EVALUATION REPORT



# Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation, 2021-2025 (2025)

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# Executive Summary

## 1. Introduction

Somalia presents a complex, crises-ridden context, in which insecurity, political and economic instability, as well as recurrent climate-change related shocks, compound each other, resulting in widespread poverty, high humanitarian needs and development challenges. In this context, access to education, health, nutrition, social protection and other essential services is significantly compromised, with disproportionate impacts on children, youth and women. This report presents an evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation (CP) (2021–2025), commissioned by UNICEF ESARO as the current Country Programme draws near to its completion. The CP is a multi-year plan that outlines how UNICEF works to improve the lives of children in Somalia, and serves as a mechanism for UNICEF's accountability to stakeholders, including the Government of Somalia, donors, and the Somali population, ensuring transparency and alignment with its strategic priorities.

## 2. Purpose of the evaluation, users and uses

The purpose of the evaluation is to: i) Inform the design of the next UNICEF CP with a forward-looking lens; ii) Promote effective decision-making; and iii) Reinforce UNICEF's accountability to key internal and external stakeholders, including the UNICEF Executive Board, international donors, and the national government. The evaluation findings have far reaching implications for the CP stakeholders, including UNICEF Somalia CO and FO, UNICEF ESARO, the Federal Government of Somalia and FMS, implementing partners, other UN agencies, development partners and donors, and programme participants.

## 3. Evaluation objectives

The evaluation objectives are i) To assess the relevance, effectiveness, efficiency, coherence, and sustainability of the Somalia CP 2021-2025; ii) To identify and document key lessons from the 2021 – 2025 CP to make the best use of UNICEF's change strategies, good practices, and innovations; and iii) To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies and introduce new interventions in the design of the next Somalia Country Programme.

## 4. Scope of the evaluation

The CPE assessed the full scope of UNICEF's engagement in Somalia across the CP, including humanitarian and development focused interventions between 2021 and March 2025. The geographical scope was national, covering all FMS, with a focus on vulnerable population groups in rural and urban areas.

## 5. Criteria and evaluation questions

In line with the evaluation ToRs, evaluation questions are structured around the standard OECD-DAC criteria, covering 1. Relevance; 2. Coherence; 3. Effectiveness; 4. Efficiency; 5. Sustainability; and 6. Cross-cutting themes. Fourteen (14) evaluation questions, were addressed by the report.

## 6. Methodology

A contribution analysis approach was adopted for this evaluation, alongside a human-rights based, participatory, consultative, and inclusive methodology. Data collection included mixed methods, and combined primary and secondary data collection. The evaluation team conducted a literature review, an online survey, Key Informant Interviews (KII), and Focus Group Discussions (FGD). Participants were selected based on a non-probabilistic, purposive sampling strategy.

Overall, the evaluation team conducted 62 KIIs, including 17 UNICEF Country and Field Office staff, (10 female and 7 male), 19 Government stakeholders, 5 UN partners, 13 CSOs and NGOs, 4 donors, and 4 community representatives. In addition, 9 FGDs (54 participants) were carried out, including 12 girls and 6 boys (8-14 y.o.) ; 12 young men and 12 young women (15- 24 y.o.) ; and 12 male and female parents and caregivers. Moreover, the e-survey received 54 responses from UNICEF staff based across Somalia. Data was collected both online and in person across 8 locations.

## 7. Limitations and mitigation

Limitations that impacted the overall timeline and methodology included registration challenges and delays, as well as difficulties in scheduling interviews. This was mitigated through continuous engagement with UNICEF to facilitate outreach. Moreover, lack of government responses to the survey was mitigated by carrying out additional KIIs and triangulation with secondary data. The lack of regionally disaggregated data from secondary sources was an additional limitation, and disaggregating evaluation findings by region was hence not possible. Where feasible, findings specific to FSM were highlighted in the report.

## 8. Findings and conclusions

### Relevance

**The UNICEF CP aligns well with Somalia's NDP-9 and Somaliland's NDP-3, and the needs of its most vulnerable populations.** Extensive consultations with government stakeholders, as well as external partners, have informed the design of the CP to ensure it aligns with key priorities identified to address deprivation in Somalia, as well as the cross-cutting imperatives outlined in both national development frameworks. The decentralisation agenda pursued by the CP aligns with Pillar 1 (NDP-9), and is found to enhance governance accountability, service delivery as well as sub-national capacities. The opening of field offices following the MTR has led to increased alignment with state needs and priorities, as well as improved cooperation with state ministries. It also contributes to better equipping the CP to 'leave no one behind,' and gain a better understanding of inequities in the Somalia context. The evaluation however, found that the CP does not engage in building social cohesion and peacebuilding, limiting its relevance under this pillar. **Overall, the CP adapts well to the lack of data** and strongly contributes to supporting evidence generation in Somalia, through: collaboration with the SNBS, support to and reliance on government sectoral assessments, coordination of joint assessments and external data sharing platforms, internally led studies, community feedback mechanisms and innovation. Some limitations were noted with regards to the lack of a harmonised data platform at national and UNICEF level, as well as a lack of dissemination strategy.

> *→ The decentralisation agenda is critical to pursue, as is the need to reflect the government's peacebuilding priorities. UNICEF should sustain its engagement at the state level, with a focus on systems strengthening and building sub-national capacities.*
> *→ UNICEF can further improve data collection and management internally; establish closer collaboration with the government to harmonise data collection and management within a centralised system; and finally, support better dissemination of data to inform decision-making.*

### Coherence

**The dual mandate approach is not a systematic focus of UNICEF**, although increasingly it is leveraging the emergency response to align with resilience building objectives and aiming for sustainable solutions. Implementation of work through the field offices aligns well with the dual mandate approach, strengthening capacities at the local level, enhancing resilience of local governments and communities,

and allowing the CP to better identify pockets of needs and reach all. These sustained efforts towards capacity building and localisation over the course of the CP were raised as the groundwork for sustainable outcomes. **Peacebuilding**, though tentatively introduced in Somaliland and Puntland, is the missing piece of the nexus in Somalia. Peacebuilding in stable parts of Somalia can contribute to social cohesion, essential to the sustainability of interventions - and presents a key entry point for youth engagement. **UNICEF's integrated interventions pay dividends**, ensuring that over time beneficiaries' needs are answered more comprehensively and leading to more sustainable solutions. Cross sectoral work, however, is hindered by recurrent urgent needs, lack of funds, a fragmented aid sector and government's weak capacity to carry out cross-sectoral interventions.

→ *Strengthening the dual mandate approach through nexus partnerships, is essential to stay aligned with the upcoming National Transformation Plan priorities. Flexible funding modalities, as well as support to staff capacity to pursue the dual mandate is needed.*
→ *Children and youth are powerful advocates of change in their communities, and should be engaged in peacebuilding and social cohesion activities.*
→ *In the next CP phase, the pursuit of cross sectoral work is key to comprehensively answering the needs of children in Somalia, and to building resilience to shocks. Strengthening cross sectoral approaches within UNICEF and building government capacity to pursue cross sectoral work is needed.*

### Effectiveness

**UNICEF Somalia CP (2021-2025) is overall effective,** particularly with regards to its meeting its outcomes under Health, Nutrition and to a large extent WASH. Education, Child Protection and Social Policy strongly contribute towards systems strengthening and capacity building, yet the impacts of climate change, disease outbreaks, poverty, as well as a lack of funding, constrains progress towards targets. **The context of instability, coupled with chronic and overlapping emergencies is a key constraint** to programme effectiveness. Other challenges include, low access; weak human capital and institutional capacity; lack of supportive legislative frameworks; social and cultural barriers, as well as lack of funds and rigid funding modalities. **Key enablers include:** cross sectoral and multi-partner programming; decentralisation; close partnerships with informal decision making bodies; community engagement platforms; community empowerment, including community led approaches; the use of innovations; as well as the role of the SBC division. The lack of child and youth engagement is a missed opportunity. The SBC division is stretched and could benefit from thematic expertise.

**UNICEF Somalia manages risks well, and plays an important part in defining vulnerability and resilience with an inclusive child centric lens.** DRIP and GEOSight were found to be key tools for risk monitoring and analysis, and donors recognise UNICEF as a leading agency to address aid diversion in Somalia. **UNICEF Somalia plays a key role in times of crisis,** supporting strategic multisectoral humanitarian preparedness and response, advocating for robust frameworks, and building government, CSO and community capacity. Government capacity in emergency preparedness and response is weak.

→ *In the next CP phase, sustained emphasis on systems strengthening and capacity building is needed. The SBC division capacity should be enhanced, and children and youth, systematically engaged.*
→ *In the next CP phase, UNICEF has a key role to play in building SODMA capacity.*

### Efficiency

**UNICEF has taken a leading role in countering aid diversion in Somalia.** The LMSM digital tool proves a game changer to track aid delivery along different stages of the supply chain, ensuring transparency and better efficiency. UNICEF led capacity building of government and partners is gradually paying dividends. Within UNICEF, the eight pillar plan ensures that strategies are in place to counter aid diversion. In particular, the use of digitised platforms is enhancing supply management system processes, as well as beneficiary identification, reducing the risk of ghost recipients and enabling better targeting of assistance to marginalised groups. Minority groups are overall better included in aid, though overly focusing on the marginalised carries risks of reinforcing exclusion in a competitive aid landscape. UNICEF contributes to shifting power from aid providers to communities and local groups, through community feedback mechanisms. Entrenched power dynamics, however, continue to perpetuate a cycle of exclusion in some areas, and current CFM coverage and modalities are not always adequate to counter this. **UNICEF has made some important shifts to address funding limitations** over the course of the CP, including new resource mobilisation strategies, integrated budgeting, cross-sectoral integration, the opening of field offices, and the scaling down of programmes. These strategies are essential to pursue in light of the new funding landscape. Overall poor donor relationship management, however, is affecting the credibility of the CP.

→ *Better coordination of CFM across agencies is required, as well as diversification of feedback sources to ensure transparency and less tampering opportunities.*
→ *Diversifying the donor base and financial mechanisms, as well as optimisation of resources through a focus on high impact and multiplier effect interventions, need to be actively pursued. Donor relationship concerns should be addressed for UNICEF to maintain its comparative advantage, given the competitive funding landscape.*

### Sustainability

**Multi-level cooperation with the government is essential to effect a strategic shift away from humanitarian response to building robust resilient systems**. UNICEF's close partnership with the government is noted as a key value add. Increased collaboration through the decentralisation process however, is something that needs to be gradually absorbed, both financially and technically. Though state governments overall have limited capacity and funds to scale up and lead, there have been some notable successes of direct government engagement over the course of the CP - particularly in Somaliland and Puntland. Cross sectoral interventions have contributed to enhancing capacity across multiple ministries, and were often raised as flagship programmes. PPP modalities in WASH also proved useful in supporting sustainability of interventions, when government capacity was low.

→ *In the next CP phase, UNICEF should keep its emphasis on capacity building and systems strengthening at all levels of government.*
→ *Having clear exit strategies and ensuring that communities have a clear understanding of how they can support local government is important to ensure ownership and continuity.*

### Cross-cutting

**UNICEF divisions are overall gender responsive, with Child Protection, Education and Nutrition leading the way.** This is achieved through: targeted interventions, advocacy, awareness raising and platforms to raise the voice of boys and girls. The lack of gender balance in government (and within UNICEF), the weak capacity of government gender focal points, as well as deep rooted cultural beliefs

and the influence of religious groups, are obstacles to progress on gender. **Disability is overall not well integrated into the CP, with efforts so far concentrated in Education and Child Protection.** Current strategies to integrate disability include advocacy, capacity building, awareness raising and partnerships. There is no overall office strategy for disability inclusion, disability indicators are poorly reported on, and staff capacity for disability inclusion is low. **As a more recent focus of the CP, climate change is not yet mainstreamed across all the divisions.** Climate change is highlighted as a key area to expand on, as well as an area that generates significant donor interest.

> *→ In the next CP phase, strengthened staff training, partnerships, and targeted funding is essential in deepening impacts and scaling transformative gender and disability outcomes.*
> *→ In the next CP phase, staff capacity building on climate change inclusion is crucial, as are partnerships that advance comprehensive climate strategies that benefit children. Strengthened youth engagement can deepen impacts and scale transformative climate outcomes.*

## 9. Lessons learned

Lessons learned from the evaluation highlight the need for UNICEF Somalia to focus on the following six (6) priorities in the next CP phase: 1. The nexus approach, including peacebuilding; 2. Systems strengthening; 3. Cross-sectoral approaches; 4. Mainstreaming of cross-cutting themes; 5. Youth and child participation; and 6. Resource mobilisation

## 10. Key recommendations

### Strategic recommendations:

**R1.** Strengthen the nexus approach within all interventions, including peacebuilding and social cohesion, to build resilience to future shocks and ensure relevance in the next phase of the CP.
***Priority:*** *HIGH****; Addressed to:*** UNICEF Management, Nexus partners, and the Somalia government.
**R2**. Strengthen cross-sectoral integration within UNICEF and state governments, to comprehensively respond to children's needs in Somalia and achieve more sustainable solutions.
***Priority:*** *MEDIUM****; Addressed to:*** UNICEF Management, divisions and Somalia government.
**R3.** UNICEF should continue to support systems strengthening at the national and state and district level, for longer term sustainability.
***Priority:*** *HIGH****; Addressed to:*** UNICEF Divisions, Government counterparts.

### Programmatic recommendations:

**R4.** Strengthen integration of cross cutting themes in the next phase of the CP.
***Priority:*** *MEDIUM****; Addressed to:*** UNICEF Somalia, implementing partners, and the government of Somalia.
**R5.** Increase child participation and raise the voice of children and youth across Somalia.
***Priority:*** *MEDIUM****; Addressed to:*** UNICEF divisions, SBC.

### Operational recommendation:

**R6.** In light of the increasingly challenging funding landscape, adopt a two-pronged approach: 1. Diversify donor base and financial mechanisms; and 2. Prioritise high impact and multiplier effect interventions.
***Priority:*** *HIGH;****Addressed to:*** UNICEF Somalia management, Heads of divisions, Resource mobilisation unit.

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# Acronyms

| | |
|---|---|
| **AAP** | Accountability to Affected Populations |
| **ABE** | Alternative Basic Education |
| **ATMIS** | African Transition Mission in Somalia |
| **AWD** | Acute Watery Diarrhoea |
| **CAAFAG** | Children Associated with Armed Forces and Armed Groups |
| **CFM** | Complaint and Feedback Mechanism |
| **CRC** | Convention on the Rights of the Child |
| **CRPD** | Convention on the Rights of Persons with Disabilities |
| **DAA** | Digital Attendance Application |
| **ECE** | Early Childhood Education |
| **EMIS** | Education Management Information System |
| **ESARO** | UNICEF Eastern and Southern Africa Regional Office |
| **FCDO** | Foreign, Commonwealth and Development Office |
| **FGM** | Female Genital Mutilation |
| **FGS** | Federal Government of Somalia |
| **FMS** | Federal Member State |
| **GAP** | Gender Action Plan |
| **GBV** | Gender-Based Violence |
| **GPR** | Gender Programmatic Review |
| **HACT** | Harmonised Approach to Cash Transfers |
| **HIMS** | Health Information Management Systems |
| **HIPC** | Heavily Indebted Poor Countries |
| **HNRC** | Humanitarian Needs and Response Plan |
| **IDP** | Internally Displaced Person |
| **JPLG** | Joint Programme on Local Governance |
| **JRP** | Joint Resilience Programme |
| **LMSM** | Last Mile Supply Monitoring Project |
| **MICS** | Multi-Indicator Cluster Survey |
| **MNCH** | Maternal, Neonatal, Child and Adolescent Health |
| **MODA** | Multiple Overlapping Deprivation Analysis |
| **MTR** | Mid-Term Review |
| **NDA** | National Disability Agency |
| **NDP** | National Development Plan |
| **NTP** | National Transformation Plan |
| **OPD** | Organisation of Persons with Disabilities |
| **ORE** | Other Resources for Emergencies |
| **ORR** | Other Regular Resources |
| **PPP** | Public Private Partnership |
| **PSEA** | Prevention of Sexual Exploitation and abuse |
| **RAM** | Results Assessment Modules |
| **RR** | Regular Resources |
| **RUTF** | Ready to Use Therapeutic Food |
| **SBC** | Social Behavioural Change |
| **SDG** | Sustainable Development Goals |
| **SDM** | Service Delivery Model |
| **SNBS** | Somalia National Bureau of Statistics |
| **SODMA** | Somalia Disaster Management Agency |
| **SOMNET** | Somalia Mobilisers Network |
| **SRH** | Sexual and Reproductive Health |
| **TPM** | Third Party Monitoring |
| **UNCT** | United Nations Country Team |
| **UNSDCF** | United Nations Sustainable Development Cooperation Framework |
| **UNSOM** | United Nations Assistance Mission in Somalia |

# 1. Introduction

## 1.1 Evaluation Background

This report presents an evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation (2021–2025). This evaluation was commissioned by UNICEF ESARO in September 2024 and is expected to contribute to the design and planning of the next Country Programme of Cooperation (2026–2030).[1]

The Country Programme serves as a mechanism for UNICEF's accountability to stakeholders, including the Government of Somalia, donors, and the Somali population, ensuring transparency and alignment with its strategic priorities.[2] Country Programmes are evaluated every five years, or once every two programme cycles, in accordance with UNICEF's Evaluation Policy 2023.[3]

As the Government of Somalia and UNICEF Country Programme (2021–2025) draws near to its completion, this Country Programme Evaluation (CPE) is being conducted to provide evaluative evidence of UNICEF's contributions to development results at the country level, as well as assess the relevance, coherence, effectiveness, efficiency, sustainability, and equity of its interventions.[4] This evaluation builds on the findings of the Mid-Term Review (MTR) conducted in 2023 and offers a comprehensive assessment of progress achieved and challenges faced over the course of the CP cycle.[5]

The evaluation was carried out by Samuel Hall between October 2024 and March 2025.

## 1.2. Evaluation Context

### 1.2.1 Somalia Country Context

**Somalia's political context is marked by periods of intense internal conflict, instability, and the involvement of both state and non-state actors spanning decades.** Following its independence in 1960, growing discontent with the administration resulted in a military coup led by Siyad Bare in 1969. Major conflicts ensued,[6] leading to the collapse of the central government in 1991, widespread anarchy, severe famine and a deep humanitarian crisis.[7] Ongoing conflict and the deteriorating humanitarian situation called for international sanctions and the involvement of foreign forces.[8][9] In the absence of a central government, Somaliland and Puntland regions declared autonomy, while Somalia as a whole became further fragmented under clan-based militias.[10] By the late 1990s, the rise of the Islamic Courts Union

[1] UNICEF. "Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025." Terms of Reference. 2024.
[2] Ibid.
[3] UNICEF. Evaluation Policy 2023. New York: UNICEF, 2023.
[4] UNICEF. "Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025." Terms of Reference. 2024.
[5] UNICEF Somalia. Mid-Term Review Report: Country Programme of Cooperation (2021–2025). Mogadishu: UNICEF Somalia, 2023.
[6] the Ogaden War, the Somali National Movement conflict, and clan-based confrontations against the regime. Cited in. Gajraj, Priya, Shonali Sardesai, and Pe Wam, "Conflict in Somalia: Drivers and Dynamics", *World Bank Report*, January 2005; Lewis, I. M., "A Modern History of the Somali: Nation and State in the Horn of Africa", *Ohio University Press*, 2002.
[7] International Alert, "Somali enterprises: making peace their business", *Local Business, Local Peace: the Peacebuilding Potential of the Domestic Private Sector*, 2006.
[8] Global Sanctions, "Somalia; Sanctions regime", n.d.
[9] Including the UN Peacekeeping mission (UNOSOM) and the U.S. Cited in United Nations Peacekeeping. "Background: United Nations Operation in Somalia I (UNOSOM I)", n.d.
[10] Barnes, Cedric, and Harun Hassan. "The Rise and Fall of Mogadishu's Islamic Courts," *Journal of Eastern African Studies*, 2007.

