households, personal items to medical equipment have far reached most beneficiaries who may not have been covered under other interventions.

Giving hope to the physically challenged, Adan's story

Children with disabilities are invisible and face many barriers to inclusion, including lack of awareness in the communities, insufficient skills, negative attitudes and stigma, poverty and a severe shortage of assistive devices and mobility aids.

They can and want to be productive members of society but are sometimes marginalized within society. They are more likely to experience adverse socioeconomic challenges than persons without disabilities, such as less education, poorer health, lower levels of employment and higher poverty rates.

During a routine campaign session to create awareness and disseminate messages on integrated protection to communities at Minafafllel IDP camp in Baidoa, a capital in the southwestern Bay region of Somalia, World Vision staff and the Community Child Protection Committee team met a 17-year-old orphaned boy who is physically challenged and lives alone.

Adan can hardly walk and moves using both his hands and feet. His condition is a result of the poliovirus he contracted during his childhood. Despite not having any source of help, he is still optimistic he will succeed in life. He has a lot of hope for the future, and his desire when he grows up is to help people who are physically challenged

like him.

“I completed the Madrassa Quranic School and currently learning how to write Somali language. In the future I hope to be an educated person that can work on my own,” says Adan.

Internally displaced persons (IDPs) with disabilities like Adan have been victims of multiple forced evictions which makes it harder for them to maintain their livelihoods, amongst other challenges.

Through the integration projects implemented by World Vision and funded by Global Affairs Canada (GAC), Adan was supported to get meals and be able to move comfortably and easily. He was enrolled for free food vouchers under the relief project and received a wheelchair under the World Vision International Gift in Kind intervention.

He moves a distance of about 6 kilometres from his home to the scope centre where he goes to redeem his food allocation and back.

Children with disabilities have very limited access to educational opportunities and face widespread discrimination. Other barriers they face include lack of accessible physical environments and transportation and non-adapted means of communication.

“I encourage all children with disabilities to learn in every way they can so that they can have productive lives in the future,” he adds.

Through the Protection project, Adan is also waiting to be enrolled for an institutional and enterprise-based Technical (TVET) course of his choice when the COVID-19 lockdown is lifted so as to enable him to get skills for self-employment.

Through the GAC project, World Vision supports **358,001** people (**147,442** women **73,174** girls, **66,850** boys and **70,535** men) through interventions in health & nutrition, WASH and protection in Baidoa.

The Project responds to the common and unique needs of women, girls, boys and men that have emerged because of the humanitarian situation or that have

been exacerbated by the ongoing crisis. Special focus is placed on protection, gender, and disability inclusion that cut across all activities ensuring safe and equal access.





SOMALI RESILIENCE PROGRAM (SomReP)

Somali Resilience Program (SomReP)

The Somali Resilience Program (SomReP) works with communities to provide families with multiple livelihoods and asset preservation strategies, improved disaster risk management to drought, improved ecosystem health as well as improved community-level governance.

The programme also includes a research and learning objectives to ensure resilience learning is captured and shared among key stakeholders, with enhanced coordination.

The SomReP Annual Resilience Measurement (2019) found that presently 23% of households in the project were engaged in Village Savings and Loans Association groups (VSLAs) activities, and additionally at least 70% of these populations have access to affordable loans from the savings group which has translated to stronger shock responses among households in project sites. In 2019, despite more than 50% of SomReP sites being either under Stress or Crisis according to IPC ratings, programme participants in VSLA had a 15% higher chance of attaining acceptable food consumption scores or a 20% lower chance of attaining poor consumption scores.

Peri-urban and agro-pastoral households were seen to recover faster from drought, and this could be tied to the aspect of dependence on income generating activities that are not non seasonal, access to markets, information sources and remittances that have been supported under result area. There was also improved income security as a result of SomReP's investment in expanding market access, improving crop production, and animal health services/husbandry. There was also improvement in access to communal natural resources: Over the last 4 years SomReP supported the development of 61 water infrastructure across the program serving at least 26,500 households across the country anchored on 90 community action and adaptation plans. Also, 16 hectares of land have been rehabilitated and placed under productive rangeland use.