(ICU), and its radical faction Al-Shabaab led to further instability, prompting Ethiopia's military intervention in 2006.[11]

**Peace efforts supported by regional governments resulted in the formation of the Federal Government of Somalia (FGS) in 2012.** This was a turning point in Somalia's political trajectory - as the first internationally recognised central government in two decades.[12] Through a process of state building, reconciliation and negotiation,[13] Somalia's Federal Government now oversees six Federal Member States (FMS): Somaliland, Puntland, Galmudug, Hirshabelle, Southwest and Jubaland.[14] Though not officially recognised internationally, Somaliland has asserted complete independence,[15] functioning with its own government, constitution and institutions.[16] Puntland also operates with significant autonomy. Delays in dialogue between the federal government and state leaders have obstructed the implementation of electoral reforms, originally expected to take place in 2020, leading to indirect elections taking place in 2022 instead of the desired one-person one-vote.[17]

**Terrorism presents a major threat.** Al-Shabaab, a clan-based insurgent and extremist Islamist group affiliated with al-Qaeda, holds considerable territory in Central and South Somalia, and pursues the establishment of an Islamic state across the region.[18] It continues to conduct deadly attacks on the Somali capital, Mogadishu, and in neighboring Kenya.[19] Its indiscriminate attacks, including improvised explosive devices (IEDs), suicide bombings, and targeted killings have caused significant civilian casualties, particularly in areas reclaimed by the government in central Somalia.[20] The group targets Somali peace activists, aid workers, civil society leaders, and journalists, and obstructs humanitarian aid deliveries.[21] Since 2023, conflict has intensified once more.[22] Government backed Operation Black Lion in 2023, aimed at reclaiming territories from Al-Shabaab, has led to escalated attacks on Somali soil.[23] Out of 1.5 million people newly displaced between January and September 2023, 40% had fled conflict.[24] Political instability, clan violence, and the partial withdrawal of African Union forces since 2021 have further compounded security challenges in the country.[25]

**Somalia's socio-demographic context is characterised by a majority ethnic Somali population, organised into close knit and supportive patrilineal clans** -[26] the Dir, the Isaaw, the Darood, the Hawiye and the Rahanweyn.[27] Marginalisation is common in Somalia and occurs along clan or ethnic lines, location and other factors such as displacement and age. While 'minority group' and 'marginalised groups' are not interchangeable entities in Somalia, 'Bantu' (Gosha, Shabelle, Shidle, Boni), occupational caste groups (Gaboye, Tumal, Yibir, other), Oromo and Benadiri Swahili-speakers (including Rer Hamar

[11] Chatham House, "The Rise and Fall of Mogadishu's Islamic Courts", 2007.
[12] BTI, "Somalia Country Report 2024", 2024.
[13]Federal Government of Somalia, "The Ninth National Development Plan (NDP-9), 2020–2024", *Ministry of Planning, Investment and Economic Development*, 2020.
[14] United Nations Somalia, "United Nations Sustainable Development Cooperation Framework 2021-2025", 2020.
[15] Johnson, Martha C., and Meg Smaker. "State Building in De Facto States: Somaliland and Puntland Compared," *Africa Today*, 2014.
[16] Council on Foreign Relations, "Somaliland: The Horn of Africa's Breakaway State", 2024.
[17] BTI, "Somalia Country Report 2024", 2024.
[18] Council on Foreign Relations, "Al-Shabaab", 2022.
[19] ACLED, "Somalia & Kenya Situation Update | August 2024: What's next for the fight against Al-Shabaab?", 2024.
[20] Human Rights Watch, "Somalia Events of 2023", 2024.
[21] Council of East Africa, "Al-Shabaab in East Africa", 2022; The latest in October 2024 when two mortar attacks led by Al-Shabaab struck the UN compound in Baidoa, resulting in temporary lockdowns of humanitarian facilities.
[22] ICRC, "Somalia: Spike in fighting sees three-fold increase in wounded", 2023.
[23] Amnesty International, "Somalia 2023", 2024.
[24] UNHCR, "UNHCR Somalia Factsheet: September 2023", 2023.
[25] Human Rights Watch, "Somalia Events of 2023", 2024.
[26] UNHCR, "Culture, context and mental health of Somali refugees", 2016.
[27] EASO, "Somalia Actors Country of Origin Information Report", 2021.

Amarani, Bajuni), and religious minorities (Ashraf, Reer aw-Hassan and Shekhal), have historically faced discrimination, exclusion from power structures and socio-economic inequality.[28] Nomads and semi-nomads, who constitute over half of Somalia's population, are especially vulnerable, particularly those belonging to minority clans.In contrast, larger clans enjoy better access to economic opportunities, social inclusion, protection, and support systems for children, while also securing more government representation, which further reinforces their privileged position.[29]

**Somalia's population is estimated at 18.3 million people,[30] with 70% of the population under 35 years old and children under 15 years old accounting for 47% of the total population**.[31] The working-age population (15–64 years) makes up 51% of the population. Moreover, Somalia's fertility rate remains high at six children per woman, contributing to its sustained population growth.[32] A high scarcity of water and food, shortage of medical services, as well as insecurity result in Somalia having one of the highest mortality rates worldwide.[33] Life expectancy at birth is relatively low, standing at 56 years for males and 60 years for females.[34] Finally, Somalia has one of the largest diaspora populations globally, with over 2 million Somalis, or more than 10% of the country's population, residing abroad. These diaspora communities are vital in offering humanitarian support, relief assistance, and vital information on migration for those left behind. Remittances sent back to Somalia are estimated to range between USD $1.3 to $2 billion annually, supporting around 40% of households in meeting their basic needs.[35]

**Somalia's socio-economic context is severely impacted by the combined pressures of conflict, political instability, climate shocks and international sanctions** limiting the country's ability to engage in global trade and access financial systems, exacerbating its already fragile economy.[36] Estimates suggest that 54% of Somalia's population lives below the poverty line, with significant disparities between rural and urban areas. In rural areas, the poverty rate is as high as 78%, compared to 46% in urban areas. Poverty is furthermore concentrated in central and southern regions, which are more affected by the ongoing conflict, insecurity and limited access to basic services. These regions are home to a mix of pastoralists, agricultural communities, and displaced populations, all of whom struggle with the compounded challenges of poor infrastructure, insecurity, and environmental shocks.[37]

**Somalia has undertaken extensive reforms in financial governance, debt management, and poverty reduction strategies in recent years (SDG1-No Poverty).** Significant fiscal reforms have been implemented, particularly the re-introduction of corporate and sales tax, resulting in an 80% revenue increase, reflecting a successful effort to stabilise fiscal policy.[38] As a result, the International Monetary Fund (IMF) and the World Bank have announced a debt relief package of $4.5 billion for Somalia, reducing the country's external debt from 64% of GDP in 2018 to less than 6% by the end of 2023. This debt relief, along with regained access to financial resources - thanks to the implementation of economic

[28] Guhad M. Adan, UNICEF Somalia, 'Minority Inclusion Strategy', 2023.
[29] UNICEF, "Somalia: Helping to Build Resilience to Crises", 2024.
[30] To date, only two censuses have been conducted in Somalia: one in 1974 and another in 1986, although the results of the latter were never released. Somali National Bureau of Statistics, "Census", n.d.
[31] UNFPA,'Population Estimation Survey of Somalia', 2024; UNICEF, 'Key demographic Indicators data for Somalia', 2024.
[32] UNFPA,'Population Estimation Survey of Somalia', 2024.
[33] Statista, "Somalia - Statistics & Facts", 2024.
[34] UNFPA,'Population Estimation Survey of Somalia', 2024.
[35] RVI, "Global Connections: Somali Diaspora Practices and their Effects", 2022.
[36] Global Sanctions, "Somalia; Sanctions regime", n.d.
[37] The World Bank Group, 'Somalia Poverty and Equity Assessment', 2024.
[38] Somalia National Bureau of Statistics, "Voluntary National Review Report, 2022.

reforms and the achievement of milestones under international debt relief initiatives[39]- is expected to drive long-term economic change, including economic diversification, sustainable job creation, and infrastructure development.[40] GDP growth projections of 3.9% in 2025[41] are based on the expectation that Somalia's entry into the East African Community (end 2023) and increased infrastructure and social sector spending supported by development financing[42] will open up economic opportunities.[43]

**Despite progress, Somalia's economy remains import-dependent,** with a large trade deficit funded by grants and remittances. Agriculture, including fisheries and livestock, accounts for 60-70% of the economy and about one-third of employment,[44] particularly in rural areas where the majority of people depend on subsistence farming and livestock herding.[45] The livestock sector alone accounts for approximately 30% of Somalia's GDP and over 50% of exports.[46]

**Economic opportunities are scarce and unemployment high**, at 16%. The workforce relies heavily on wage employment and household enterprises, though these sectors face significant challenges due to the lack of infrastructure, security, and financial inclusion. Moreover, Somalia has the fifth largest gender gap in labour force participation among lower-income countries, with fewer than 20% of women in the workforce employed. This is due to multiple factors, including limited access to education and training for women, and socio-cultural norms that restrict women's participation in the formal economy.[47] As mentioned above, remittances present a key source of income for many Somali households.[48]

**Somalia is regularly affected by various climate related disasters, including droughts, floods, and locust infestations.** Drought is the most frequent and severe disaster, impacting the country's food and water security. Between 2020 to 2023, the country faced the most prolonged drought in 40 years.[49] The October 2022 drought, in particular, affected 7.8 million people - equivalent to 46% of the country's population - resulting in severe food insecurity and displacement. The predominantly central and southern regions are most vulnerable to the impacts of drought, regularly experiencing crop failures, livestock deaths, and displacement.[50] Flood risks are also significant, with severe flooding occurring frequently in recent years, particularly along the Juba and Shabelle rivers. In 2023, over 700,000 people were affected by extreme rainfall, with the Somali Disaster Management Agency (SoDMA) estimating that 2.48 million people were impacted by floods, including 1.2 million displaced. Moreover, irregular rainfall between May and June 2024 reduced crop production for agropastoral communities. While the Gu rains improved pasture and water availability for pastoralists, localised floods affected people in riverine and nearby urban areas in Hiraan, Gedo, Middle Shabelle, and Lower Shabelle, leading to displacement in some regions. Rapid population growth is driving settlements into flood-prone areas, while years of conflict have left the country without proper flood management infrastructure and early warning systems.

**These disasters carry devastating impacts on an already struggling population, and present additional challenges for Somalia in meeting its Sustainable Development Goals (SDGs)**. Extreme

[39] IMF, "IMF and World Bank Announce US$4.5 billion in Debt Relief for Somalia", 2023.
[40] Somalia National Bureau of Statistics, "Voluntary National Review Report, 2022.
[41] African Development Bank Group, "Somalia Economic Outlook", *African Economic Outlook (AEO)*, 2024.
[42] since the completion of the Heavily Indebted Poor Countries (HIPC) debt reduction initiative
[43] EAC, "Somalia finally joins EAC as the bloc's 8th Partner State", Press Release, 04th March 2024.
[44] UNICEF, "Climate Landscape Analysis for Children in Somalia", 2024.
[45] The World Bank Group, "Somalia: Overview", 2024.
[46] Somalia National Bureau of Statistics, "Voluntary National Review Report, 2022.
[47] The World Bank Group, "Somalia: Overview", 2024.
[48] Somalia National Bureau of Statistics, "Voluntary National Review Report, 2022.
[49] OCHA, "Somalia: The Current Crisis in Four Charts", Centre for Humanitarian Data, 2022.
[50] UNDRR, "Horn of Africa floods and drought, 2020-2023 - Forensic analysis", 2024.

weather events such as droughts or floods especially impact agriculture on which Somalia is heavily dependent. This leaves households largely vulnerable to climatic shocks, and prone to food insecurity following a disaster - a problem compounded by conflict, poverty, political instability and insecurity. [51] As such, the World Risk Report 2023 ranks Somalia as the 14th most at-risk country for disasters. The report also names Somalia as the most vulnerable country globally.[52]

**Climate change and its consequences contribute to inter-clan conflicts and tensions in Somalia, as people struggle to access water and food resources.**[53] Moreover, the impacts of climate-related crises are gendered: women and girls are often at heightened risk of malnutrition in situations of economic precarity, women-only households face a higher risk of losing income due to mobility constraints and are disproportionately affected by the increasing difficulty and danger of water collection.[54] Somalia's climate is projected to become drier, warmer, and more extreme, adversely affecting agriculture, livestock, fisheries, and forestry. Grazing vegetation is predicted to decrease, and water availability will become increasingly unpredictable. Rising sea temperatures and ocean acidification will harm fish stocks and change their distribution.[55]

**Somalia presents a complex humanitarian context, with the majority of the population living below the poverty line, struggling to meet basic needs.** Insecurity and climatic shocks are driving widespread displacement. As of 2023, the number of internally displaced persons (IDPs), many multiple times, reached 3.8 million, one of the highest globally. Of these, 75% were displaced by climate-related events, including 1.7 million due to floods and 531,000 due to drought. Additionally, 653,000 people were newly or re-displaced due to conflict, marking an all-time high.[56] This trend continued in 2024, with 342,221 individuals newly displaced, including 165,000 due to insecurity, as the government intensified military operations against Al-Shabaab in various regions of Somalia. IDPs are among the most vulnerable populations, many having exhausted their coping mechanisms due to recurring humanitarian crises.[57] Women, girls, and people living with disabilities are often the most affected by these crises.[58] An estimated 1.7 children between the ages of 6 and 59 months experienced acute malnutrition at the beginning of 2024, with 430,000 at risk of severe malnourishment due to food and nutrition insecurity.[59] Conflict and drought have contributed to food insecurity. Conflict has driven communities to flee their agricultural lands and drought further enhanced displacement and loss of productivity. Food insecurity and displacement drives further conflict and land degradation.[60]

**As a result of these multilayer shocks, 6.9 million people, nearly two in five Somalis, were in need of humanitarian assistance in 2024.** Somalia's humanitarian plan estimates that 5.98 million people will require humanitarian and protection assistance in 2025, reflecting a 13% decrease compared to 2024, when 6.9 million people were identified as needing support. Out of this total, 4.6 million people will be targeted for assistance, which represents an 11% reduction from the 2024 target of 5.2 million. While the number of people in need is slightly lower, the ongoing vulnerability of displaced and at-risk populations showcases the continued urgency of humanitarian interventions. Humanitarian operations in Somalia face

[51] UNICEF, "Climate Landscape Analysis for Children in Somalia", 2024.
[52] Bündnis Entwicklung Hilft / IFHV, "The World Risk Report 2023: Disaster Risk and Diversity", 2023.
[53] UNICEF Somalia, ' Country Programme 2021-2025: Water, Sanitation and Hygiene (WASH) Revised Programme Strategy Note 2023-25', 2023.
[54] UNDP, "Somalia Drought Impact and Needs Assessment", 2018.
[55] Samuel Hall, "Identifying Climate Adaptive Solutions to Displacement in Somalia", 2021.
[56] OCHA, "Somalia 2024 Humanitarian Needs and Response Plan (HNRP)", 2024.
[57] UNICEF, "Somalia: Humanitarian Action for Children", 2025.
[58] OCHA, "Somalia 2024 Humanitarian Needs and Response Plan (HNRP)", 2024.
[59] OCHA, "Somalia Situation Report - 17 March 2024", 2024.
[60] Federal Government of Somalia, "The Ninth National Development Plan (NDP-9), 2020–2024", *Ministry of Planning, Investment and Economic Development*, 2020.

significant challenges due to the volatile security environment, including attacks on workers, infrastructure, and restrictions on movement. Approximately 580,000 people - the majority women and children, live in hard to access.[61] For instance, out of Somalia's 74 districts, 23 remain difficult for aid to reach, mostly those under NSAG control.

**Moreover, aid diversion is a significant issue in this context.** In 2023, the number of aid diversion cases increased, leading to a joint evidence-finding endeavour by the humanitarian community to understand its roots, scale and effects.[62] The anticipated withdrawal of the African Transition Mission in Somalia (ATMIS)[63] is expected to increase the challenge of safely delivering aid.[64]

**Provision of basic social services by the government is low due to protracted conflict, weak institutional capacity and lack of capacities, including financial.**[65] Recurring climatic shocks have furthermore impacted the infrastructure and funding of essential services, such as social protection services, WASH, health and education services. As a result, the provision of social services relies heavily on the private and humanitarian sectors.[66] IDPs in urban areas are particularly impacted by the lack of services.[67]

**Somalia's social protection system is severely underfunded to meet the needs of the population.**[68] The World Bank's 2024 Somalia Poverty and Vulnerability report highlights that nine in ten households are deprived in at least one dimension, including monetary, dwelling, electricity, education, health, WASH. Almost eight out of ten suffer in two dimensions or more and across the country, more than three-quarters of the population are classified as non-monetary poor, with 47 percent identified as chronically poor.[69] Efforts to expand social protection are constrained by political and financial challenges. In 2024, the Federal Government of Somalia approved a total budget of approximately US$ 1.03 billion. Of this amount, the social services sector was allocated US$ 208.68 million, which represents about 19.3% of the total budget.[70] However, by the first quarter of 2024, the actual expenditure in the social services sector amounted to only US$8.62 million, or approximately 4.1% of the total budget, which reflects a significant shortfall in the utilisation of the allocated funds for social services. Moreover, Somalia's domestic revenue-to-GDP ratio is among the lowest globally, at just 2.5%, limiting the government's capacity to provide essential services. The heavy reliance on official development assistance (ODA) for nearly half of its expenditures further restricts the state's ability to invest in social protection programmes.[71]

[61] OCHA, "Somalia 2024 Humanitarian Needs and Response Plan (HNRP)", 2024.
[62] UNICEF Somalia, 'Country Office Annual Report', 2023.
[63] The African Union Transition Mission in Somalia (ATMIS) was scheduled to conclude its operations by December 31, 2024, with plans to transition to a new mission, the African Union Support and Stabilisation Mission in Somalia (AUSSOM), in 2025. However, due to various challenges, including funding shortages and rising tensions between Somalia and Ethiopia, the transition has been delayed. ATMIS continues to operate beyond its initial end date, and the deployment of AUSSOM has been postponed. Source: Reuters: "Exclusive: Somalia asks peacekeepers to slow withdrawal, fears Islamist resurgence", 2024.
[64] OCHA, "Somalia 2024 Humanitarian Needs and Response Plan (HNRP)", 2024.
[65] Approximately 7% of government expenditure, Cited in Federal Government of Somalia, "The Ninth National Development Plan (NDP-9), 2020–2024", *Ministry of Planning, Investment and Economic Development*, 2020.
[66] Federal Government of Somalia, "The Ninth National Development Plan (NDP-9), 2020–2024", *Ministry of Planning, Investment and Economic Development*, 2020.
[67] Somalia Poverty and Vulnerability Assessment, 2018, World Bank
[68] Federal Government of Somalia, "The Ninth National Development Plan (NDP-9), 2020–2024", *Ministry of Planning, Investment and Economic Development*, 2020.
[69] World Bank, "Somalia Poverty and Vulnerability Assessment", 2024.
[70] SONNA, "Somali Cabinet Approves the 2024 National Budget," *Somali National News Agency*, 2024.
[71] Ministry of Finance of the Federal Government of Somalia (MOF), "2024 In-Year Budget Performance Report," 2024.

**Access to water and sanitation is challenged by clan land claims, insecurity, and weak law enforcement, often requiring prolonged negotiations.** Changes in district leadership are also undermining agreements. As a consequence, almost half of the population in Somalia faces water deprivation.[72] Funding for water and sanitation remains competitive and capital-intensive, with donors often adopting siloed, project-based approaches that limit integrated interventions.[73] Nation-wide, 71% of households have access to basic water service levels, but in 39% of households, water access is unreliable. Significant disparities exist between urban and rural populations, with only 62% of rural households with access to safe water, compared to 79% in urban areas. Regional disparities are significant, with regions such as Bay, Gedo, and Bakool reporting the highest population relying on unimproved and surface water access.[74] Almost two thirds of displaced households are considered water insecure.[75]

**IDPs and rural communities struggle the most to access latrines, with an estimated 30% of households sharing sanitation facilities.**[76] A significant 21.32% of the population practise open defecation in 2022 and only 33% of households are accessing basic hand washing facilities with soap and water. This figure drops to just 21% in rural regions.[77] Moreover, only 20% of the menstruating population have access to menstrual health products.[78] Somalia's WASH deprivations are exacerbated by climatic shocks, conflict and displacement, congestion in unplanned urban settlements, lack of knowledge, water scarcity and limited private sector investment. This has direct implications on the spread of endemic communicable and waterborne diseases in the country,[79] such as cholera and Acute Watery Diarrhoea (AWD).[80]

**Healthcare in Somalia is severely underfunded, at just 1% of the budget, and remains out of reach for many**, primarily due to the lack of functional facilities, unaffordable treatment, essential medicine shortages,[81] weak referral systems and long travel distances due to poor infrastructure.[82] Combined with access constraints, coordination and oversight limitations of the federal and state governments, the country's healthcare system does not adequately respond to cyclical shocks and emergencies.[83] Epidemics such as cholera and measles further impact Somalia's already fragile healthcare system, exacerbating the challenges faced by the population. In 2022, between January and March, a total of 3,509 suspected measles cases were reported across 18 regions in Somalia, with 81% of these cases occurring in children under five years of age.[84] Similarly, in early 2024, Somalia experienced an outbreak of Acute Watery Diarrhoea (AWD)/cholera, with over 4,380 cases and 54 associated deaths recorded in 32 districts from January 1 to March 18, 2024.[85] These recurrent epidemics place immense pressure on Somalia's healthcare infrastructure, which is already constrained by limited resources and capacity.