FMNR techniques provide food security for Somali families after calamities

Abdi-Wali Hussein, 49, has nine children from two wives. He remembers when he was young, the area had lots of trees. The climate was better, greener, and it was raining more as well. Since the community has cut more and more trees to produce charcoal, and recurrent severe drought has impacted the area with consequences making it difficult for their families.

Abdi-Wali recalls how life was good when they had a lot of livestock. He hailed from a cattle farming family and could count up to sixty camels, 400 sheep and goats and one donkey. But after, the 2016/2017 drought, he was left with only 20 camels and 45 sheep and goats, whereas 40 camels and 355 sheep and goats perished.

“When I was young the environment was full of vegetation, there were forests, grass, water and droughts were not popular. But in the past few years there have been droughts, high-temperature,” he recalls.

After this disastrous event, Abdi-Wali's family faced challenges as their livestock used to generate income for their upkeep. But this has changed thanks to World Vision's initiative to help affected communities transition from pastoralist activities to agriculture and farming activities for sustainability during and after calamities.

Through the Farmer-Managed Natural Regeneration (FMNR) programme, World Vision with funding from Australia supported in constructing an earth dam at a walking distance from community settlements, providing safe drinking water to sixty surrounding households (approx. 360 people).

Before, women had to walk three kilometres to fetch water at the village. Now, a borehole is connected to the dam, and they just need to walk 10 minutes to access water. This has made life easier for Safiya, Abdi-Wali's wife.

Abdi-Wali, his wife Safiya and seven other households were trained on agricultural practices. None of them had ever planted vegetables, other than sorghum or maize, before the drought. They were provided with an irrigation system connected to the earth dam, tools, seeds as well as trees from the Sheik nursery supported by World Vision. They were also taught how to make compost and fertilise soils, as well as crop spacing.

World Vision provided the farmers with new crops such as sweet potatoes, cabbage, onion, tomatoes and water-melon, adapted to their environment and to the nutritious needs of the children.

“Our lives now depend on this farm. We sell our production partially to buy other products,

like rice, spaghetti and oil. The other money goes to the school fees of the children,” says Safiya.

The rest of the production is used to feed the family. Consequently, the diet of the family has changed. Before, they used to feed their children with mostly milk, whereas now, the diet is more diverse, including more vegetables.

Abdi-Wali and other community members were trained on bee-keeping. Among eleven hives within the community, five have already been colonised. Last year, they harvested 6.5 kilograms, which was a promising start.

For Safiya, one of the most important skills she learnt was how to select the best seeds. Before the drought, and the World Vision initiative, she was also a pastoralist, taking care of livestock and would have never imagined becoming a farmer. This transition happened due to the drought and thanks to the support of World Vision.

According to Safiya, this new activity has also had an important impact on the schooling of her children. Before, as pastoralists, they were sending some of their children to herd their livestock. Now, their children can help them at the farm, and still have more time for school and studying.



Global Fund

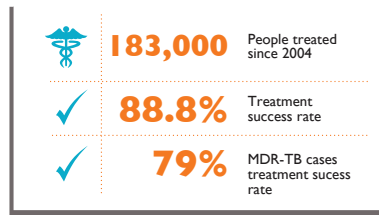
In 2019, 16,694 sensitive TB patients were enrolled in the programme for treatment, while 355 Multi drug resistant TB patients were initiated on treatment.

As part of community initiative, WVS continue to work with 202 Female Health Workers, and through this initiative, 2284 presumptive TB patients were referred to TB management units for diagnosis, out of which 393 were found to have TB.

The programme continued with the integration of services and by end of 2019, out of the 95 TBMUs, 47 facilities provide integrated health services.