**The lack of adequate shelter, especially among displaced populations, remains critical.** The large number of new displacements in 2023 has increased the need for both temporary and long-term housing

[72] Federal Government of Somalia, "The Ninth National Development Plan (NDP-9), 2020–2024", *Ministry of Planning, Investment and Economic Development*, 2020.
[73] UNICEF, "RAM Outcome Report - WASH", 2023.
[74] EED Advisory, "Water, Sanitation, and Hygiene (WASH) Needs Assessment across Somalia", 2024.
[75] OCHA, "Somalia 2024 Humanitarian Needs and Response Plan (HNRP)", 2024.
[76] Ibid.
[77] World Bank, "People practicing open defecation (% of population)", 2022.
[78] UNICEF Somalia, 'Country Programme 2021-2025: Water, Sanitation and Hygiene (WASH) Revised Programme Strategy Note 2023-25', 2023.
[79] Samuel Hall, "Identifying Climate Adaptive Solutions to Displacement in Somalia", 2021.
[80] OCHA, "Somalia 2024 Humanitarian Needs and Response Plan (HNRP)", 2024.
[81] UNICEF Somalia Country Office, 'Programme Strategy Note Somalia 2023-2025: Health', 2023.
[82] Analee Pepper, "UNICEF Somalia: Gender Programmatic Review", 2020.
[83] OCHA, "Somalia 2024 Humanitarian Needs and Response Plan (HNRP)", 2024.
[84] WHO, "Somalia: Measles Outbreak Update," 2022.
[85] OCHA, "Somalia 2024 AWD/Cholera Outbreak Flash Update No. 2 (24 March 2024)," 2024.

solutions, with half of IDPs living in makeshift shelters. Children, pregnant and lactating mothers living in overcrowded shelters lack privacy and face health and safety risks. Outside of organised camp settings, shelter shortages are largely due to households' inability to afford rent and the absence of formal occupancy agreements. Evictions from privately owned properties are on the rise, with over 120,000 people evicted between January and October 2023, 60% of whom were in Mogadishu. Blankets and sleeping mats are the most commonly reported missing non-food items (NFIs) across all population groups. In 2024, the demand for shelter and NFIs remained high, with 4.6 million people in need - expected to rise further with the destruction of thousands of shelters in urban and peri-urban areas due to flooding.[86]

**Somalia's education system struggles with low enrolment rates and literacy rates.** The Ministry of Education, Culture, and Higher Education (MoECHE) oversees the education sector, though the sector is in large part privatised.[87] In 2019, public spending on education as a share of GDP was just 0.27%, showing a slight increase from 0.23% in 2018.[88] Nearly half of the population in Somalia have never had access to formal education.[89] Girls face additional barriers to education, including household burdens, unsafe and inadequate schooling environments, inadequate WASH facilities, resulting in only 28% of girls being enrolled in primary school.[90] Over 80% of children with disabilities are excluded from formal education due to a lack of inclusive school infrastructures, teacher training, and discrimination.[91]

**Somalia has made slow progress towards addressing high levels of gender inequality.** The government signed the Convention on the Elimination of All Forms of Discrimination Against Women in 2019, which signalled the country's formal commitment to enact gender equality and protect women's rights.[92] The Convention, however, is yet to be ratified. The country's Gender Inequality Index sits at 0.776 (with 1.0 representing complete gender inequality). Somalia performs especially poorly in maternal health, women's political participation and economic opportunities for women.[93]

**Somalia's patriarchal society enforces deeply rooted gender roles that often marginalise women and girls.[94]** While the Somali constitution includes provisions that promote women's participation in leadership and decision-making, cultural restrictions on movement and asset ownership continue to exclude many women from these areas or subject them to patriarchal constraints. Despite a rich history of activism advocating for women's political rights and their valued contributions to clan activities and local peacebuilding, significant progress in formal political power and status remains limited.[95] The April 2022 elections resulted in only 54 women elected to the House of the People (under 20%) and 14 women elected to the Upper House (below 26%), despite a 30% quota for women's representation being mandated.[96]

**Moreover, women in Somalia encounter significant challenges when seeking justice, especially in cases of sexual violence.** Courts frequently require additional evidence to support rape allegations beyond the victim's testimony, a practice rooted in scepticism about women's credibility, despite it not

[86] OCHA, "Somalia 2024 Humanitarian Needs and Response Plan (HNRP)", 2024.
[87] Many schools are run through private funding from diaspora or other groups from the Gulf region, Saudi Arabia or Turkey.
[88] World Bank, "Education Expenditure (% of GDP) - Somalia," 2019.
[89] United Nations, "Somalia UNSDCF 2021 - 2025", 2020.
[90] UNICEF Somalia, "Gender Programmatic Review", 2024.
[91] UNICEF Somalia, "Gender Programmatic Review", 2024.
[92] Legal Action Worldwide, 'CEDAW - Somalia', accessed 20/10/2024.
[93] Includovate, UNICEF Somalia, 'Gender Strategy 2025-2028', 2024.
[94] UNFPA, "Somalia Country Programme Evaluation", 2020.
[95] UNFPA, "Strengthened efforts to serve the Somali girl child", 2017.
[96] Freedom House, "Freedom in the World 2023 – Somalia", 2023.

being mandated by Somali law. Judges continue to impose this requirement, complicating the prosecution of sexual violence cases. Furthermore, Somali courts allow the defence to present evidence of a woman's alleged "immoral character," without clearly defining what constitutes immorality.[97] This legal standard vacuum creates an inherent bias in proceedings, making it even more difficult for female victims to obtain justice. In addition, women also face significant disadvantages in housing, education, and employment, and are denied equal inheritance rights due to entrenched social norms. Despite formal protections against discrimination in the provisional constitution and legal system, these laws are often ineffective in practice.[98]

**The Somali legal framework offers little gender-specific protection, lacking support for Gender-based violence (GBV)** for example.[99] GBV is widespread, with female genital mutilation/cutting (FGM/C), early marriage, and psychological abuse being particularly prevalent.[100] Among the different forms of GBV, physical violence inflicted by intimate partners is the most commonly reported across the country.[101] FGM/C has been practiced in Somalia for decades. While most circumcisions are performed by traditional circumcisers, known as Guddo, some health professionals in urban areas carry out "milder" procedures for a fee, claiming to reduce pain and harm.[102] A 2020 survey by the Federal Government of Somalia found that 99.2% of women aged 15-49 had undergone FGM/C.[103] Efforts to address FGM have been largely seen as ineffective, leading many organisations to shift focus to other urgent issues.[104]

### 1.2.2 Child Situation

#### Child Health - SDG 3 - Good Health and Well-being

**In Somalia, under five mortality rates are high,** with 4 out of every 100 children dying within their first month of life, 8 out of 100 before their first birthday, and 1 in 8 before reaching the age of five. These figures account for over 60% of under-five deaths in the country. Over 80% of newborn deaths result from prematurity, birth asphyxia, complications during delivery, or infections such as pneumonia, diarrhoea, measles, and other neonatal conditions. Additionally, maternal mortality rates are also high, with 1 in 20 women aged 15-49 losing her life annually due to complications related to pregnancy or childbirth.[105] Only 32% of births are attended by a skilled health professional.[106] These figures exceed the 2020 global average of 223 maternal deaths per 100,000 live births and the 2021 neonatal mortality rate of 17.1 deaths per 1,000 live births.[107] They also fall short of the SDGs, which aim to reduce the global maternal mortality ratio to below 70 per 100,000 live births by 2030, and to lower neonatal mortality to 12 deaths per 1,000 live births.[108] Furthermore, they exceed the target outlined in the Every Newborn Action Plan (ENAP), which seeks to bring stillbirth rates below 12 per 1,000 total births by 2035.[109]

[97] SAHR, "Submission to the United Nations Report of the Independent Expert on the situation on human rights in Somalia", 2024.
[98] Freedom House, "Freedom in the World 2023 – Somalia", 2023.
[99] UNICEF Somalia, 'Programme Component Strategy Note 2021-2025: Protective Environment for Children and Women', 2023.
[100] UNFPA, "Somalia health and demographic survey", 2020.
[101] GBV Sub-Cluster, "Somalia National GBV Strategy 2018 - 2020", 2018.
[102] UNFPA, "Looking Beyond Numbers: Female Genital Mutilation/Cutting (FGM/C) Study Report", 2021.
[103] EUAA, "Country Guidance: Somalia", 2021.
[104] UNICEF, "Case study on ending female genital mutilation in the Federal Republic of Somalia", 2021.
[105] UNICEF, "Somalia: Health", 2019.
[106] Directorate of National Statistics, Federal Government of Somalia, "The Somali Health and Demographic Survey 2020", 2020.
[107] WHO, "Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division", 2023.
[108] WHO, "World health statistics 2024: monitoring health for the SDGs, sustainable development goals", 2023.
[109] WHO, UNICEF, "Every Newborn: an action plan to end preventable deaths", 2014.

Moreover, **children in Somalia are at high risk of vaccine-preventable diseases**, with at least 1.3 million children classified as 'zero dose', the highest number recorded globally.[110] As a result, outbreaks of measles, cholera and polio are frequent.[111] Overall, the proportion of the target population covered by all vaccines included in the national programme stands at 10.7% overall, with a slightly higher coverage among women (11.6%) compared to men (9.9%).[112] **Poor access to WASH facilities and reliance on unsafe water sources**, coupled with recurrent floods,[113] result in many children suffering from **waterborne diseases**, such as diarrhoea and cholera, which are leading causes of child mortality.[114] In conflict-affected areas and IDP camps, children's access to WASH is even more limited. Women and girls are disproportionately impacted through their involvement in care responsibilities and household infection prevention and control.[115]

**The 2020 Somali Health and Demographic Survey highlighted high rates of unintended and short-interval pregnancies**, positioning Somalia among the worst countries globally for sexual and reproductive health indicators. Social stigma around menstruation and sexual and reproductive health (SRH) limits women's and girls' ability to discuss health needs and often prevents girls and women from accessing SRH services.[116] Hence, many SRH facilities are not tailored to their needs. Adolescent-specific care is often denied, as girls who are menstruating, married, or pregnant are considered women.[117] Moreover, according to the World Bank, in 2022, 116 out of every 1,000 girls aged 15-19 gave birth. While this rate has decreased since 2010, it remains high.[118] A 2020 study in Somaliland found that 47.2% of teenagers had experienced pregnancy.[119]

**Children living with disabilities face additional barriers to accessing healthcare and are more vulnerable to abuse and neglect.**[120] Specifically, over 80% of children living with disabilities in Somalia are excluded from health access and humanitarian assistance.[121] Somalia has ratified the Convention on the Rights of Persons with Disabilities (CRPD) and established a National Disability Agency, but implementation remains a challenge.[122] Harmful social norms contribute to marginalisation and mistreatment of persons with disabilities, limiting their access to essential services and their resilience to shocks such as crises or emergencies. Somalia's health and social sectors are not well-equipped to meet the diverse needs of children with disabilities, lacking the capacity to provide adequate rehabilitation and integrated services.[123]

In 2023, UNICEF, together with its partners, contributed to strengthening Somalia's health system and expanding access to the Essential Package of Health Services (EPHS), particularly targeting malaria

[110] UNICEF Somalia, "Country Office Annual Report", 2023.
[111] UNICEF, "Somalia marks World Immunization Week with a call to accelerate efforts to reach every child with this essential, lifesaving immunizations", 2024.
[112] UNFPA, "Somalia health and demographic survey", 2020.
[113] In April 2024, 2,730 acute watery diarrhoea (AWD)/cholera cases were recorded in 28 of 32 flood-affected districts, with over 5,400 of these affecting children under five (58%). Cited in UNICEF, "Somalia Humanitarian Situation Report No. 4", 2024.
[114] UNICEF, "Water, sanitation and hygiene: Every child has the right to water, sanitation and a safe and clean community", 2019.
[115] UNICEF, "Outcome Report - WASH", 2023.
[116] Khan, M. N., Khalif, I. Y., Rana, M. S., Khan, M. M. A., Khanam, S. J., and Alam, M. B. "Improving the Uptake of Contraception, Somalia." *Bulletin of the World Health Organization*, 2024.
[117] UNICEF, "Somalia Humanitarian Situation Report No. 4", 2024.
[118] World Bank, "Somalia: Gender Landscape Brief", 2024.
[119] Gensa Geta T., Ahmed Abdiwali S., and Farah MM. "Magnitude and Factors Associated with Teenage Pregnancy in Somaliland: Evidence from Somaliland Health and Demographic Survey," 2020.
[120] UNICEF Somalia Country Office, 'Programme Strategy Note Somalia 2023-2025: Health', 2023.
[121] National Disability Agency, 'Disability Needs Assessment Survey Report, Dignity Disrespected: The perceptions and priorities of persons with disabilities in Somalia', 2023.
[122] UNICEF Somalia and Government of Somalia, 'Mid-term review of the Country Programme of Cooperation, 2021-2025', 2023. National Disability Agency, 'Disability Needs Assessment Survey Report, Dignity Disrespected: The perceptions and priorities of persons with disabilities in Somalia', 2023.
[123] UNICEF Somalia Country Office, 'Programme Strategy Note Somalia 2023-2025: Health', 2023.

prevention and maternal and child health. Its support aimed to improve survival rates among newborns, infants, and children, and reduce maternal mortality, including among adolescent girls. UNICEF provided direct assistance to the Government in delivering EPHS across 219 health facilities and played a role in increasing the proportion of women receiving four antenatal care visits - from 24% in 2022 to 31 per cent by September 2023. Moreover, UNICEF facilitated HIV testing and treatment services in 100 health facilities nationwide, ensuring that women living with HIV could begin and continue lifelong antiretroviral therapy. As a result, 37% cent of pregnant women diagnosed with HIV were receiving antiretroviral treatment - exceeding the target of 27 per cent for the year. [124]

In September 2024, Health Cluster partners reached 303,928 people with key health services through 48 implementing organisations. Support included outpatient care, immunisations, safe deliveries, child and maternal health, nutrition, mental health, and care for survivors of rape and trauma.[125]

### Child Nutrition - SDG 2 - End Hunger and Malnutrition

**Malnutrition** and **stunting are critical issues in Somalia, with 43% of children under five suffering from anaemia and 34% experiencing Vitamin A deficiency**.[126] Iron and vitamin deficiencies are particularly prevalent among pregnant and breastfeeding women, with anaemia affecting 47.4% of pregnant women, worsening both maternal and child health outcomes.[127] Moreover, between August 2024 and July 2025, an estimated 1.6 million children aged 6 to 59 months are expected to experience acute malnutrition, requiring urgent treatment.[128] This includes approximately 403,000 children projected to suffer from Severe Acute Malnutrition (SAM) and 1.2 million from Moderate Acute Malnutrition (MAM). The number of children suffering from severe wasting doubled between 2021 and 2022, reflecting a worsening nutrition crisis across the country.[129]

**Feeding practices in Somalia contribute significantly to the nutrition crisis.** Only 34% of infants under six months are exclusively breastfed, and early breastfeeding initiation remains suboptimal, particularly among nomadic communities.[130] Cultural practices also restrict food intake during pregnancy, with many women eating less and avoiding certain foods, further exacerbating maternal nutrition issues.[131] These cultural perceptions have been identified as barriers to improving the nutrition of pregnant and lactating women which consequently, impact children nutrition. Accordingly, the country is off track to meet SDG Goal 2 and the World Health Assembly targets for reducing child stunting and anaemia in women of reproductive age by 2025.

In 2023, UNICEF and its partners supported in addressing child malnutrition in Somalia by expanding access to nutrition services, even in areas with limited accessibility. Life-saving nutrition interventions were delivered in 70 out of 74 districts through 1,127 facilities and treatment sites - more than 40% of which were mobile units designed to reach remote populations. Thanks to UNICEF's technical and financial contributions, the prevalence of wasting among young children declined from 15.9% in 2022 to 12.4%. Collaborating with 39 implementing partners, the Federal Ministry of Health, WFP, and WHO,

[124] UNICEF, "Country Office Annual Report 2023", 2023.

[125] WHO, "Somalia: Health Cluster Bulletin September 2024", 2024.

[126] as reported in the 2019 Somalia Micronutrient Survey, cited in UNICEF Somalia Country Office, 'Programme Strategy Note Somalia 2023-2025: Health', 2023.

[127] UNICEF Somalia Country Office, 'Programme Strategy Note Somalia 2023-2025: Health', 2023.

[128] WHO, "Somalia: Health Cluster Bulletin September 2024", 2024.

[129] WHO, "Somalia: Health Cluster Bulletin September 2024", 2024.

[130] Ibid.

[131] Analee Pepper, UNICEF Somalia, 'Gender Programmatic Review', 2020.

UNICEF supported the effective treatment of 517,090 children aged 6–59 months (51% of them girls) for severe wasting by October 2023 - an 11% increase compared to the previous year. [132]

Moreover, to improve child nutrition, UNICEF reached 1.78 million primary caregivers in 2023 with counselling on infant and young child feeding. In 2023, it also supported vitamin A supplementation for over 3.3 million children aged 6–59 months (53% girls), exceeding the annual target. UNICEF also helped prevent iron deficiency by providing micronutrient powders to 315,285 children and supplements to over 1.1 million pregnant and lactating women. Additionally, UNICEF led nutrition sector coordination and advocacy efforts, contributing to the creation of a National Food Systems, Nutrition and Climate Change Council under the Prime Minister's Office. [133]

### Child Education - SDG4 Inclusive and Equitable Quality Education

**According to the 2022 Somalia Education Sector Analysis, the gross enrolment ratio (GER) for primary education was approximately 37%, with significant gender disparities**: 42% for boys and 32% for girls.[134] Secondary enrolment rates are even lower, with fewer than 10% of school-aged children enrolled. Factors such as poverty, insecurity, child labour, and early marriage disproportionately impact girls' education.[135] In addition, in 2023, school attendance rates were particularly low among newly displaced children, with only 21% attending school compared to 39% of children who were not displaced.[136] WASH also intersects with access to education, as 90% of schools do not have access to safe drinking water and 61% do not have functional latrines. Girls and women are often responsible for water collection, exposing them to risks such as physical or sexual violence. This also limits their time for education and economic activities.[137]

**Religious education is culturally important in Somalia, leading many children to enrol in informal schools, such as Quranic schools.** Historically, Quranic schools were among the earliest forms of education in Somalia, providing foundational literacy and numeracy skills alongside religious instruction, with a focus on Quranic recitation in Arabic.[138] These institutions continue to often complement formal primary or secondary education, teaching children how to read, write, and recite the Quran.[139] However, attendance often does not lead to formal educational qualifications or pathways to secondary education. While there is no data available on the attendance rate of children in Quranic schools, a study found that 27% of children who report attending school, in fact attend Quranic schools.[140]

**A significant portion of teachers are unqualified, and quality of education is an issue.** Many children in Somalia struggle with poor learning outcomes. Limited access to early childhood education hinders children's readiness for school. Though there is no consistent national assessment of learning progress, the literacy rate among youth is 45%, with 49% of males and 41% of females able to read and write.[141] Gender-transformative training for teachers and Community Education Committee (CEC) members is lacking, with limited focus on addressing unconscious gender bias and ensuring accountability in

[132] WHO, "Somalia: Health Cluster Bulletin September 2024", 2024.

[133] Ibid.

[134] Federal Government of Somalia, "20022 Education Sector Analysis", 2022.

[135] Forcier, "Somali Girls' Education Promotion Project – Transition", Midline Report, 2019.

[136] UNICEF, "Somalia 2023 COAR, 2023.

[137] UNICEF Somalia, 'Country Programme 2021-2025: Water, Sanitation and Hygiene (WASH) Revised Programme Strategy Note 2023-25', 2023.

[138] Altai Consulting, "Study on Understanding the Role of Non-State Education Providers in Somalia: Final Report", *Prepared for the World Bank*, 2018.

[139] Ibid.

[140] Moyi, P. "Who goes to school? School enrollment patterns in Somalia", *International Journal of Educational Development*, 2012.

[141] United Nations, "Somalia UNSDCF 2021 - 2025", 2020.

schools.[142] The lack of female teachers - 12 to 15% in primary and 4 to 7% in secondary schools - and gender-responsive facilities, creates an environment where girls feel uncomfortable discussing issues like Menstrual Hygiene Management (MHH), harassment, and gender discrimination.[143]

**Finally, Somalia has one of the highest rates of out-of-school children globally.**[144] Many children start primary school late, with enrolment and dropout rates varying by location, income, and gender. Constraints on girls' education include domestic burden, girl-unfriendly environment such as the lack of clean toilets with water. Early marriage and young motherhood are often seen as the end of girls' education too.[145] Several groups of children, such as rural children from pastoralist communities, children with disabilities, IDP and lowest income households' children, and those belonging to ethnic minority groups, have less access to education.[146]

In 2023, UNICEF supported positive shifts in Somalia's education sector. Primary school enrolment rose from 31% to 37%, the Gender Parity Index improved to 0.84, and student survival rates climbed to 88%. These gains were partly driven by UNICEF's efforts to revitalise the Education Cluster by enhancing staffing, leadership, and coordination. [147] In partnership with the Government and civil society, UNICEF delivered education services to 272,782 children (including 126,796 girls) across schools, ABE centres, and temporary learning spaces - reaching out-of-school or at-risk children. It also supported the enrolment of 171,192 crisis-affected children (80,608 girls) in displacement settings. To increase the demand for education, UNICEF also worked with 627 community education committees. Through the GPE Emergency Drought Response and the KfW-funded UN Joint Resilience Programme, UNICEF helped keep 150,000 children in 400 vulnerable schools. These efforts supported improved enrolment, retention, and gender balance. Interventions included building or refurbishing learning spaces and WASH facilities, providing learning materials and school meals, supporting host schools, and training teachers.[148]

### Child Protection - SDG 16 - Peace, Justice, and Strong Institutions

**The legal framework for child protection in Somalia has undergone several developments in recent years.** Article 29 of the Provisional Constitution defines a child as anyone under the age of 18 and affirms that "every child has the right to be protected from ill-treatment, neglect, abuse, or degradation."[149] In line with this, Somalia ratified the Convention on the Rights of the Child in October 2015, committing to uphold and promote children's rights in accordance with international standards.[150] However, in April 2024, the Somali parliament approved constitutional amendments that lowered the legal definition of a child to individuals under 15, while maintaining the age of responsibility at 18.[151] This adjustment directly contradicts Somalia's obligations under the Convention, which universally defines a child as anyone under 18.[152]

**The lack of comprehensive legislation and enforcement mechanisms has limited the effective implementation of child protection laws.** For instance, Somalia lacks legislation prohibiting child

[142] Analee Pepper, UNICEF Somalia, 'Gender Programmatic Review', 2020.
[143] UNICEF, "Country Programme Document", 2020.
[144] UNICEF, "RAM - Outcome Report - Education", 2023.
[145] Analee Pepper, UNICEF Somalia, 'Gender Programmatic Review', 2020.
[146] International Disability Alliance, 2023.
[147] UNICEF, "Country Office Annual Report 2023", 2023.
[148] Ibid.
[149] Federal Republic of Somalia, "Constitutional Drafting Commission of Somalia, Provisional Constitution of Somalia, art. 29", 2012.
[150] OLA, "Somalia Deposits Instrument of Ratification to the Convention on the Rights of the Child", 2015.
[151] TVP World. "Somalia Lowers Age of Majority, Defying UN Convention on Rights of the Child." April 2024.
[152] Human Rights Watch. "Somalia: Constitutional Proposals Put Children at Risk." March 2024

trafficking and the use of children in illicit activities.[153] Somalia has signed action plans to protect children from armed conflict, including a 2012 agreement to establish a child protection unit within the Ministry of Defence and to adopt standardised procedures for addressing violations of children's rights.[154] On August 10, 2023, Somalia's Cabinet approved the Children's Rights Act, which was later presented to Parliament for adoption and promulgation.[155] Nevertheless, a lack of respect and understanding for children's rights by both state authorities and society at large continues to impede effective implementation of the above mentioned legal frameworks. The Country Task Force on Monitoring and Reporting, jointly led by UNICEF and the United Nations Assistance Mission in Somalia (UNSOM), recorded 1,946 grave violations affecting children between January and September 2024. These incidents impacted a total of 1,478 children, including 1,057 boys and 421 girls.[156]

**The recruitment and use of children in armed groups and forces in Somalia has been a persistent and serious concern for decades**, exacerbated by ongoing conflict, political instability, militarisation, and the entrenched presence of numerous state and non-state armed actors. In recent years, the number of reported incidents of child recruitment has risen significantly, with verified cases increasing from 903 in 2015[157] to 1,161 in 2021.[158] These figures only represent verified incidents, and the actual numbers are likely much higher. Recruitment occurs through both force and coercion. Forced recruitment methods include abduction, quota systems, and conscription, while coercion exploits poverty, the need for protection, and the lack of education or other opportunities.[159] Abduction remains a predominant method.[160] Al Shabaab is responsible for an increasing share of total cases, accounting for 60% in 2015 and over 80% by 2020. However, state actors, including the Somali Police Force, Somali National Army (SNA), National Intelligence and Security Agency (NISA), regional forces, and police, as well as non-state actors such as clan militias, also contribute to the recruitment of children.[161] This issue transcends national borders, with cases involving the Ethiopian National Defence Forces operating in Somalia.[162] Furthermore, some children are voluntarily recruited by armed groups to perform support roles, including acting as cooks, porters, informants, or operating checkpoints.[163] In the most extreme cases, children are subjected to forced labor, which may include activities such as begging, transporting khat, or working in construction. They are also exploited in illicit activities, such as selling drugs.[164] These practices constitute serious violations of children's rights and pose significant risks to their physical and psychological well-being. The rights of children in conflict, including legal liability and punishment, are not well-assured and the justice system often relies on a customary dispute resolution system, and sharial law.[165]

**Children in Somalia are also subjected to other forms of child labour,** including tasks in agriculture, industry, and services. 9.5% of children aged 5 to 14 are engaged in work and 4.7% of children between the ages of 7 to 14 combine work and education. In the agricultural sector, children are engaged in farming activities such as planting, weeding, harvesting, and cleaning and packing crops. They also participate in

[153] U.S. Bureau of International Labor Affairs, "Somalia: Child Labor and Forced Labor Reports", 2023.
[154] United Nations, "Somalia: Children and Armed Conflict," Children and Armed Conflict, United Nations, 2016
[155] ANPPCAN, "Historic Step in Safeguarding Children's Rights in Somalia," 2023.
[156] UNICEF, "RAM3 End Year Summary Analysis", 2025.
[157] United Nations General Assembly, "Children and armed conflict: Report of the Secretary-General," 20 April 2016.
[158] CTMFR Somalia, "Monitoring, reporting and responding to grave child rights violations in Somalia January to December 2021," 2022.
[159] Samuel Hall, "Conflict-Sensitive Capacity Gap Assessment to Prevent and Respond to the Recruitment of Children into Armed Groups", 2022.
[160] United Nations General Assembly, "Children and armed conflict: Report of the Secretary-General," 20 April 2016.
[161] Regilme and Spoldi, "Children in Armed Conflict: A Human Rights Crisis in Somalia," 2021.
[162] United Nations General Assembly, "Children and armed conflict: Report of the Secretary-General," 20 April 2016.
[163] Sababi Institute, 'Study of Children in Conflict with the Law in Somalia', 2024.
[164] U.S. Bureau of International Labor Affairs, "Somalia: Child Labor and Forced Labor Reports", 2023.
[165] Sababi Institute, 'Study of Children in Conflict with the Law in Somalia', 2024.

herding livestock and fishing, including cleaning fish. In industry, children are involved in manufacturing, construction, mining, crushing stones, and excavation work. In the services sector, children are employed in domestic work in hotels and private residences, street work such as shoe shining, car washing, and conducting minibuses, as well as vending and selling khat.[166]

**Child marriage remains a concern in Somalia, with little protection in place for girls.** 34% of Somalian girls are married by the time they reach 18 and 10% by age 15.[167] In comparison, the global average of girls marrying before 18 is 19%, and 5% before age 15. The Federal Somali Sexual Offence Bill, which could have provided stronger protection against child marriage, was blocked in Parliament due to disagreements over its provisions. Additionally, extremist group Al-Shabaab continues to promote child marriage, justifying it under their interpretation of sharia law.[168]

**GBV is prevalent, affecting both girls and boys, although the forms of abuse may differ.** Girls and women experience discrimination, marginalisation and violence, and are insufficiently protected. Female Genital Mutilation or Cutting (FGM/C) is widespread, with 98% of Somali girls and women having undergone some form of FGM/C. There is a lack of legal protection in prevention and support of GBV, and of uniformity between states, districts and communities, while religious community leaders play a key influencing role on the political system.[169] Boys in Somalia are also affected by GBV, particularly through recruitment by armed groups, with Al-Shabaab predominantly targeting boys and young men aged 12 to 24 for recruitment.[170] In fact, between January and June 2020, Al-Shabaab was responsible for 75% of child recruitment cases in Somalia, with the largest numbers documented in Middle Jubba, Lower Shabelle, and Bay regions.[171] The lack of protection against GBV and other violations of the rights of children is exacerbated among IDPs and minority groups: minority groups see themselves discriminated against based on clannism and social profiling, and their cases handled differently.[172] Similarly, girls with disabilities are often increasingly targeted by GBV, less protected by male figures nor in a position to defend themselves, often face barriers communicating and reporting cases of GBV and the latter are often overlooked.[173]

**Low civil registration is also a significant challenge to the protection of children.** According to the 2019-2020 SDHS, only 4% of children under two were registered, with less than 1% possessing birth certificates.[174] Without proper records, children lack legal recognition and are more vulnerable to exploitation and abuse. IDPs, in particular, face barriers in accessing civil documentation. As such, households within these settings face challenges when trying to obtain legal national documents, including birth certificates, due to such unclear, costly procedures and access barriers.[175]

To strengthen child protection, in 2023, UNICEF partnered with 20 civil society and 20 government bodies across Somalia. Efforts focused on policy advocacy, system strengthening, and shifting harmful social norms. Grassroots outreach reached 81,788 people - promoting help-seeking and reducing tolerance for violence, particularly FGM, child marriage, and sexual and intimate partner violence. Moreover, UNICEF provided vital child protection services, including mental health and psychosocial

[166] U.S. Bureau of International Labor Affairs, "Somalia: Child Labor and Forced Labor Reports", 2023.
[167] Analee Pepper, UNICEF Somalia, 'Gender Programmatic Review', 2020.
[168] Girls Not Brides, "Somalia: Girls Education and Child Marriage", 2022.
[169] UNICEF Somalia, 'Country Office Annual Report', 2023.
[170] EUAA, "Child recruitment by Al-Shabaab", 2023.
[171] Ibid.
[172] UNFPA, Gender Based Violence AoR Somalia, 'Voices from Somalia: A qualitative assessment', 2021.
[173] Ibid.
[174] UNFPA, "Civil Registration and Vital Statistics; Somalia Country Profile", 2021.
[175] UNFPA, Gender Based Violence AoR Somalia, 'Voices from Somalia: A qualitative assessment', 2021.

support, to 190,174 individuals - a rise from 164,680 in 2022. Gender-based violence prevention and response reached 200,902 people. Working with partners, UNICEF identified 14,291 unaccompanied or separated children and secured alternative care. It also supported 1,244 formerly recruited or at-risk children with reintegration and care services. [176]

### Child & Social Policy – (SDG1-No Poverty)

**Seventy-three percent (73%) of children under the age of 14 live in poverty.**[177] The highest levels of poverty and extreme poverty are found in IDP camps and rural areas, particularly in the northwest.[178] Almost 90% of Somali households are deprived in one dimension or more (monetary, electricity, education, or WASH), ranking it as one of the world's lowest GDP per capita.[179] To address this, in 2019, Somalia directed 8% of its budget to social sectors benefiting children, raising education funding from 2% to 5% and health funding from under 1% to 2%.[180] Despite this increase, the country remains well below international benchmarks, which recommend 20% of public spending for education and 15% for health.[181] In this regard, while state social protection is increasing, social protection in Somalia remains in large part carried out by communities under the guidance of traditional and religious leaders. Such a system is underpinned by patriarchal value systems, leading to unequal social protection and limited women involvement in decision-making processes.[182]

In 2023, UNICEF reached over 1.2 million crisis-affected people with hygiene kits, household water treatment, and hygiene promotion - covering 56% of the national reach for safe hygiene practices. It also built or rehabilitated sanitation facilities for 278,690 people and provided menstrual hygiene kits to 122,125 girls and women. In response to drought and El Niño-related floods, 867,945 people accessed emergency water services, making up over half of the WASH Cluster's emergency reach. To support long-term solutions, UNICEF helped establish 29 strategic boreholes, rehabilitate 75 water systems, and upgrade 33 shallow wells - giving 730,263 people more reliable access to safe water. [183]

# 1.3. Object of the Evaluation

## 1.3.1. UNICEF Response

The UNICEF Somalia Country Programme responds to the persistent inequalities and emerging risks affecting children and women in Somalia, with a vision to improve children's ability to "progressively realise sustainable and peaceful economic and social development."[184] The CP supports the achievement of the NDP-9 of Somalia, the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Somalia, and the global Sustainable Development Goals, and aligns with the UNICEF Strategic Plan and Gender Action Plan for the period 2018–2021.

To this end, four major deprivation areas have been identified, and are targeted in the CPD response:

[176] UNICEF, "Country Office Annual Report 2023", 2023.
[177] The Federal Republic of Somalia NBS, "Somalia Facts & Figures", 2021.
[178] World Bank, "Somali Poverty and Vulnerability Assessment", 2017.
[179] United Nations Somalia, 'United Nations Sustainable Development Cooperation Framework, 2021-2025', 2020.
[180] UNICEF, "Social policy", 2019.
[181] UNICEF, "Social policy", 2019.
[182] Analee Pepper, UNICEF Somalia, 'Gender Programmatic Review', 2020.
[183] UNICEF, "Country Office Annual Report 2023", 2023.
[184] Ibid.

1. High levels of neonatal, child and maternal mortality, morbidity and undernutrition from preventable causes, including unsafe WASH practices;
2. The majority of children are not accessing quality basic education and learning;
3. Most children are at risk of or experiencing violence, exploitation and harm, including FGM and Child marriage;
4. The majority of children are living in households that are income and multidimensionally poor and highly vulnerable to shocks.

These priorities are addressed through six (6) programmatic areas: Health, Nutrition, WASH, Education, Child Protection, and Social Policy, with a cross-cutting focus on Gender, Disability Inclusion, and Climate Change, as detailed in Table 1 below. The CP gives priority to the most vulnerable children and their families, through humanitarian assistance and long-term resilience-building activities for sustainable results.

**Table 1: Overview of the UNICEF Somalia Country Programme (2021-2025)**

| | |
|---|---|
| **Project title** | **Country Programme Document** |
| **Country** | **Somalia** |
| **Timeline** | March 2021 to December 2025 |
| **Overall objective** | Realise the rights of children and women in Somalia, particularly the most vulnerable and at-risk, so that they survive, develop to their full potential and live in a safer and healthier environment. |
| **Total budget** | USD 585,369,650 |
| **Sectors of intervention** | **Health, Nutrition, WASH, Education, Child Protection and Social Policy.** Cross-cutting priorities: Gender, disability inclusion and climate resilience. |
| **Sources of financing** | **(US) Bureau for Humanitarian Assistance, The Global Fund to Fight AIDS, UNICEF, The United Kingdom, KfW-Germany, Qatar fund for UNICEF, ECHO/European Commission, Gavi (the Vaccine Alliance), Germany, Global Partnership for Education, Somalia, UN OCHA, UN Multi Partner Trust Fund, USAID/Food for Peace, UNICEF Global thematic humanitarian response, US Funds for UNICEF, UNICEF global thematic funds for education, Denmark,** Canada, Swedish IDA, UNICEF global thematic fund for health, USA- Center for Disease Control, Education Cannot Wait Fund (humanitarian), Canadian Fund for UNICEF, Japan, Netherlands, UNICEF Safe and healthy environment global thematic fund, US State Department/IO RR contributions, German Committee for UNICEF, UNOPS, UNICEF Child protection global thematic fund,USAID global health through UNICEF HQ, US |

| | |
|---|---|
| | programme contribution agreement, Norway, Spanish Committee for UNICEF, Italy, DfiD (UK), UNFPA-USA, Kuwait, Saudi Arabia, UK Committee for UNICEF, French Committee for UNICEF, Republic of Korea, UNICEF Nutrition global thematic fund, Austrian Committee for UNICEF, UN Assistance Mission to Somalia, Spain, WHO, New Zealand Committee for UNICEF, UN Joint Programme, France, Switzerland, Netherlands Committee for UNICEF, UNDP USA, Danish Committee for UNICEF, The Alexander Bodini Foundation, Swedish Committee for UNICEF, Ireland, United Arab Emirates, Consolidated funds from UNICEF National Committees, Russian Federation, Australia, Botswana, Belgium, UNAIDS, Italian Committee for UNICEF.[185] |
| **Duty bearers and Rightsholders** | UNICEF supports both rights holders (children, adolescents, families and communities) and duty bearers (government, service providers and parents or guardians) through: 1. Empowering rights holders (raising awareness, supporting child led initiatives, and building civil society capacity); 2. strengthening duty bearers' capacity (i.e., technical assistance to government, training, and support to evidence generation); and 3. facilitating accountability (i.e., feedback mechanisms, community engagement, and advocacy and support to legal and institutional reforms). |

The UNICEF Somalia CO is located in Mogadishu, with Field Offices in Garowe, Hargeisa, Baidoa, and presence in Kismayo, Beledweyne and Dhusamareb. Some staff are also based in Nairobi.[186]

At both Federal and FMS Level, UNICEF partners with the following 16 Ministries: Ministry of Planning, Investment and Economic Development, Ministry of Health and Human Services, Ministry of Energy and Water Resources, Ministry of Interior, Federal Affairs and Reconciliation, Ministry of Women and Human Rights Development, Ministry of Education, Ministry of Environment and Climate Change, Ministry of Justice and Constitutional Affairs, Ministry of Family and Human Rights Development, Ministry of Religious Affairs, Somalia National Bureau of Statistics, Ministry of Information, Ministry of Labor and Social Affairs, Ministry of Humanitarian Affairs and Disaster Management, Ministry of Internal Security, Somali National Army, Ministry of Youth in Somaliland and Puntland, Office of the Puntland Human Rights Defender.[187]

Besides government stakeholders, UNICEF pursues partnerships with over 135 implementing partners (i.e., international and national NGOs, CSOs, CBOs, international financial institutions, and other private stakeholders). A full stakeholder mapping can be found under Annex 5.

### Reconstructed Theory of Change

A programme's Theory of Change (ToC) provides a systematic framework for understanding how planned actions lead to desired outcomes, making it essential for evaluating project effectiveness and assessing the achievement of intended impacts.

[185] The donors are listed in order of importance of contribution, with the top 15 contributors highlighted in bold.
[186] UNICEF, "Somalia: Humanitarian Action for Children", 2024, and according to UNICEF ESARO staff.
[187] UNICEF Somalia, 'Country Programme Document', 2020.

The initial overall Theory of Change of the UNICEF COwas the following:

a. If the quality, accessibility and inclusiveness of essential social services for children and their families, particularly the most disadvantaged, are increased;
b. If more parents and other caregivers practise healthy, caring and protective behaviours, including using services;
c. If households and communities are more resilient and better able to resist shocks,
d. Then, by 2025, the rights of more children and women in Somalia, particularly the most vulnerable and at-risk, will be realised so that they survive, develop to their full potential and live in a safer and healthier environment.