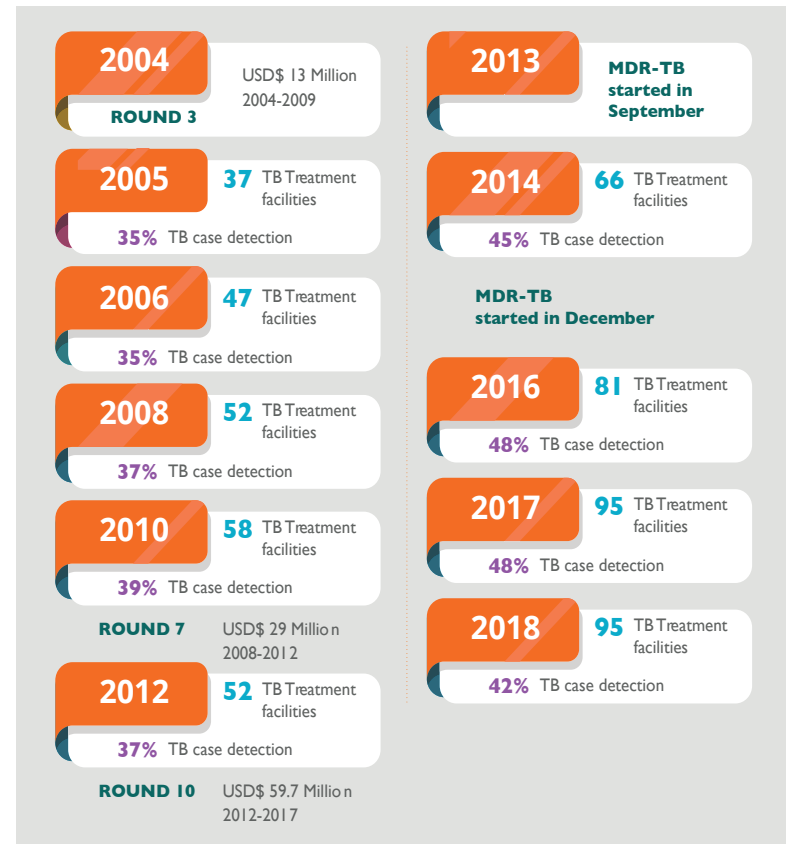
In using new technologies, there has been significant improvement with 18,265 digital imaging, while 18,181 GeneXpert tests were done to diagnose TB.

With the current programme ending in December 2020, WVS facilitated and coordinated with many stakeholders from many constituencies including the Government, Civil Society, Academia, Private Sector, People living with the disease and UN, to successfully review the National TB Strategy for Somalia. The proposal for 2021-2023 will be derived the National Strategy.



IMPACT	OUTCOME
<ul style="list-style-type: none"> • Behaviour change • Case fatality reduced • Long term well being of families • Prevalence of TB reduced 	<ul style="list-style-type: none"> • Health system strengthened • Stigma reduction • Treatment success rate at 87% • Strengthen NTP capacity • Empowerment of local authorities

Impact of the TB Programme (2004-2019)



Renewed Hope For Fadumo

Fadumo, 8 years old, lives in Garowe District in Nugal Region Puntland. She lives with her mother Saido Mohamud Jama.

According to her mother, Fadumo has been suffering for the last 4 years from what she thought was tonsillitis. When she got sick, her mother thought it was something minor and never imagined it could be something that would put her daughter on medication for several months. But when Fadumo did not recover, she started seeking treatment from different doctors.

“I started taking my child from one doctor to another. I took my child to a private clinic. They prescribed for her many drugs but she did not recover. but no recovery signs were showing,” she narrates.

Fadumo’s mother tells me her daughter’s situation started deteriorating day after day.

The child (Fadumo) was always coughing, vomiting blood, was hot to touch (had high temperature) and not sleeping well. Worried that her child might have TB, she decided to take the child to Garowe TB Center.