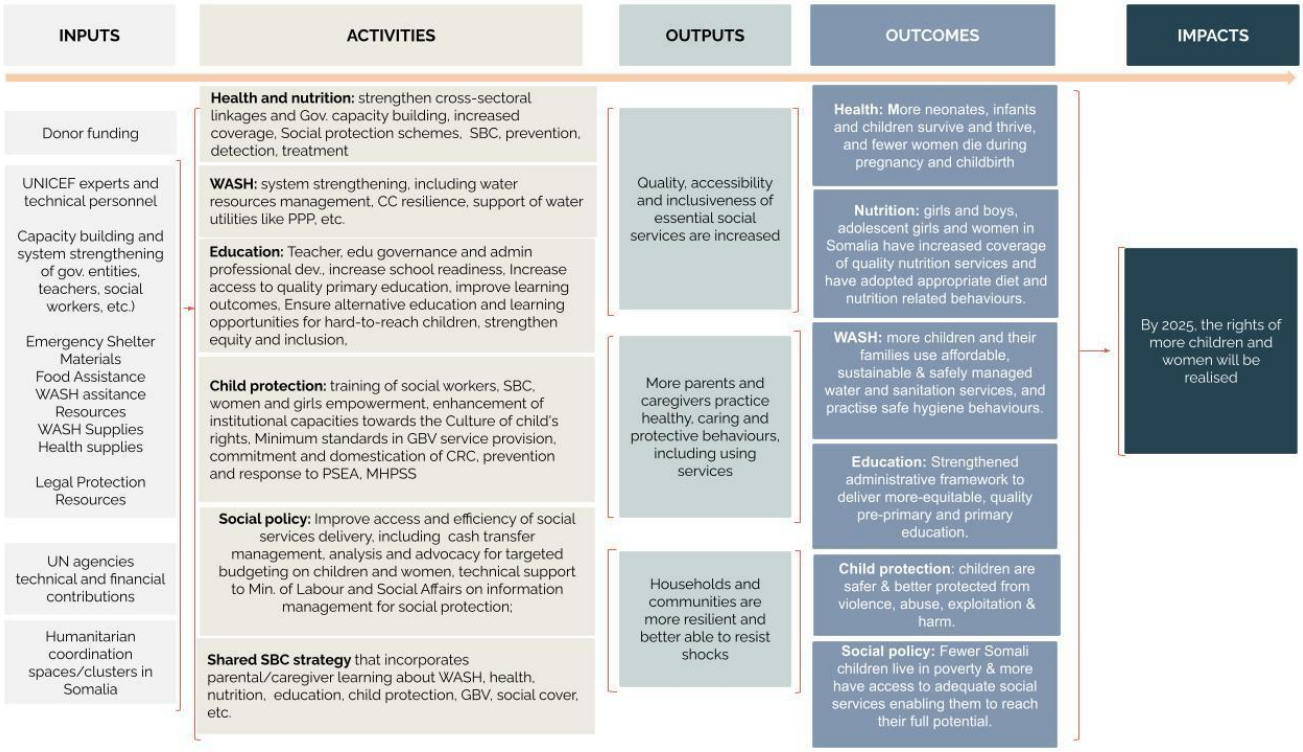
The programme's ToC was refined by UNICEF in 2023, following the Middle-Term Review that provided recommendations towards the end of the programme. The revisions were integrated within each of the Programme components, through the Strategy Notes of Health, Nutrition, WASH, Education, Child Protection and Social Policy. They can be found in Annex 2.

This report presents a general ToC, constructed by Samuel Hall evaluation team, based on the information provided during the inception phase, as well as data collection. It has been included in the inception phase analysis to confirm evaluation questions regarding the robustness of the intervention programme logic and the causal relationships between inputs, activities, expected outputs (against project objectives), as well as validity of indicators.

This overall Theory of Change is based on the following assumptions that:

- Broader political, social and economic developments experienced over the past 10 years will continue and the state of Somalia continues positive progress away from a state of fragility;
- The federal and member state governments remain politically committed and take actions to achieve the priorities of the National Development Plans, as well as to strengthen their systems and build their capacities further.
- Children and adolescents, as well as their parents/caregivers and overall community members, continue to be willing and strongly engaged collaborators in this process.
- Adequate resources are available to support long-term service delivery, community engagement, as well as emergency response efforts.

**Reconstructed Theory of Change**




A description of the UNICEF CP sectors of intervention is outlined below in Table 2.

**Table 2: UNICEF CP sectors of intervention**

## Health[188]

**Target outcome:** By 2025, more neonates, infants and children survive and thrive, and fewer women die during pregnancy and childbirth.
**Budget:** USD 265,281,110
**Target population**: 1,8 million women and children

**Programme description:** The Health section of the CPD focuses on health systems strengthening, institutionalisation of community-based Primary-Health Care (PHC), mitigation, preparedness, and response to emergencies. Programmes include interventions to reduce HIV infections, control and eliminate malaria, expand routine immunisation (including polio and measles), and strengthen the vaccine supply chain. Antenatal care is addressed through strengthened routine visits and provision of skilled assistance. Beneficiaries are identified through clustering of zero dose children, areas with high severe acute malnutrition (SAM) caseloads, populations frequently affected by disease outbreaks such as measles, cholera or endemic malaria, IDP settlements and areas impacted by environmental shocks, security or access. A Reproductive, Maternal, Newborn, Child and Adolescent Health in Somalia strategy for Social Behaviour Change was developed in 2023, addressing socio-cultural barriers through evidence-based interventions across life stages.[189] The Better Lives for Somali Women and

[188] UNICEF Somalia Country Office, "Programme Strategy Note Somalia 2023-2025: Health", 2023. UNICEF, "2023 RAM Outcome Report - Health", 2023.
[189] UNICEF, "Reproductive, Maternal, Newborn, Child and Adolescent Health in Somalia: A strategy for Social and Behaviour Change 2023-2027", 2023.

Children, integrating health and nutrition, contributes to health systems strengthening. Capacity building of Community Health Workers (CHW) takes place. Social Behaviour Change is pursued through a network of community mobilisers leveraged to increase immunisation uptake, coverage of health promotion and services, and the engagement of communities as well as accountability to affected populations. The Essential Package of Health Services has been rolled out in response to emergencies.

## Nutrition[190]

**Target outcome:** By 2025, Fewer children, particularly those under the age of 5 years, and women suffer from under-nutrition: stunting, acute malnutrition and micronutrient deficiencies.
**Budget**: USD 29,039,400
**Target population size**: 517,090 children treated for wasting, 3,3 million children receiving vitamin A supplementation, capacity building of 762 health and nutrition workers and 1,184 community health workers, counselling of 1,775,626 caregivers on IYCF practices.

**Programme description:** UNICEF's Nutrition programme in Somalia has three components: 1. The prevention of malnutrition in early childhood, adolescents, pregnant and breastfeeding women. For this, the Better Lives for Somali Women and Children programme, aims to improve access to services, diets, and caring practices for all. A Hard-to-reach Strategy was developed to ensure broad coverage; 2. The care for children with wasting is pursued through a multisectoral response to Severe Acute Malnutrition, supply of in-kind provision of RUTF, the accelerated scale up of detection and treatment for child wasting, and nutrition components of emergency drought response programmes; 3. Governance, nutrition information and knowledge are improved through a nutrition-focused SBC strategy to address gender disparities and harmful social practices that impact malnutrition of women and children. The Joint Resilience Programme, implemented jointly with the Health, WASH and Education section, integrates nutrition response with cross-sectoral resilience-building.

## WASH[191]

**Target outcome:** By 2025, more children and their families, particularly in rural and poor urban areas and in humanitarian situations, use affordable, sustainable, and safely managed water and sanitation services, and practise safe hygiene behaviours and live in resilient communities.
**Budget**: USD 46,952,000
**Target population size**: 55 per cent, 43 per cent and 56 per cent of the 8,1 million emergency-affected people respectively supported with emergency water, sustainable water and hygiene kit distribution.

**Programme Description:** The WASH section invests in sustainable water systems by building deep and climate-resilient water sources ensuring consistent water access. This is done through the Climate Resilient WASH Programme for Different Regions of Somalia and the Accelerating Climate-Resilient Sanitation and Water for All programme. Along with the Ministry of Health, the CP focuses on key strategic guidance and technical capacity on WASH in Health Facilities (WiHCF), rural sanitation

[190] UNICEF Somalia Country Office, "Programme Strategy Note Somalia 2023-2025: Nutrition", 2023. UNICEF, "2023 RAM Outcome Report - Nutrition", 2023.
[191] UNICEF Somalia (2023). "Country Programme 2021-2025: Water, Sanitation and Hygiene (WASH) Revised Programme Strategy Note 2023-25." UNICEF, "2023 RAM Outcome Report - WASH", 2023.

through the community led total sanitation (CLTS) approach and faecal sludge management (especially on standards for construction, decommissioning of urban sanitation facilities and development of final disposal/treatment sites). The Regional WASH Programme for Refugees, IDPs and Host Communities in East Africa focuses on enhancing sustainable water access in emergency settings .WASH also responds to emergencies such as droughts and floods, integrating its response with Health and Nutrition components. The WASH section complements its interventions with advocacy, awareness raising, capacity-building and support to policy development. [192]

## Education[193]

**Target outcome:** By 2025, more children, especially girls from the most disadvantaged communities and those affected by crises and conflict, access quality pre-primary and basic education, with improved learning outcomes.
**Budget**: USD 85,870,000
**Target population size**: 272,782 children, including 126,796 girls.

**Programme Description:** Education programming focuses on improved Early Childhood Education, improved learning outcomes and enhancing teacher effectiveness. The programme promotes access and quality of education with a focus on equity and the inclusion of marginalised children, through the UNDaunted Programme, Educating Girls with Disabilities, the Teaching at the Right Level approach and the provision of Alternative Basic Education for Socially Excluded Children. Community engagement in education planning and decision-making, resource mobilisation, and SBC are also pursued to promote inclusive, gender-responsive education services. The Emergency Education Drought Response Programme addressed educational attainment gaps during climatic emergencies. UNICEF contributes to building resilience notably through the cross-sectoral Joint Resilience Programme, and the integration of child protection, WASH, and life skills in education.

## Child Protection[194]

**Target outcome:** By 2025, children and women are safer and better protected from violence, exploitation, abuse and harm.
**Budget**: USD 20,729,000
**Target population size**: 172,199 individuals (34 per cent girls, 34 per cent boys, 21 per cent women) targeted by life-saving child protection services, 81,788 individuals reached by social norms change work, 525 Children Associated with Armed Forces and Armed Groups (CAAFAG) handed over by security forces to UNICEF.

**Programme Description:** The Child Protection section integrates prevention, response, and emergency interventions with long-term capacity-building and social norms change. It supports government-led services, policy development, and justice system reinforcement in birth registration,

[192] The Nation Climate Change Policy (2010), The National Water Sector Policy – 2019 (supported by UNICEF), The National Water Resources Strategy - 2021 (supported by UNICEF), The National Hydro-Meteorological Services Strategy, 2022 (supported by UNICEF).
[193] UNICEF Somalia, "Strategy note for Education 2021-2025", 2023. UNICEF, "2023 RAM Outcome Report - Education", 2023.
[194] UNICEF Somalia, 'Programme Component Strategy Note 2021-2025: Protective Environment for Children and Women', 2023. UNICEF, "2023 RAM Outcome Report - Child Protection", 2023.

GBV in emergencies, and child reintegration. Key programmes include the Joint Human Rights Programme, the Joint Programme on FGM elimination, and the Child Recruitment Prevention and Reintegration Programme. Additionally, Child Protection invests in capacity-building, technical support, and workforce development by training frontline workers and strengthening higher education. The UPSHIFT programme empowers youth through skills development and employment support. Community engagement and Social Behaviour Change initiatives tackle harmful child practices like child marriage and FGM/C by working with local authorities, promoting gender equality, and ensuring the inclusion of children with disabilities and marginalised groups.

**Social Policy**[195]

**Target outcome:** By 2025, fewer children live in income and multidimensional poverty and more have an adequate standard of living to enable them to reach their full potential.
**Budget**: USD 20,775,000
**Target population size**: 199,913 project households received quarterly cash transfers through Baxnaano project, and an additional 13,500 households in 2023 through the Child-Sensitive Social Protection Programme.

**Programme Description:** Social Policy programming advances four priorities: child poverty, public finance for children, social protection systems strengthening, decentralised governance and service delivery. For this, UNICEF implements Child Sensitive Social Protection programming, including in emergency drought response, and Shock-Responsive Safety Net for Human Capital (Baxnaano). Lastly, the flagship Joint Programme on Local Governance Phase III furthers decentralised capacity-building and service delivery. UNICEF makes sure to be in line with its programming objective to leave no one behind, both in humanitarian and longer-term situations. As such, it works to improve service delivery to populations in rural areas, IDPs and minority and marginalised groups.

The Country Programme also includes cross-cutting themes that are integrated across all UNICEF Somalia divisions. These themes are gender, disability inclusion, climate change and resilience, technology for development, advocacy, and social behaviour change.

### 1.3.2. Intervention Logic

**The Somalia Country Programme (CP) offers support to government and local actors in promoting child rights and achieving SDGs, across all its sectors of intervention.** CP priorities are informed by the ongoing inequalities and emerging challenges faced by children and women in Somalia. As such, the overarching goal of the Somalia CP is to enhance outcomes for all children, enabling Somalia to progressively achieve sustainable and peaceful economic and social development in alignment with the country's development priorities and international commitments, including the United Nations Convention on the Rights of the Child (CRC).[196]

[195] UNICEF Somalia, 'Programme Component Strategy Note 2021-2025: Social Policy', 2024. UNICEF, "2023 RAM Outcome Report - Social Policy", 2023.
[196] UNICEF. "Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025: Terms of Reference.", 2024.

**The Samuel Hall evaluation team has re-constructed the Theory of Change (ToC) for this programme, building on UNICEF's ToC for each component of the CP.** This re-constructed ToC has been incorporated into the inception phase analysis to address evaluation questions concerning the effectiveness of the programme logic, causal relationships between inputs, activities, expected outputs (aligned with programme objectives), and the validity of indicators. The programme's strategy is based on a robust logical framework outlined in the Theory of Change, which can be found in Annex 3.[197]

## 1.4. Evaluation Purpose, Objectives and Scope

### 1.4.1 Evaluation Purpose

**The purpose of the UNICEF Somalia CPD (2021-2025) evaluation, according to the Terms of Reference (ToR), is threefold.** It aims to:

- Inform the design of the next UNICEF Country Programme Document (CPD) with a forward-looking lens.
- Promote effective decision-making.
- Reinforce the accountability of UNICEF to key internal and external stakeholders, including the UNICEF Executive Board, international donors, and the national government.

It is intended that the evaluation has far reaching implications to various stakeholders. Table 3 below illustrates the intended users and their respective use of the evaluation.

**Table 3: Users and Uses of the evaluation**

| Expected Users & Examples | Intended Use of Evaluation |
|---|---|
| ***Primary users*** | |
| ***UNICEF Somalia Country Office and Field Offices:***<br>- Sector Chief for Health & Nutrition, WASH, Education, Social Norms, Child Protection, CPIE, Adolescent Protection, Social Policy, Emergency, SBC, Resilience and Climate Change<br>- Heads of Office, Chiefs of field offices, Representative for Operations, Evaluation Team. | • Inform design and strategic approaches for upcoming UNICEF Somalia CP, ensuring it aligns with national development and transformative priorities, while addressing Somalia's emergency and humanitarian needs and response plans.<br>• Inform Somalia CO and FO on how to effectively support the Government of Somalia in improving the lives of children and adolescents, especially the most disadvantaged.<br>• Inform UNICEF on the optimal approach for positioning itself and collaborating effectively with key stakeholders. |
| ***UNICEF ESARO*** | • Provide learning on the effectiveness of UNICEF's strategies and approaches in Somalia, that can inform programme design in countries with similar socio-economic contexts.<br>• Inform the Regional Office's planning and areas of support to SCO. |

[197] Ibid

| *Secondary users* | |
|---|---|
| ***Other UN Agencies, development partners and donors***<br>- UN Agencies: WHO, UNFPA, UNEP, UNHCR, FAO, WFP, UNDP, peacekeeping colleagues, HRPG UNSOM, UNW<br>- Somalia: Save the Children, CARE, IIDA Women's Development Organisation, Save Somali Women and Children, Somali Relief and Development Action<br>- Puntland: Alight, TASS<br>- Somaliland: Somaliland Nutrition & Rural Development., ACRIF<br>- Multilateral Organisations: ECHO<br>- Bilateral donors: KfW | • Serve as key evidence that informs the evaluation of the UNSDCF<br>• Contribute towards the development of the next UNSDCF<br>• Utilise evaluation findings to advocate for continued and increased support. |
| ***Programme beneficiaries & participants***<br>- Community representatives<br>- Children, caregivers, youth | • Transparency and accountability<br>• Contribution to conclusions, recommendations and their implementation |

### 1.4.2. Evaluation Objectives

This evaluation takes place following the 2023 Mid-Term Review (MTR) of the programme, and assesses the programme's adaptations based on the MTR's recommendations.

As per the TOR, the evaluation has the following specific objectives:

- **Objective 1:** To assess the relevance, effectiveness, efficiency, coherence, and sustainability of the Somalia Country Programme 2021-2025, with particular focus on the programme and operational strategies and UNICEF's positioning within the development community; with national partners, and field presence to respond to Somalia's humanitarian needs.
- **Objective 2:** To identify and document key lessons from the 2021 – 2025 Country Programme to make the best use of UNICEF's change strategies, good practices, and innovations.
- **Objective 3:** To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies and introduce new interventions in the design of the next Somalia Country Programme, taking into consideration behaviour change, gender, disability inclusion as well as national development priorities and the 2030 Agenda for Sustainable Development in the country.

### 1.4.3. Evaluation Scope

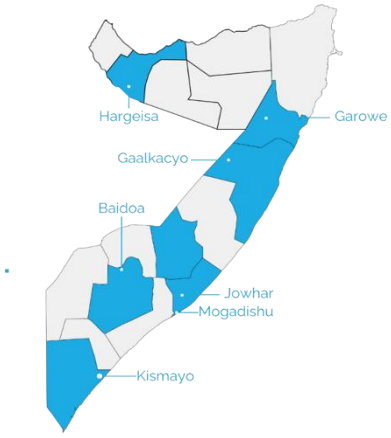
The scope of the evaluation was decided upon during the inception phase, and aligns with the ToR. Purposive sampling was selected as the sampling strategy, in agreement and collaboration with UNICEF ESARO and UNICEF CO, as it allowed the evaluation team to intentionally select information-rich cases and respondents with relevant experience, while ensuring diverse representation across geographic locations, displacement status, and population groups affected by the programme.

**Chronological scope:** The evaluation assessed the design and implementation of the Somalia Country Programme, including all activities carried out from 2021 to the end of data collection in February 2025.

**Geographic scope:** The geographic scope is national, covering all Federal Member States (Somaliland, Puntland, Southwest State, Jubaland, Hirshabelle, Galmudug, and the Banaadir Regional Administration), with a focus on selected areas to include the underserved, marginalised, affected and vulnerable population groups in rural and urban areas. Country programme areas of intervention are shown in Map 1 below.

**Thematic scope**: The CPE assessed the full scope of UNICEF's engagement in Somalia, including interventions funded by both humanitarian or emergency responses, and development-focused interventions. It focused on disaster risk reduction, emergency preparedness and response, early childhood and adolescent programming, gender, social and behaviour change, equity, and human rights as cross-cutting themes across evaluation criteria and evaluation questions. While the evaluation is not meant as an assessment of the entire results framework, Outcome level Results were assessed across the six thematic areas of intervention (Health, Nutrition, WASH, Education, Child Protection, and Social Policy). In particular, the CPE assessed the extent to which recommendations made by the MTR in 2023 were integrated into the consecutive phase of CPD implementation.

**Map 1:Selected areas for data collection**




# 2. Evaluation Methodology

**This section provides a detailed description of the data collection tools, sampling strategy, ethical considerations, and analytical methods applied throughout the evaluation process. A more detailed methodology can be found in Annex 2.**

## 2.1 Evaluation Framework

Evaluation questions (EQ) listed in Table 4 below are based on the Terms of Reference (ToR), as well as the priorities of the UNICEF Somalia Country Office and UNICEF ESARO established at the inception stage. The EQ are structured around the standard OECD-DAC evaluation criteria, covering 1. Relevance; 2. Coherence; 3. Effectiveness; 4. Efficiency; 5. Sustainability; and 6. Cross-cutting themes.

To improve the flow of the report and avoid overlaps in responses, some small adjustments were made at the reporting stage to the pre-agreed evaluation framework. As follows:

**Relevance:**

- EQ 1.1.2: "What have been the successes and challenges of UNICEF's focus on working directly with the Government in this country's programme cycle?" – This question was moved under the Sustainability criterion, as it aligns more closely with the focus of sustainability.
- EQ 1.2: "To what extent has the country office responded to MTR findings and recommendations, and have these recommendations made the programme more relevant to the context of Somalia?" – Rather than only focus on relevance, this question has been integrated throughout the evaluation.

**Sustainability:**

- EQ 5.1: "How effectively is UNICEF Somalia anticipating future challenges and trends, and adapting its strategies and interventions to ensure resilience and continued relevance in addressing the evolving needs of children and communities?" – Programme relevance is already covered under the Relevance criterion. As a result, the evaluation team has slightly reworded the EQ to focus instead on programme ownership, which better captures the Sustainability criterion.

Table 4 below presents the EQ for under each criterion. The complete evaluation matrix, detailing indicators and tools used to respond to each of the EQs can be found in Annex 4.

**Table 4: Evaluation Questions**

| |
|---|
| **Criteria 1. Relevance** |
| EQ 1.1 How well does the Country Programme align with Somalia's NDP-9, as well as NDP-3 in Somaliland, and the needs of its most vulnerable populations, particularly in the contexts of decentralisation? |
| EQ 1.2 To what extent did UNICEF adjust its strategies and interventions to effectively fulfill its mandate when faced with insufficient and untimely evidence or statistics? |
| **Criteria 2. Coherence** |
| EQ 2.1 How well has the Country Office managed its dual mandate in responding to humanitarian crises and supporting upstream work on policy development, advocacy, and long-term development initiatives? |
| EQ 2.1.1 How did the drought crisis affect UNICEF's development work and to what extent was UNICEF able to sustain its development initiatives during this period? |
| EQ 2.2 How well are UNICEF's various sectoral programmes (health, nutrition, WASH, education, child protection and social policy) integrated to provide a cohesive and comprehensive approach to child welfare and development in Somalia? |
| **Criteria 3. Effectiveness** |
| EQ 3.1 To what extent have the specific outputs of the UNICEF Somalia CP been achieved across health, nutrition, WASH, child protection, education and social policy sectors, and how have these outputs contributed to the intended programme outcomes? |
| EQ 3.1.1 What were the enablers and challenges faced by UNICEF when implementing the CPD on the achievement of results? |
| EQ 3.2 How effectively did UNICEF employ risk-informed programming and manage ongoing risk? |
| EQ 3.3 To what extent has the UNICEF response to humanitarian issues contributed to strengthening national preparedness and response efforts? |
| **Criteria 4. Efficiency** |
| EQ 4.1 How has UNICEF addressed, and mitigated issues related to aid diversion to ensure that aid reaches the intended recipients and supports the equitable and efficient delivery of services and supplies in Somalia? |
| EQ 4.2 To what extent has UNICEF efficiently responded to the adjustments in funding limitations over the course of the country programme cycle? |
| **Criteria 5. Sustainability** |
| EQ 5.1 How effectively has UNICEF Somalia adapted its strategies and interventions to ensure government ownership and sustainability of its Programme? |

| |
|---|
| EQ 5.1.1 What have been the successes and challenges of UNICEF's focus on working directly with the Government in this country's programme cycle? |
| **Criteria 6. Cross-cutting** |
| EQ 6.1 How are cross-cutting themes like gender equality, disability inclusion, and climate change integrated into the programme's strategies? |

Alongside the EQs, themes of gender, disability inclusion, and climate change were examined to assess their cross-cutting impact and integration within the programme's design, implementation, and outcomes.

## 2.2 Evaluation Approach

**The Human Rights-Based Approach was integrated in all aspects of this evaluation.** This approach seeks to analyse inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress and often result in groups of people being left behind. A strong gender-sensitive, disability inclusive, equity, and human rights-responsive focus has been applied through consultations with both duty bearers (UNICEF, Government) and rights holders (intended programme recipients). Disability, equity, social and behaviour change and gender have been integrated into the evaluation questions, methodology, data collection and analysis methods to ensure inclusivity when drawing up findings, conclusions and concrete recommendations.

**The evaluation adopted a participatory, consultative and inclusive approach.** This allowed for the cooperation of various stakeholders at different stages of the evaluation process, including UNICEF ESARO, UNICEF Somalia country office, the Government of Somalia ministries and agencies, beneficiary communities, youth and children. This approach is essential for ensuring the accuracy of findings by incorporating firsthand knowledge and insights from key stakeholders who are linked to or impacted by the CPD. The participatory approach ensures that stakeholders' voices are heard and acknowledges their role in the CPD, particularly that of children. By involving stakeholders in this way, the evaluation will lead to more precise conclusions and recommendations.

**Contribution analysis (CA) was used to assess the contribution of specific interventions to observed outcomes, recognising that multiple factors may have influenced the results.** In the context of this evaluation, CA focused on understanding how UNICEF's interventions contributed to the outcomes of the CPD while acknowledging the influence of other actors and contextual factors. The approach was based on the reconstructed ToC (included in the previous section). Through CA, we assessed the relevance, effectiveness, and sustainability of UNICEF's interventions by examining the evidence of their contribution to key outcomes. This included reviewing programme documents and triangulating them with qualitative data from KIIs, e-survey, and FGDs, as well as analysing trends in outcome data.

**This approach was structured around causal questions regarding the initiative's influence.** The steps followed in the contribution analysis were:

1. Defining the attribution problem(s) through identifying key areas where the programme aimed to contribute to change.
2. Reconstructing the existing Toc, refining the programme's causal pathways and assumptions.

3. Gathering and assessing existing evidence through reviewing sector specific project documents, monitoring reports, previous evaluations, programme strategic documents, studies and national policies shared by UNICEF, obtained from our SH database or online.
4. Developing an initial contribution narrative to identify plausible linkages between programme interventions and observed outcomes.
5. Collecting additional evidence through KIIs, FGDs, and document reviews to test the narrative.
6. Revising and strengthening the contribution narrative through triangulating findings and refining causal claims based on new evidence.

## 2.3 Data Collection and Methods

### 2.3.1 Literature review

**The team conducted an extensive literature review that provided foundational understanding of the current landscape in which UNICEF Somalia operates.** The literature review consisted of 92 documents provided by UNICEF, including programme documents, previous evaluation reports, and sector specific documentation. Up to forty additional reports were obtained from open-source documents, as well as from the Samuel Hall's database, contributing to establishing strengths, gaps, and grey areas that needed to be considered in the CPE.

**The literature review analysis matrix developed by Samuel Hall involved a three-step process:** reviewing key literature and data, assessing relevance to evaluation questions, and identifying data gaps. This process results in a fully populated analysis matrix that synthesises key themes and existing knowledge in a user-friendly format. The Literature Review focused on all five standards OECD-DAC criteria, as well as cross-cutting themes including gender, disability inclusion and climate change. Annex 2 includes further detail on the methodologies employed to analyse secondary data.

### 2.3.2 Primary data collection

**The evaluation employed a mixed-methods approach to collecting primary data, combining an online e-survey for quantitative data with KIIs and FGDs for qualitative insights.** A non-probabilistic, purposive sampling strategy was used for KIIs, FGDs, and the e-survey to ensure broad representation across states, stakeholder groups, gender, and sectoral outcomes (Health, WASH, Nutrition, Education, Child Protection, and Social Policy). Special attention was given to including children and women, who are most affected by humanitarian and service deprivations. Gender balance was also prioritised in FGDs and community representative interviews.

**To ensure the validity and reliability of results, triangulation was systematically applied across multiple dimensions.** Data triangulation involved comparing information from various sources, including KIIs, FGDs, programme reports, and the quantitative survey with UNICEF, to ensure consistency and completeness. Methodological triangulation was used to confirm findings by employing different research methods, such as qualitative interviews, participatory discussions, and secondary data review. Investigator triangulation strengthened the analysis by engaging multiple evaluators to independently assess data and cross-check interpretations, reducing potential biases. Additionally, thematic triangulation helped identify converging themes across different stakeholder perspectives, with particular attention to minority inclusion, disability, and regional disparities.

**The online Perception and Outcome Survey was distributed to both UNICEF and government stakeholders within the CP's areas of intervention.** The survey response rate was of 54 respondents, from UNICEF Somalia CO staff. The survey gathered insights on the CP, and its impact on children's rights and wellbeing in Somalia.

**62 Key Informant Interviews (KIIs) (17 female and 45 male) took place both online and in-person across Somalia** with UNICEF representatives, government officials (federal and state level), community leaders, civil society organisations, private sector actors, UN partner agencies and multilateral and bilateral donors, as well as community representatives. A participatory process engaged stakeholders at all stages of the evaluation. These stakeholders were identified through a stakeholder mapping exercise, which was informed by UNICEF to ensure geographical coverage and diverse perspectives. The mapping is included in Annex 5. Tools were developed to guide the interviews, ensuring consistency and relevance across different stakeholder groups. These tools were designed to capture insights on UNICEF's contributions through the CPD, challenges, and opportunities, aligning with the evaluation objectives.

**A total of nine (9) Focus Group Discussions (FGDs) were conducted across four (7) locations to gather qualitative insights on UNICEF's CP.** Participants included parents/caregivers, children, and youth, with a focus on gender minorities, IDPs, children with disabilities, and those affected by violence, including former or potential recruits of armed groups. This approach ensured diverse representation across socioeconomic backgrounds, rural and urban populations, and host communities in displacement contexts. The FGDs captured the experiences of both programme beneficiaries and marginalised Somali children and youth, including women affected by conflict-related violence and GBV, young men at risk of recruitment, and IDPs, including those with disabilities. Discussions were facilitated by a moderator and a note-taker, with female-led sessions for women's groups. Local languages were used, and tailored tools were developed for each group to gather in-depth qualitative data. Sessions were held in safe and accessible locations to encourage open dialogue. Notes and audio recordings were made with participant consent, and findings were later triangulated with data from KIIs and the Perception and Outcome Survey.

### 2.3.3 Sampling

**Data collection covered all seven states** - Mogadishu, Puntland, Hirshabelle, Galmudug, Jubaland, Southwest State, and Somaliland - ensuring representation of diverse stakeholders, including ethnic minorities, IDPs, religious minorities, as well as urban and rural communities.

**Participants were selected using a non-probabilistic, reasoned choice approach to ensure diverse perspectives**. The process of identifying participants was facilitated by UNICEF in collaboration with its local partners, in each of the targeted locations. Annex 2 includes further detail on sampling.

- Sample for **survey** included: 54 respondents from UNICEF Somalia Country Office staff.
- Sampling for **KIIs** and **FGDs** is summarised in Tables 5 and 6 below.

**Table 5: Sample by KII**

| Tool | Number of Participants per Location | Total Participants |
|---|---|---|
| **Key Informant Interviews (KIIs) Participants** | | |

| | | |
|---|---|---|
| **UNICEF Somalia Country Office staff** | • 2 in Nairobi (Country Office)<br>• 9 in Mogadishu (Country Office)<br>• 1 in Puntland (Field Office)<br>• 2 in Central South (Field Office)<br>• 3 in Somaliland (Field Office) | **17** |
| **Government stakeholders** | • 4 in Mogadishu<br>• 5 in Puntland<br>• 2 in Galmudug<br>• 3 in Jubaland<br>• 2 in South West State<br>• 3 in Somaliland | **19** |
| **CSO/NGOs** | • 3 in Mogadishu<br>• 3 in Puntland<br>• 3 in Somaliland<br>• 1 in Hirshabelle<br>• 2 in Jubaland<br>• 1 in South West State | **13** |
| **Bilateral/Multilateral donors** | • 4 in Nairobi | **4** |
| **UN Agencies partners** | • 5 in Mogadishu | **5** |
| **Community representatives** | • 1 in Mogadishu<br>• 1 in Puntland<br>• 1 in Hirshabelle<br>• 1 in South West State | **4** |
| **Total participants** | | **62** |

**Table 6: Sample by FGDs**

| Tool | Number of Participants per Location | Total Participants |
|---|---|---|
| **Focus Group Discussions (FGDs) Participants** | | |
| **Girls from minority group (ages 8-14), IDPs and host community members** | • 6 (1 FGD) in Somaliland<br>• 6 (1 FGD) in Galmudug | **12** |
| **Boys from minority group (ages 8-14), IDPs** | • 6 (1 FGDs) in Mogadishu | **6** |
| **Young men, including IDP,CAAFAG, cross sectional minorities, LwDs (ages 15-24)** | • 6 (1 FGD) in Mogadishu<br>• 6 (1 FGDs) in Hirshabelle | **12** |
| **Young women victims of** | • 6 (1 FGD) in Puntland | **11** |

| | | |
|---|---|---|
| **SGBV and conflict-related violence, including IDPs and host community members (ages 15-24)** | • 5 (1 FGD) in Jubaland | |
| **Female parents and caregivers including LwDs, single mothers/widows, from various minority groups** | • 6 (1 FGD) in Somaliland | **6** |
| **Male and female parents and caregivers IDPs and/or minorities victims of drought/famine** | • 6 (1 FGD) in South West State | **6** |
| **Total participants** | | **53** |

## 2.4 Quality Assurance

**This evaluation adhered to a rigorous quality assurance process to ensure accuracy, credibility, and the reliability of findings.** Despite time constraints, consultations prioritised individuals with in-depth programme knowledge, including UNICEF staff, government officials, and implementing partners, ensuring that insights reflected broader programmatic realities. To minimise potential biases, the evaluation team employed a structured methodology, with interview protocols and data collection tools undergoing pilot testing and internal validation. A triangulation approach - combining desk reviews, existing datasets, and primary qualitative data - was applied to enhance the robustness of the analysis.

**The evaluation also followed the United Nations Evaluation Group (UNEG) Quality Checklist for Evaluation Reports**, ensuring compliance with best practices in validity, reliability, and clarity of findings. A systematic peer review process was conducted to validate conclusions, and the UNEG's eight quality standards, including sound methodology, clear logic, and evidence-based analysis, were applied throughout. The final report was reviewed against UNICEF's Global Evaluation Report Oversight System (GEROS) criteria to assess its coherence, utility, and adherence to evaluation standards. Annex 2 provides further detail on data analysis and quality assurance processes.

## 2.5 Ethical Considerations

**The evaluation adhered to all relevant ethical standards set by the UNEG and UNICEF's 2015 Procedure on Ethics for Research, Studies, and Evaluation.**[198] Independence, impartiality, credibility, and accountability were maintained throughout, ensuring the evaluation was free from bias or conflicts of interest. Informed consent was obtained from all participants, with specific processes for children, including consent from parents or guardians, as per UNICEF's guidelines. Confidentiality was strictly upheld, with personal data anonymised and securely handled by the team.

[198] These standards are detailed in Annex 2.

**Any ethical issues raised during the evaluation process were reviewed by the Ethics Review Committee,** ensuring that the study followed both UNICEF and UNEG standards. When additional ethical approval was required for specific aspects of the evaluation (e.g., involving children or vulnerable groups), the necessary documentation was submitted, and approval was received prior to proceeding with the research.

**Safeguards were implemented for vulnerable groups, ensuring accessibility and reducing risks for children, people with disabilities, and marginalised communities.** Ethical approval and consent were obtained locally. In Somaliland, the Ministry of Planning and National Development provided official ethical clearance for the evaluation. In Puntland, the Ministry of Planning, Economic Development & International Cooperation issued the ethical approval. Finally, in Somalia, the Ministry of Planning, Investment & Economic Development granted the ethical approval. **Annex 8** of this report contains the ethical approval and informed consent document. Data collection methods such as interviews and focus group discussions were designed to ensure voluntary participation, with clear communication about participants' rights to withdraw at any time.

**The principle of "do no harm" was central to the evaluation's ethical approach.** Every aspect of the evaluation design, including data collection, analysis, and reporting, was framed with the aim of ensuring that no harm came to participants, either directly or indirectly.

## 2.6 Limitations and Mitigation Measures

**The evaluation encountered a number of limitations that impacted the overall timeline and methodology.** These challenges included registration delays, difficulties in scheduling interviews, and adjustments to the evaluation framework, and are detailed below:

Registration challenges and delays: The evaluation experienced delays due to challenges with Samuel Hall's registration process in Somalia. The initial permit expired, and its renewal was further delayed by the regional elections in Somaliland in December 2024. As a result, in-person data collection in Somalia and Somaliland was disrupted, affecting the evaluation timeline. To ensure findings were shared in time for UNICEF CO's drafting of explanatory notes for the next CPD, this draft report does not include primary data from government stakeholders, CSOs, and community members in Somaliland. However, it does incorporate secondary data from relevant documentation from Somaliland and findings from five KIIs conducted with UNICEF staff based in Somaliland. The final evaluation report will include the Somaliland KIIs, which could not be completed for this version due to respondents' unavailability.

Interview scheduling and mobilisation issues: The holiday season in December 2024 slowed UNICEF's mobilisation, making it difficult to schedule interviews with key informants. Conflicting agendas further delayed data collection. To address this, the team remained flexible, continuously engaged with UNICEF Somalia, and extended outreach efforts to ensure diverse perspectives were captured.

Methodology adjustments: A lack of responses from government stakeholders to the survey significantly reduced the quantitative component of the evaluation. To compensate, the team conducted additional KIIs to capture government perspectives, though these remain mostly qualitative. Triangulation with secondary data sources assists in strengthening the reliability of findings.

Changes to the evaluation framework: Initially designed and approved by UNICEF Somalia CO and ESARO, the evaluation framework was later revised at ESARO's request during the final inception report review - after data collection had begun. A full restructuring was not feasible at that stage, but necessary adjustments were made during the reporting phase to better align findings with OECD-DAC criteria while maintaining consistency with the original evaluation scope.

Lack of regionally disaggregated data: The absence of systematic regionally disaggregated data from the secondary sources and documentation provided by UNICEF was another limitation of this evaluation. Due to time constraints, the data collection plan did not include an equal distribution of data collection activities across all regions. Although the fieldwork plan aimed to address this gap by gathering information from each region, the data obtained could not be fully compared or considered representative of every region. As a result, disaggregating the evaluation findings by region for the evaluation questions was not possible. However, where feasible, the evaluation team highlighted findings specific to individual federal states to provide geographically tailored insights.

# 3. Key Findings

This section presents key findings from the End of Term Evaluation of the UNICEF Somalia Country Programme (2021 - 2025), setting up the ground for lessons learnt and recommendations. The findings are organised along the OECD-DAC criteria selected beforehand by UNICEF, namely Relevance, Coherence, Effectiveness, Efficiency and Sustainability, and an additional criterion covering UNICEF CP Cross-Cutting Themes. Throughout this section, strategic shifts adopted by UNICEF following the MTR in 2023 are also examined.

This section is supported by extensive fieldwork and triangulated by a comprehensive literature review which can be found under Annex 7. Evaluation Questions are presented upfront to guide the reader.

## 3.1 Relevance

Under this criterion the evaluation aims to assess 1. How well the UNICEF Country Programme (CP) aligns with Somalia's national development plans and the needs of its most vulnerable populations; and 2. The extent to which UNICEF adapted its strategies and interventions when faced with untimely and insufficient evidence or statistics.

### EQ 1.1. How well does the Country Programme align with Somalia's NDP-9, as well as NDP-3 in Somaliland, and the needs of its most vulnerable populations, particularly in the contexts of decentralisation?

**The UNICEF Somalia Country Programme (CP) (2021-2025)** was designed within the cooperation framework of the United Nations Sustainable Development Cooperation Framework (UNSDCF)[199] and in alignment with the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), the UNICEF Strategic Plan (2018-2021) and Gender Action Plan (2018-2021), and the African Union Agenda, namely Africa's Agenda 2040: Fostering an Africa fit for children and Agenda 2063: the Africa we want.[200] The CP also targets the fulfilment of articles in the Convention on the Rights of the Child (CRC) (1989) and the Convention on the Rights of Persons with Disabilities (CRPD) (2006).

**The UNICEF CP is further committed to reflect national priorities.** As such it played a key role in supporting the development of the ninth National Development Plan (2020-2024) (NDP-9) for Somalia and the corresponding third National Development Plan (2023-2027) (NDP-3) for Somaliland[201] - Two overarching planning frameworks that lay out the states' development priorities.[202] UNICEF was noted by the Government of Somaliland as one of the few international organisations to align its programme and support with the NDP-3.[203]

**The CP design process involved extensive consultations with key federal and state government representatives**,[204] other UN agencies, donors and other civil society stakeholders to ensure alignment with the frameworks. A detailed review and analysis of national legal and policy frameworks, as well as

[199] United Nations Somalia, 'United Nations Sustainable Development Cooperation Framework 2021-2025', 2020
[200] UNICEF Somalia 'Country Programme Document, 2021-2025", 2020.
[201] KII21, External partner, Mogadishu; KII6, UNICEF Staff, Mogadishu; KII11, UNICEF Staff, Somaliland; KII16, UNICEF Staff, Somaliland; KII2, Government stakeholder, Puntland.
[202] Puntland has also developed its own National Development Plan (2020-2024, with a new Five-year Development Plan for 2025-2029 underway). The Puntland NDP is aligned with the NDP-9.
[203] KII5, Government representative, Somaliland.
[204] KII5, Government representative, Mogadishu ; KII6, Government representative, Mogadishu.

an extensive analysis of thematic documentation pertaining to the UNICEF divisions' work, was carried out to ensure that the CPD strategies address the challenges identified to the fulfilment of child rights in Somalia.[205]

**Four (4) areas of focus, reflected through the CP Outcomes, were established as key priorities to address deprivation in Somalia**, and respond to the needs of the most vulnerable. These priority areas align with primary data from the fieldwork and with the priorities laid out in the NDP-9, namely:

- High levels of neonatal, child and maternal mortality, morbidity and undernutrition from preventable causes, including unsafe WASH practices;
- The majority of children are not accessing quality basic education and learning;
- Most children are at risk of or experiencing violence, exploitation and harm, including FGM and child marriage;
- The majority of children are living in households that are income and multidimensionally poor and highly vulnerable to shocks.[206]

> *"I feel extreme hunger because we are displaced people living in a camp, and sometimes we don't get breakfast, lunch, or dinner." "I would love to learn. I am now a beggar and would like the opportunity to study."* FGD1, boys aged 8-14, Mogadishu.