Garowe TB center is located in Garowe, the capital city of Puntland State. The health facility is supported by World Vision, which is the principal recipient of Global Fund TB Programme. World Vision supports the programme by providing incentives for health staff, running costs and supplies both drugs and laboratory reagents (chemicals used to process TB testing). World Vision also procured equipment for the health facility to help enhance the diagnosis, case detection and treatment of TB disease.

After Saido and her child (Fadumo) visited the facility, they met with a doctor. She was sent for both lab and

chest x-ray examination. When results came, the doctor confirmed that the child had TB and will need to start TB treatment immediately. Fadumo’s mother continues to explain: **“I was informed that my child has TB and that she needs to start the treatment which will last for six months.”**

As soon as Fadumo started the treatment, her health condition slowly started to improve. Saido says that **“within seven days of the TB treatment, the child started showing improvement and signs of recovery. We give all thanks to Allah and everyone who has supported us.”** The weight of the child improved from 15 kilos to 19 kilos since she began the treatment. She says the cough reduced, vomiting stopped and the child started to sleep properly. In June the child was in her fifth month of treatment, and the recovery process is remarkable.

Fadumo was put under TB treatment that involves Directly Observed Treatment (DOT) strategy. The mother explains: **“I came here (at the TB center) weekly to collect the drugs for the child as per the observation of the nurses. And I am happy. The nurse told me the child should not miss taking drugs even for a single day during this six month treatment period.”**

If the child missed taking the drugs, this will affect the treatment, and the disease can become Multi-Drug Resistant (MDR-TB). Taking drugs is observed on a daily basis but in some instances, drugs are collected weekly. At collection time, nurses observe the patient for weight gain, side effects and any other health concerns. Apart from the treatment, the center provides food rations to Fadumo to improve her nutritional status. In the course of the treatment, the child did not develop

any major side effects. **“The staff of the health center welcomed and treated us well,”** she says with a smile.

“Now Fadumo is well and can join primary school. All thanks to Allah (God). I am very happy that my child recovered, and I will ensure that she completes the treatment successfully. I am grateful to Garowe TB center staff, World Vision and the Government for providing this support. Free diagnosis with free treatment and skilled staff is something which is very rare to get here, so let us benefit from it,” she adds.

Through the TB Programme, World Vision in collaboration with the National Tuberculosis Program and World Health Organization also supports health workers with capacity building. The center also provides free drugs and health education sessions to patients.

Fadumo is one of many who have been helped by this clinic. In 2018, the team was able to test 436 people for TB and successfully treat 389 people.



Financial Summary

SUPPORT OFFICE	FY2017	FY2018	FY2019	FY2020 incl. Projection
Australia	6,196,682	6,839,582	4,649,176	7,022,876
Austria	0	158,875	46,577	0
Canada	2,508,691	3,003,480	2,562,628	2,131,459
Finland	0	0	100,699	317,434
Germany	7,009,735	2,469,896	6,305,632	10,720,874
Hong Kong	2,482,250	1,555,351	1,140,182	946,458
Ireland	1,640,555	1,006,111	989,330	846,174
Japan	47,274	62,383	53,487	17,059
Korea	539,997	509,052	672,357	263,719
Local Funding	3,420,895	5,630,243	4,719,031	3,590,131
Netherlands	934,775	550,454	1,058,221	1,738,166
New Zealand	0	0	0	0
Other International Funding	2,251,500	1,996,674	1,621,000	1,750,000
Singapore	0	24,215	0	0
Spain	22,077	301,016	78,287	0
Switzerland	150,003	104,789	929,404	18,868
Taiwan	672,814	332,437	567,678	100,000
United Kingdom	12,998,768	15,724,040	10,981,800	10,435,689
United States	10,494,863	12,092,068	12,523,522	12,597,643
Grand Total	51,370,879	52,360,666	48,999,011	52,496,548

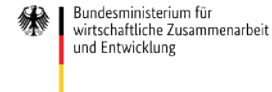
SUPPORT OFFICE	FY2017	FY2018	FY2019	FY2020 incl. Projection
Aktion Deutschland Hilft	334,289	60,203	446,406	261,802
Australian Government Other	3,332,202	3,789,545	1,502,512	0
Bundesministerium für Wirtschaftliche Zusammenarbeit (BMZ)	113,715	11,601	4,538	0
Danish International Development Agency	590,098	320,540	38,242	0
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	0	240,229	373,956	136,950
DEVCO - European Development Cooperation	479,940	1,193,023	1,613,119	1,988,376
DFAT (Australia) - ANCP	1,018,643	967,211	812,033	239,535
DFAT (Australia) - Development Cooperation Agreement			1,068,000	3,522,730
DFAT (Australia) - Humanitarian Partnership Agreement		45,070	39,120	0
DFID - Department for International Development	-1,449	169,046	30,524	11,780
Disasters Emergency Committee	361,880	949,212	0	0
Dutch Relief Alliance (DRA)			0	721,844
EU Development Cooperation	1,094,522	820,248	38	0
European Commission	5,293,397	5,096,535	6,773,310	5,492,286
Food and Agriculture Organisation	3	210,821	260,284	148,260
German Foreign Office - Disasterpreparedness			751,253	1,657,361
German Foreign Office - Humanitarian Aid	543,857	141,362	1,440	0
Global Affairs Canada (GAC)	1,909,893	2,392,310	1,827,054	1,519,295
Global Fund to Fight Aids, Tuberculosis and Malaria	9,742,954	11,005,257	7,126,149	8,164,588
HKSAR Government Grant	709,760	157,302	403	0
ICRAF - World Agroforestry Centre		17,552	154,372	157,721
Irish Aid - Emergency Humanitarian Assistance Fund	865,565	1,001,638	962,180	846,174
Irish Aid - Emergency Preparedness Prevention and Rehabilitation	746,243	12,185	0	0
Irish Aid - Emergency Response Fund Scheme	0	0	11,200	0
Ministry for Foreign Affairs of Finland			100,699	270,584
Ministry of Foreign Affairs- Netherlands		466,040	193,784	0
Ministry of Foreign Affairs NL< Department for Humanitarian Aid		0	859,892	1,488,166
Other PNS Grant	0	0	73,211	13,672
Private Funding	7,311,540	7,498,809	4,898,931	3,165,065
Samenwerkende Hulp Organisaties	479,698	84,414	4,545	4,545
Somalia Humanitarian Fund (SHF)	1,200,224	516,221	231,976	0
Start Fund UK			140,000	0
Swedish International Development Assistance	2,777,825	6,139	1,171,093	4,761,188
Swiss Development Corporation	1,536,763	1,913,343	2,563,158	2,628,886
U.S. Agency for International Development (USAID)	7,227,256	8,221,560	9,581,781	10,278,413
U.S. Department of State			0	190,210
UN Office for the Coordination of Humanitarian Affairs (OCHA)	629,346	1,436,157	1,140,051	736,893
UNICEF-United Nations Childrens Fund	1,293,942	943,394	1,229,683	295,388
United Nations High Commissioner for Refugees	1	0	0	0
World Food Programme	1,778,772	943,394	3,014,074	3,794,837
Grand Total	51,370,879	52,360,666	48,999,011	52,496,548

Donors

Thank you! Through your donation we have been able to reach the most vulnerable Somali children. You truly make the difference for us, and we are extremely grateful.



Australian Government
Department of Foreign Affairs and Trade



Department of Foreign Affairs
An Roinn Gnóthai Eachtracha



Implemented by
giz



Global Affairs Canada
Affaires mondiales Canada



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Aven Premier International,
Mogadishu International Airport,
Mogadishu, Somalia

CONTACT

Telephone:
+252 613 700 032

Email:
Somalia_relief@wvi.org



World Vision Somalia



@WVSomalia



It Takes Every Somali

LEARN MORE

Website:
www.wvi.org/somalia