**Strategy Notes for each of the CP Outcomes were reviewed and updated after the MTR, through a similar consultative process, ensuring continued alignment and contribution "*towards the achievement of the goals of the NDP-9 (2020-2024)*"**[207] **and Somaliland's NDP-3.**[208] The CP Strategies emphasise the cross-cutting imperatives identified in the NDP-9 and the NDP-3, namely (a) gender, human rights and social equity, (b) resilience (c) environmental and natural resources management, (d) sustainable solutions to long term displacement, (e) humanitarian-development planning, and (f) governance.[209] The NDP-3 specifies children's rights and disability inclusion, and adds HIV/AIDS and youth as further cross-cutting issues.[210]

> *"We are the ones who designed the programmes and that is the reason we feel ownership. Otherwise we would have seen UNICEF coming with its own programmes and agendas."* KII1, Government stakeholder, Puntland.

**Alignment of the UNICEF CP with Somalia's NDP-9 and Somaliland's NDP-3** is especially clear when examining the CP Outcomes' contributions to the respective NDP frameworks' Pillars, as shown in Table 7 below.

**Table 7: UNICEF Somalia CP Outcome alignment with NDP-9 & NDP-3**

[205] UNICEF Somalia, Programme Strategy Notes, 2023.
[206] UNICEF Somalia 'Country Programme Document, 2021-2025", 2020.
[207] As referred to in UNICEF Somalia Country Programme Document, 2021-2025 's opening statement.
[208] As referred to under the CPD Child Protection and Social Policy Strategy Notes.
[209] Somalia Ministry of Planning, Investment and Economic Development, "Somalia National Development Plan-9 2020 - 2024," 2019.pp.23
[210] Republic of Somaliland Ministry of Planning and National Development, 'National Development Plan III, 2023-2027, 2023.

| UNICEF CP Outcomes[211] | NDP-9 Pillars[212] | NDP-3 Pillars[213] |
|---|---|---|
| **Outcome 1. Health.** More newborns, infants and children survive and thrive, and fewer women and girls die during pregnancy and childbirth. | **Pillar 1.** Inclusive politics & reconciliation.<br>→ **Strategy 2.** Capacity development of inclusive political institutions.<br>**Pillar 4.** Social Development.<br>→ **Strategy 1.** Improving access to health care | **Pillar 4.** Social Development.<br>→ **Sector 7.** Health. |
| **Outcome 2. Nutrition.** Fewer children, particularly those under 5, and women suffer from under-nutrition: stunting, acute malnutrition, and micronutrient deficiencies. | **Pillar 1.** Inclusive politics & reconciliation.<br>→ **Strategy 2.** Capacity development of inclusive institutions.<br>**Pillar 4:** Social Development<br>→ **Strategy 1:** improved access to health<br>→ **Strategy 4:** improved access to social protection | **Pillar 4**. Social Development.<br>→ **Sector 7**.Health<br>output 1.2. Prevention and control of malnutrition. |
| **Outcome 3. WASH.** More children and their families, particularly in rural and poor urban areas and in humanitarian situations, use affordable, sustainable, and safely managed water and sanitation services, practice safe hygiene behaviours, and live in resilient communities. | **Pillar 1.** Inclusive politics & reconciliation.<br>→ **Strategy 2.** Capacity development of inclusive institutions<br>**Pillar 2:** Improved security & rule of law.<br>→ **Outcome (Security):** Inclusive, sustainable and fitting national security structure (water security)<br>**Pillar 4:** Social Development<br>→ **Strategy 1:** Improving health care<br>→ **Strategy 2:** Improving access to clean water and sanitation<br>→ **Strategy 4:** Improving education & training | **Pillar 2**. Infrastructure Development<br>→ **Sector 4**. Infrastructure, outcome 4: safer, better regulated and maintained infrastructure.<br>**Pillar 4**: Social Development<br>→ **Sector 8**. WASH.<br>**Pillar 5**: Environmental Protection<br>→ **Sector 10:** Environment, through water conservation<br>→ **Sector 8,** outcome 2**:** Sustainable resource use |

[211] UNICEF Somalia 'Country Programme Document, 2021-2025", 2020
[212] Somalia Ministry of Planning, Investment and Economic Development, "Somalia National Development Plan-9 2020 - 2024," 2019.
[213] Republic of Somaliland Ministry of Planning and National Development, 'National Development Plan III, 2023-2027, 2023.

| | | |
|---|---|---|
| **Outcome 4. Education.** More children, especially girls from the most disadvantaged communities and those affected by crises and conflict, access quality pre-primary and basic education with improved learning outcomes. | **Pillar 1.** Inclusive politics & reconciliation.<br>→ **Strategy 2.** Capacity development of inclusive institutions<br>**Pillar 3:** Economic Development<br>→ **Outcome 3:** a more diversified and future fit economy<br>→ **Outcome 4:** reduced unemployment through work creation accessible to all<br>**Pillar 4:** Social Development<br>→ **Strategy 3:** Improving education and training | **Pillar 4.** Social Development.<br>→ **Sector 6**. Education. |
| **Outcome 5. Protective Environment.** Children and women are safer and better protected from violence, exploitation, abuse, and harm. | **Pillar 1.** Inclusive politics & reconciliation.<br>→ **Strategy 2.** Capacity development of inclusive institutions<br>**Pillar 2.** Security & the Rule of law.<br>→ **Outcome (Rule of law):** secure and equitable access to affordable justice for all and protecting the most vulnerable.<br>**Pillar 4:** Social Development<br>→ **Strategy 4** improved access to social protection | **Pillar 3**. Good Governance.<br>→**Sector 5.** Governance, outcome 2. Strong institutions<br>outcome 3. Stronger justice system and human rights protection.<br>**Pillar 4**. Social Development<br>→ **Sector 9**. Social Protection<br>outcome 1. Well-functioning social protection systems.<br>**Pillar 6**. Judiciary Development.<br>→**Sector 11**. Judiciary |
| **Outcome 6. Social Policy.** Fewer children live in income and multidimensional poverty and more have an adequate standard of living to enable them to reach their full potential. | **Pillar 1.** Inclusive politics & reconciliation.<br>→ **Strategy 2.** Capacity development of inclusive institutions<br>**Pillar 4.** Social Development.<br>→ **Strategy 4** Improving Social Protection | **Pillar 4**. Social Development.<br>→ **Sector 9.**Social protection<br>objective 1. Universal access to minimum social protection. |

**The overall strategic goal of the NDP-9's Pillar 1, Inclusive Politics, is to "*achieve a stable and peaceful federal Somalia through inclusive political processes and effective decentralisation.*"**[214] Pillar 1 is especially important in the context of recent economic upliftment - mentioned in the introduction background section, the upcoming elections expected to be held in 2025 and some incremental progress on peace and reconciliation. The finalisation of the Heavily Indebted Poor Countries (HIPC) process and

[214] Somalia Ministry of Planning, Investment and Economic Development, "Somalia National Development Plan-9 2020 - 2024," 2019.

debt relief to Somalia and the entry into the East African Community at the end of 2023, are promising signs that more stability is on the horizon in the coming phase of the CP.[215]

**As such, this pillar is essential to pursue, and UNICEF has reviewed its CPD to align with the decentralisation agenda** through an emphasis on enhancing service delivery, building sub-national capacities and enhancing accountability in governance.[216] The increased focus on decentralisation allows UNICEF to gain a more granular understanding of inequities[217] and better equips the CP to 'leave no one behind,'[218] thus increasing its relevance in the Somali context.[219] UNICEF is found to play a critical role in ensuring that assistance is delivered equitably, and that children in the most deprived areas are not forgotten.[220] The evaluation found that the CP however, does not engage sufficiently in building social cohesion or peacebuilding, limiting its relevance under this pillar.

> *"[What we want] is peace. Children living in peace. Children cannot live where its not peaceful "When someone is somewhere safe, you can get everything you need like education and everything is easier" "Everything I need, I would get with peace in the country."* FGD2, girls aged 8-14, Somaliland

**Increased field presence facilitates closer cooperation and fosters support to state line ministries.** Since the MTR in 2023, UNICEF has expanded its presence at sub-national level, by converting its emergency hub offices in Southwest, Puntland, and Somaliland into regular field offices.[221] Field offices focus so far on implementation with support from the country office, yet are increasingly coordinating and managing the monitoring of activities - for instance of the Joint Resilience Programme (JRP)[222]- alongside decentralised ministries.[223] As a result of increased field presence, consultations between UNICEF and state government ministries have improved.[224] Whilst previously UNICEF only established rolling work plans with the federal government, Somaliland and Puntland; it now does so with each member state.[225]

**This effort to align with the decentralisation agenda is well received and directly addresses a demand from government counterparts** for increased planning discussions and better alignment with sectoral strategies and plans.[226] Government stakeholders stress that whilst the CP aligns well with national priorities at the federal level, decentralisation allows UNICEF to increase its relevance at the local level, supporting local governance structures, through capacity building and systems strengthening.[227] Nevertheless, while at the federal level, government stakeholders highlight strong and regular communication,[228] some state government counterparts in Galmudug and Jubaland raised the need

[215] UNDP Somalia, Towards a peaceful & resilient Somalia, 2024; UNICEF Somalia, Somalia Country Office Annual Report 2023, 2023.
[216] UNICEF Somalia, Mid-term review, 2023.
[217] Inception KII3, UNICEF Staff, Mogadishu.
[218] United Nations, Transforming our World: The 2030 Agenda for Sustainable Development, 2015.
[219] Inception KII3, UNICEF Staff, Mogadishu.
[220] KII5, Government representative, Somaliland.
[221] KII3, UNICEF Staff, Mogadishu.
[222] KII18, UNICEF Staff, Central South.
[223] KII18, UNICEF Staff, Central South; KII9, UNICEF Staff, Mogadishu.
[224] KII6, UNICEF Staff, Mogadishu; KII3, Government representative, Mogadishu.
[225] KII18, UNICEF Staff, Central South; KII1, Government stakeholder, Jubaland; KII11, UNICEF Staff, Somaliland; KII21, External Partner, Mogadishu. KII1, UNICEF Staff, Puntland.
[226] UNICEF Somalia, Mid-term review, 2023; KII3, Government representative, Southwest
[227] KII8, Government representative, Puntland; KII5, Government representative, Jubaland; KII4, Government representative, Somaliland.
[228] KII6, Government representative, Mogadishu.

for more consultations.[229] In Somaliland, the government wishes to be more engaged at the design stage, with involvement in planning and resource mobilisation to strengthen cooperation and alignment.[230]

### EQ 1.2. To what extent did UNICEF adjust its strategies and interventions to effectively fulfil its mandate when faced with insufficient and untimely evidence or statistics?

**The lack of government capacity and absence of centralised data management, with harmonised platforms** that allow data transfer and intersectoral analytics was highlighted in the MTR in 2023 and again in this evaluation, as a hindrance to development work.[231] The absence of reliable disaggregated data at national and sub-national levels renders the assessment of service delivery, as well as the tracking of progress toward achieving the 48 child related SDGs targets and supporting the government of Somalia to make evidence-driven decisions for its development agenda, difficult.[232]

**While UNICEF CP Strategy Notes include a ToC and a results framework with a high proportion of core standard indicators,** themselves combined into the CP's Results Assessment Modules (RAM), **they cannot be adequately measured with the available data.**[233] The absence of a national population census since 1975 also carries significant implications for the accurate identification of children, minority and marginalised groups.[234] Finally, the lack of evidence-based data is a hindrance to resource mobilisation, as well as effective cross-sector coordination.[235]

**There has been some notable progress since 2020 however,** with the establishment of the Somalia National Bureau of Statistics (SNBS), which serves as the primary producer of official statistics, and coordinates data issued by key stakeholders, including key humanitarian and development agencies, the private sector and civil society organisations (CSOs).[236] The country's first Voluntary National Review was compiled in 2022, in consultation with government, CSOs, academia and minority group stakeholders.[237] In 2022, the first Somalia Integrated Household Budget Survey (SIHBS) provided child well-being measurements.[238] The SNBS announced in May 2023 that it would carry out a national Population and Housing Census in 2024 in partnership with UNFPA, however it is yet to be conducted.

Nevertheless, the need to support evidence generation to mitigate data insufficiency was raised as a recommendation in the MTR in 2023.[239] UNICEF's efforts to address this are highlighted below:

**UNICEF supports the SNBS to conduct country wide data collection**, through technical support and capacity building to the implementation of the Multiple Indicator Cluster Survey (MICS),[240] which is expected to contribute data to 40% of SDG indicators, covering six key child rights sectors and other cross-cutting areas. The MICS is designed to closely align with the NDP-9 priorities,[241] and includes

[229] KII1, Government representative, Galmudug; KII4, Government representative, Jubaland.
[230] KII5, Government representative, Somaliland.
[231] KII2, Government representative, Southwest; KII1, Government representative, Galmudug
[232] UNICEF Somalia, "Mid-Term Review", 2023.
[233] UNICEF Somalia, "Mid-Term Review", 2023.
[234] KII1, Government stakeholder, Jubaland.
[235] KII3, External partner, Jubaland; KII2, Government stakeholder, Southwest; KII1, Government stakeholder, Galmudug.
[236] Somalia National Bureau of Statistics, "National Strategy for the Development of Statistics, 2024-2029", 2024.
[237] Somalia National Bureau of Statistics, 'Somalia Integrated Household Budget Survey (SIHBS)', 2023. Somalia National Bureau of Statistics, 'Voluntary National Review Report' 2022.
[238] Somalia National Bureau of Statistics, "Federal Republic of Somalia. 2022 Somalia Integrated Household Budget Survey (SIHBS) Main Report", 2023.
[239] Mid-Term Review, Recommendation 14 (Planning, Monitoring and Implementing Partnerships): "High level advocacy and fundraising needed for critically important support to Somalia National Bureau of Statistics, with other UN agencies and development partners, for national, high-quality Census and Multiple Indicator Cluster Survey." UNICEF Somalia, "Mid-Term Review", 2023.
[240] KII3, UNICEF Staff, Mogadishu; KII4, Government representative, Mogadishu; KII7, Government representative, Somaliland.
[241] KII4, Government representative, Mogadishu.

much needed data disaggregated by age, gender, and disability.[242] In the current absence of such data, UNICEF relies on global disability percentage rates to estimate the number of children with disabilities in Somalia to design programmes.[243] The National Disability Report (2024) is also used,[244] however imperfect as it only captures data for persons aged 18 and above.[245] Moreover, UNICEF collaborated with the SNBS on a Multiple Overlapping Deprivation Analysis (MODA) focused on child poverty. Both MICS and MODA will serve to inform the National Transformation Plan (2025-2029), as well as the next phase of the CP.[246]

**UNICEF supports and relies on government sectoral assessments where available.** The Education section for instance, draws from the Ministry of Education statistics to inform programming.[247] Somalia does not carry out cross-national, regional or international education assessments,[248] yet federal member states nonetheless collect some assessment data. For instance, in Somaliland, the Ministry of Education and Science manages an Education Management Information System (EMIS) and issues Learning Assessment reports and Annual Education Statistics Yearbooks, which assess educational access and attainment.[249]

**The Health and Nutrition sections are working alongside the Ministry of Health on the development of digitalised** Health Information Management Systems (HIMS).[250] These currently capture data from surveys conducted in state level health centres regarding feeding processes and prevention of malnutrition. These digitalised HIMS have been rolled out in Puntland and Jubaland, and are supported by health staff training in the use of tablets.[251] At the district level in the South West and in Somaliland for instance, UNICEF supports and relies on the District Health Information System (DHIS2) owned by the Ministry of Health, and compiled manually.[252] Government stakeholders interviewed raise the need to roll out digitalised platforms across the country to ensure accuracy of data.[253]

**UNICEF has supported the coordination of multi-partner assessments and external data sharing platforms.**[254] UNICEF leverages from its partnerships to establish and share data. For instance, a comprehensive country-wide WASH Needs Assessment was carried out alongside WASH cluster partners in 2024, gathering key data on accessibility, availability, affordability, reliability, sufficiency, and quality across all WASH components against a formulated Population in Need (PIN) severity index.[255] Collaborations with WFP and UNHCR have allowed for data collection and sharing around child protection in marginalised and crisis affected populations.[256]

**Moreover, UNICEF divisions rely on their own assessments to generate data**, **which they then manage across several division specific data platforms.** For instance, the Child Protection section has

[242] KII3, UNICEF Staff, Mogadishu.
[243] Inception KII4, UNICEF staff, Mogadishu.
[244] SNBS, "National Disability Report", 2024.
[245] KII5, UNICEF staff, Mogadishu.
[246] KII4, Government representative, Mogadishu; UNICEF Somalia, "2023 Annual report." 2023
[247] KII15, UNICEF Staff, Somaliland.
[248] UNICEF Somalia, "Programme Strategy Note 2021-202: Education", 2023.
[249] Republic of Somaliland Ministry of Education and Science, "National Learning Assessment Report", 2022. Republic of Somaliland Ministry of Education and Science, "Annual Education Statistics Yearbook", 2023.
[250] KII8, UNICEF Staff, Mogadishu.
[251] KII8, UNICEF Staff, Mogadishu; KII3, Government representative, Southwest
[252] KII3, External partner, Jubaland; KII5, Government representative, Jubaland; Inception KII1, UNICEF Staff, Puntland; KII1, External partner, Somaliland.
[253] KII5, Government representative, Jubaland; KII1, Government representative, Galmudug.
[254] KII7, External partner, Puntland; KII5, Government representative, Somaliland.
[255] UNICEF, "Water, Sanitation, and Hygiene (WASH) needs assessment across Somalia, 2023.
[256] KII21, External partner, Mogadishu.

its own information management system - Primero,[257] introduced in 2021 as part of the COVID-19 response. It is a digitalised system for case management, helping child protection case workers improve data collection and management.[258] Its online interface portal, available on social workers' phones, allows them to capture GBV and access to safe houses data, in real time. This fills previous data gaps by tracking the evolution of recorded, closed, or ongoing cases, thereby improving data reliability.[259]

**In response to MTR 2023 recommendations on strengthening of accountability and monitoring mechanisms, data is also collected through community feedback mechanisms,** including hotlines, message boxes, community discussions, and non-standard data collection tools. The SOMNET network of community mobilisers for instance was identified repeatedly in the evaluation, as a powerful feedback mechanism for communities. By providing data traceable to specific locations and people, including more remote locations, marginalised people or minority clans, UNICEF gains access to data that is not always captured in standard data collection tools. The U-Report, launched during the flood response in 2023 as an emergency assessment tool, is also increasingly being used to fill data gaps[260] and gain a better understanding of the overall situation of children in Somalia.

**Innovations are being used to improve sector coordination and evidence-based decision making.** Technology is used in innovative ways to enhance data collection and quality, for instance relying on smartphones to gather data at school rather than district level.[261] The Digitech Digital Attendance Application (DAA) software generates and disseminates real-time data to monitor gross enrolment rate, including disaggregated data for gender, children with disabilities, information on school infrastructure[262] and keeps a record of teacher attendance. The DAA is expected to be integrated into the government EMIS system.[263]

**Several key areas for improvement for UNICEF to consider were identified in this evaluation.** Firstly, the need to address the fragmented and siloed approach to data collection within UNICEF itself. Secondly, closer cooperation needs to take place with the government on data collection and management, at state and federal level, to ensure that approaches to data collection are harmonised and captured in a comprehensive national database.[264] And finally, dissemination of data needs to be strengthened. For instance, education data collected by UNICEF from the field office, and education data collected by the government from the schools, is rarely fed back to the districts and the schools themselves to inform their decision making.[265]

> *"The biggest challenge lies in achieving a unified statistical approach between the federal government and the federal member states to ensure reliable and cohesive data collection at the national level."* KII4, External partner, Puntland.

[257] KII10, UNICEF Staff, Somaliland.
[258] UNICEF Somalia, "Somalia launches Child Protection Information Management System to protect vulnerable children amid COVID-19", 2021.
[259] KII10, UNICEF Staff, Somaliland.
[260] KII2, UNICEF Staff, Mogadishu.
[261] KII15, UNICEF Staff, Somaliland.
[262] UNICEF Somalia, 'RAM Outcome report - Education', 2023.
[263] KII5, Government representative, Mogadishu.
[264] KII18, UNICEF Staff, Central South; KII6, UNICEF Staff, Mogadishu; KII4, External partner, Puntland.
[265] KII15, UNICEF Staff, Somaliland.

## 3.2 Coherence

Under this criterion, the focus of the evaluation is placed on the UNICEF CP internal coherence. The aim is to assess 1. How well UNICEF balances its dual humanitarian and development mandate and 2. How well integrated UNICEF's sectoral programmes are to provide a cohesive and comprehensive approach to child welfare and development in Somalia.

**EQ. 2.1. How well has the Country Office managed its dual mandate in responding to humanitarian crises and supporting upstream work on policy development, advocacy, and long-term development initiatives?**

Sub-Q. 2.1.1 How did the drought crisis affect UNICEF's development work and to what extent was UNICEF able to sustain its development initiatives during this period?

### The Dual Mandate

**The CP's dual mandate refers to UNICEF's commitment to provide immediate life-saving response to humanitarian emergencies, along with an investment in systems strengthening and building resilient, shock-responsive services and communities.**[266] The dual mandate is at times referred to as the "humanitarian-development nexus", the "humanitarian, development and resilience building" nexus, and "risk-informed humanitarian and development nexus programming."[267] These terms all refer to programming that "contributes to crisis prevention and preparedness, building strong, resilient systems and strengthening social cohesion and accountability to affected populations."[268] This programming approach is embedded in UNICEF Somalia's CP response. In this context, a Humanitarian-Development Checklist has been developed to guide this work.[269]

**Though some of the CP Strategic Notes extend the concept to the 'Triple Nexus**,"[270] referring to peace as an additional essential programming component, Somalia presents a mostly conflict-ridden context in which root causes of conflict cannot yet be systematically addressed. Child Protection contributes to this area of work through its focus on the reintegration of children formely associated with armed groups, its collaboration with ILO through the Peacebuilding Fund, and its monitoring of grave child rights violations. There are also tentative signs of a transition from the dual mandate to the triple nexus programming approach, notably in Somaliland which has been experiencing peace and stability for longer and where UNICEF's work includes some peace elements. In the education sector for instance, UNICEF is exploring ways of integrating peacebuilding into elementary and secondary schools. In WASH, UNICEF is addressing issues of water sustainability through assessments aimed at preventing the potential for future inter-community conflicts.[271] In other states, UNICEF staff raise that conflict analysis is missing[272] and that the focus remains mostly on the Humanitarian-Development nexus.[273] As raised under the Relevance criterion, the lack of peacebuilding integration presents a missed opportunity for the CP. Engaging with youth on this topic is a priority to stay relevant, and expand the nexus approach.

[266] UNICEF Somalia, "Humanitarian Situation Report", February 2023.
[267] UNICEF Somalia, "Mid-Term Review", 2023. UNICEF, "Strategic Plan 2022–2025", 2022.
[268] UNICEF, "Strategic Plan 2022–2025", 2022.
[269] UNICEF Somalia, "Helping to Build Resilience to Crises: Somalia Country Kit", 2022.
[270] Health, WASH, Child Protection mention triple nexus in their PSN; Social Policy, Education and Nutrition mention the Dual Mandate
[271] Inception KII2, UNICEF Staff, Somaliland; KII3, External partner, Somaliland.
[272] KII1, UNICEF Staff, Puntland.
[273] KII15, UNICEF Staff, Somaliland.

**The dual mandate approach is essential in Somalia's complex and volatile socio economic, political and conflict context, in order to address chronic and structural vulnerabilities and reduce reliance on humanitarian interventions**.[274] Over the course of the CP, UNICEF Somalia has had to contend with overlapping conflict, health (including the COVID-19 pandemic), and climate related emergencies. UNICEF management and government counterparts recognise the importance of the dual mandate in preparing for such major shocks and in avoiding considerable setbacks in development gains.[275] As such, the CP is increasingly turning to sustainable solutions, in partnership with local CSOs and other UN agencies. Cross sectoral work and nexus programming were mentioned as key strategies to build community resilience and mitigate impacts of future shocks.[276] The upcoming National Transformation Plan (NTP) (2025-2029) also strongly emphasises this approach.[277]

> *"We need more sustainable and longer-term projects, not humanitarian cycles, short term projects don't make a difference and agencies feel fatigue."* KII2, Government stakeholder, Puntland.

### Response to the drought

Between 2021-2023, Somalia faced a severe drought, unprecedented in scale. The CP's response strategy was largely informed by funding and the influx of bilateral donors' contribution to emergency Nutrition, Health, and WASH responses.[278]

**In order to fulfil its dual mandate, where possible, emergency funding was leveraged to also pursue longer term resilience building objectives**, with a focus on strengthening the capacities of national and local partners.[279] Humanitarian funding for Nutrition and WASH for instance was used to scale up prevention and build sustainable services.[280] Similarly, COVID-19 emergency funding from the Global Fund was leveraged to acquire oxygen plants that have since benefitted emergency obstetric and neonatal care, as well as treatment of pneumonia cases. Funds were further used to support a nationwide health facility assessment and a 10-year roadmap to guide health care waste management in Somalia.[281]

**Moreover, collaboration between the emergency and resilience sections of UNICEF allowed alignment of strategies** to ensure that drought emergency response contributed to resilience, notably through the establishment of targets for interventions that underlined that 30% of all interventions had to contribute to resilience building. It was decided that interventions such as vaccinations campaigns and the Infant and Young Child Feeding programme would also be pursued beyond the crisis, thus contributing towards resilience targets.[282]

**The drought crisis called for adaptive programming, with UNICEF increasingly focused on integrating climate resilient strategies,** which contributed to addressing both humanitarian and development needs. For instance, UNICEF WASH supported the provision of safe water through trucking, as part of its emergency response to crises, whilst also focusing on establishing and

[274] United Nations Somalia, "United Nations Sustainable Development Cooperation Framework 2021-2025", 2020; UNICEF Somalia, Helping to Build Resilience to Crises - Somalia Country Kit, 2023.
[275] KII3, UNICEF Staff, Mogadishu; KII2, Government representative, Southwest; KII2, Government representative, Puntland.
[276] KII1, UNICEF staff, Puntland
[277] KII7, Government representative, Mogadishu.
[278] KII23, UNICEF Staff, Mogadishu.
[279] Inception KII1, UNICEF Staff, Puntland.
[280] KII8, UNICEF Staff, Mogadishu; KII9, UNICEF Staff, Mogadishu.
[281] UNICEF Somalia, "2023 RAM Outcome: Health", 2023.
[282] KII9, UNICEF Staff, Mogadishu.

strengthening water systems, such as strategic boreholes equipped with solar pumps[283] that serve the communities' needs in the long-run and build their resilience to future climate shocks.[284] Shallow freshwater proved an unreliable water source in times of drought, and rehabilitation of water access points by UNICEF hence involved building deeper, drought- and flood-resilient wells and boreholes.[285] Health, similarly incorporated climate adaptation elements into its emergency responses throughout the drought. Efforts towards solarisation of the cold chain for vaccines illustrates this shift.

**Strategic partnerships were pursued to carry out the dual mandate.** For instance, the Joint Resilience Programme (JRP), implemented with WFP and FAO, is turning to area-based convergence to better articulate emergency relief in nutrition and education, in the aim of transitioning to food security and sustainable livelihoods.[286] The pursuit of Public Private Partnerships (PPP) to ensure sustainable service provision long after the emergency, contributed to inscribing emergency initiatives in the duration in Puntland, Central South, and Somaliland.[287] Pioneered in the WASH sector by UNICEF and the European Union since 1997,[288] the PPP model enhances the effectiveness of water services and ensures that service delivery is sustained over the long run.[289] UNICEF staff and government stakeholders interviewed also raise that WASH programming contributed to peacebuilding efforts.[290] In Puntland for instance, clan conflict is linked to water shortage and scarcity, and the provision of safe water, alongside livelihood support interventions, has shown to reduce inter-tribe conflicts.[291]

**Another strategy employed by UNICEF has been to layer development and humanitarian projects in the same region.**[292] Notably, the R-WASH emergency programme complemented the Joint Resilience Programme (JRP), whose development-oriented funding could not be reprogrammed to emergency response in drought-affected areas.[293] By targeting development objectives within pockets of deep humanitarian needs, for instance conducting vaccination campaigns within IDP camps and neighbourhoods,[294] UNICEF addressed urgent needs whilst building the resilience of marginalised vulnerable communities. Similarly, UNICEF has expanded its reach not only to urban areas in need, but also to hard-to-reach areas. Establishing for instance health centres and wells for vulnerable rural communities, responding to their urgent needs and allowing them to remain in place rather than be displaced.[295] The implementation of programming through field offices encouraged by the decentralisation agenda, proves to align well with the dual mandate approach, strengthening capacities at the local level, enhancing resilience of local governments and communities, and allowing the CP to better identify these pockets of needs and reach all.[296]

**Finally, key UN partners remarked that UNICEF is increasingly turning its efforts from humanitarian assistance towards more sustainable solutions.** UNICEF's emphasis on capacity building, localisation, and close collaboration and mentoring of local actors, is highlighted as the

[283] KII3, UNICEF Staff, Mogadishu; KII1, UNICEF Staff, Puntland; KII9, UNICEF Staff, Mogadishu.
[284] KII18, UNICEF Staff, Central South; KII3, UNICEF Staff, Mogadishu.
[285] KII18, UNICEF Staff, Central South; KII3, Government stakeholder, Puntland.
[286] KII19, External partner, Mogadishu; KII4, government representative, Jubaland.
[287] KII4, UNICEF Staff, Mogadishu; KII1, UNICEF Staff, Puntland.
[288] UNICEF, "Public Private Partnership (PPP) in Urban Water Supply System- A Review Study of Somalia, 2019.
[289] KII18, UNICEF Staff, Central South .
[290] KII4, UNICEF Staff, Mogadishu; KII3, Government stakeholder, Puntland.
[291] KII3, Government stakeholder, Puntland.
[292] KII4, UNICEF Staff, Mogadishu.
[293] KII20, External partner, Mogadishu.
[294] KII8, UNICEF Staff, Mogadishu; KII3, UNICEF Staff, Mogadishu.
[295] KII7, External partner, Puntland.
[296] UNICEF Somalia, "Mid-term review", 2023; Inception KII3, UNICEF Staff, Mogadishu.

groundwork for sustainable outcomes.[297] However, UNICEF needs to be clear how it will approach long term sustainable interventions to avoid duplication of efforts. For now, partners raise that UNICEF's approach is quite siloed, and needs to integrate more with the work of key development stakeholders.[298] Government partners interviewed also raised that UNICEF should strengthen collaboration with development partners in this next CP phase, in order to better pursue its dual mandate.[299]

### Dual mandate obstacles.

**Somalia presents a fragile context, in which emergencies are many and leave very limited time, focus and funding to concentrate on recovery or long-term development.** As such, UNICEF staff interviewed highlight tensions caused by the urgency of the Humanitarian Agenda and the dilemmas that arise around saving lives today versus saving lives in the long run.[300] Long term systems' strengthening to build resilience requires time and dedicated human resources, which are less available in times of urgent crisis. This diversion of attention from development and systems strengthening towards fulfilling urgent humanitarian work, has consequences for the achievement of the CP's long-term objectives.[301] Donors interviewed also raise concerns with this shift in focus when a crisis comes, and the need to chase and ensure that development programming is not forgotten.[302]

> *"UNICEF (Education) was mostly focused on Emergencies. (...) The whole emergency is a form of paralysis in society."* KII2, Government representative, Southwest.

**In the context of recurring humanitarian crises, UNICEF mainly attracts Other Resources for Emergencies (ORE)[303] from bilateral donors.**[304] Such funding modalities are rigid and do not allow for extension of activities beyond the humanitarian response.[305] Though donors tend to favor the dual mandate approach,[306] UNICEF staff highlight difficulties in attracting long-term funding for resilience work in the Somali context due to donor skepticism in the capacity of the state to sustain long-term development projects,[307] particularly in light of the imminent handover of the UN mission to Somalia.[308] This can create a tension between donor priorities given to humanitarian work and UNICEF trying to better align itself with government long term development goals.[309] In the current context of the CP, these priorities often compete, which complicates the implementation of the Nexus.

**Dedicated advocacy teams are instrumental to developing upstream work and resource mobilisation.**[310] Their challenge lies in showcasing to donors that national and local institutions have the capacity to support the transition from humanitarian work to longer term resilience building.[311] So far, UNICEF Somalia WASH has successfully partnered with the African Development Bank (AfDB) to

[297] KII21, External partner, Mogadishu; KII2, External partner, Mogadishu.
[298] KII7, External partner, Mogadishu.
[299] KII7, Government representative, Mogadishu.
[300] KII6, UNICEF Staff, Mogadishu.
[301] KII9, UNICEF Staff, Mogadishu; UNICEF Somalia, "Evaluation of the UNICEF L3/L2 response to the drought in the Horn of Africa", 2023.
[302] KII14, Donor, Nairobi.
[303] In other words, contributions specifically for Humanitarian programming.
[304] KII22, UNICEF Staff, Mogadishu,
[305] KII4, UNICEF Staff, Mogadishu.
[306] KII14, Donor, Nairobi.
[307] KII4, UNICEF Staff, Mogadishu; KII23, UNICEF Staff, Mogadishu.
[308] KII23, UNICEF Staff, Mogadishu.
[309] KII24, Donor, Nairobi.
[310] KII10, UNICEF Staff, Somaliland.
[311] KII23, UNICEF Staff, Mogadishu.

implement large-scale projects that go beyond emergency response, to include climate resilience.[312] Thematic and non-earmarked funding, from Sweden and other Scandinavian donors, is another critical funding source that UNICEF pursues to fund its development work and ensure it can carry out its dual mandate. Multilateral development agencies such as the European Union's Directorate General for International Partnerships (DG INTPA) have been identified as partners to pursue in the next phase of the CP.[313]

**Another challenge highlighted by the evaluation relates to human resources within the CP.** UNICEF'S high staff turnover and humanitarian profile, hinders consistency in keeping to the dual mandate agenda.[314] Staff who join at the start of a crisis rarely get the opportunity to be induced on the core dual mandate objectives of the CP.[315] The fact that most of UNICEF staff hold humanitarian rather than development expertise also has an influence on the way development programming and capacity building are thought of. Increasingly, UNICEF Chiefs are hired with a development profile to redress this situation. The Social Policy team's strategic relocation to Nairobi was motivated by the search for development-oriented profiles and better staff retention.[316] Coordination with the regional office is crucial in supporting the development agenda and building the SCO expertise.[317]

### EQ. 2.2. How well are UNICEF's various sectoral programmes (health, nutrition, WASH, education, child protection and social policy) integrated to provide a cohesive and comprehensive approach to child welfare and development in Somalia?

**The benefits of integrated programming approaches within UNICEF's CP are well understood** by staff, as necessary to better serve the multiple needs of children in Somalia and also to minimise duplication of efforts and overhead costs.[318] The integrated cross-sectoral approach is also appreciated by the community, and helps strengthen community engagement, awareness and capacity.[319]

> *"The most significant obstacles I experience are a lack of access to education, restricted healthcare, and insufficient basic requirements such as food and clean water. These challenges make it difficult to be joyful or sustain well-being."* FGD1, boys aged 8-14, Mogadishu

#### Challenges

**Cross-sectoral work in Somalia faces some challenges, however. Above all, Somalia's volatile context calls for the need to intervene fast and remain agile.** UNICEF staff interviewed raise that thinking beyond the silo of their work is not easy to achieve in times of crisis,[320] particularly as cross-sectoral work takes time to design and implement.[321] Whilst donors recognise that integration is the way forward to optimise results,[322] funding modalities and results frameworks remain mostly sectoral.[323]

[312] KII18, UNICEF Staff, Central South.
[313] KII23, UNICEF Staff, Mogadishu.
[314] KII6, UNICEF Staff, Mogadishu.
[315] KII9, UNICEF Staff, Mogadishu.
[316] KII6, UNICEF Staff, Mogadishu.
[317] KII10, UNICEF Staff, Somaliland.
[318] KII15, UNICEF Staff, Somaliland.
[319] KII16, UNICEF Staff, Somaliland; KII2, External partner, Somaliland.
[320] KII9, UNICEF Staff, Mogadishu.
[321] KII6, UNICEF Staff, Mogadishu.
[322] KII11, Donor, Nairobi.
[323] KII6, UNICEF, Mogadishu.

**The country's aid sector also appears to be fragmented across sectors and geographies, and between humanitarian and development interventions.**[324] UNICEF and other humanitarian and development stakeholders are mostly working in a silo, making it difficult to work across the sectoral clusters' framework.[325] **Fragmented funding** is another major bottleneck,[326] exacerbated for the Education, Child Protection and Social Policy divisions, which overall receive less funding.[327]

**Moreover, government ministries are poorly integrated and responsibilities are not clearly defined,**[328]**with many responsibilities overlapping.**[329] Ministries show limited capacity for cross-sectoral joint planning, design and implementation,[330] making it difficult for UNICEF to put forward integrated proposals or interventions. The high turnover of staff within the ministries only compounds this issue.[331]

### Successes

**Nevertheless, examples of cross-sectoral work within the Somalia CP are many.** Since the MTR in 2023, which recommended scaling this approach, efforts have redoubled. UNICEF Staff report that better coordination between the teams at planning and implementation stages, is taking place and that oversight of work within and across UNICEF divisions has improved.[332] Joint resource mobilisation has also increased, particularly between the WASH, Health, and Nutrition divisions.[333]

**The Joint Resilience Programme (JRP) (2018-2024) was the starting point of successful integration within the CP.**[334] It addresses improved access to Education, WASH, Health and Nutrition services for children and as such, called on the contributions of multiple UNICEF divisions.[335] This provided a successful model of integration within UNICEF, and has assisted government capacity building for coordination and cross-sectoral work.[336] Donors and government stakeholders highlight that this model is replicable in many other contexts and the integrated approach ensured beneficiaries' needs were addressed in a holistic manner, leading over time to more sustainable solutions.[337]

**In 2022, the emergency Minimum Response Package (MRP) helped further strengthen cross-sectoral integration within the CP.**[338] Developed in partnership with IOM and WFP, in response to drought-induced displacement and famine crises, it has implemented multi-sectoral interventions including nutrition screening, cash assistance, and basic WASH services amongst newly-displaced households.[339] Under this package, the six UNICEF thematic sections worked together on geographical and population targets, and developed a common integrated programme document, which was implemented jointly by partners in the WASH, Nutrition, and Health sectors.[340] In 2023, UNICEF

[324] KII6, UNICEF Staff, Mogadishu.
[325] KII11, Donor, Nairobi.
[326] Inception KII3, UNICEF Staff, Mogadishu.
[327] KII17, UNICEF Staff, Central South.
[328] KII8, Government representative, Puntland
[329] KII5, Government representative, Somaliland.
[330] Government of Somalia, "Somalia National Development Plan (NDP-9), 2020–2024", Ministry of Planning, Investment & Economic Development, 2020.
[331] KII2, UNICEF Staff, Mogadishu.
[332] KII16, UNICEF Staff, Somaliland.
[333] KII23, UNICEF Staff, Mogadishu; KII18, UNICEF Staff, Mogadishu.
[334] KII9, UNICEF Staff, Mogadishu; FAO, WFP, UNICEF, 'First Mid-Season Study of the Joint Resilience Action Programme', 2023.
[335] UNICEF Somalia, "Somalia CO Grants Data for Evaluation", 2025.
[336] KII9, UNICEF Staff, Mogadishu; KII19, Donor, Nairobi.
[337] KII19, Donor, Nairobi; KII4, Government representative, Jubaland.
[338] Inception KII3, UNICEF Staff, Mogadishu.
[339] Global Nutrition Cluster, "The Multi-sectoral Minimum Response Package in Somalia", 2023.
[340] KII18, UNICEF Staff, Central South.

initiated new integrated programming in 14 districts, involving 26 partners. This approach delivered "multi-sectoral, multi-agency targeted area-based interventions", with government buy-in at all levels. It enabled notably the development of the Teaching at the Right Level (TaRL) approach, initially implemented in Somaliland, across IDP sites and host community schools in Somalia.[341]

**A multi-system approach to addressing malnutrition, marked a shift from the previous focus on lifesaving wasting treatment interventions alone.** The Outpatient Treatment Programme (OTP) network and nutrition sites have emerged as trusted platforms for the delivery of integrated preventive and curative services for Nutrition,[342] Health, WASH[343] and Child Protection.[344] This strategy proves to be efficient and effective in reaching most vulnerable children, particularly in access-constrained areas with low health service access and also during emergencies, such as the drought of 2023.[345] By leveraging the network of 1,000 nutrition treatment sites for the delivery of these essential services, UNICEF's Nutrition programme is enhancing its capacity to address malnutrition in a more comprehensive and integrated manner.[346]

**Health programming has also started to integrate child protection, supporting for instance birth registration and clinical care for GBV survivors.**[347] Notably, the Better Lives Programme has shifted to an increasingly integrated approach in Jubaland since 2023, in mainstreaming WASH, Nutrition, and Protection in its health facilities, in collaboration with CSOs.[348] This was made possible by funding from FCDO and KS Relief (Saudi Arabia) specifically focusing on the promotion of integrated programming.[349]

**Bridges have been built between Education, WASH, Health, Nutrition, Child Protection and the SBC divisions,** notably using schools as entry points.[350] The “Safe Schools” programme leverages schools as conducive environments for WASH, Nutrition and protection-related interventions; for instance, supporting the construction of gender-segregated, lockable latrines with lighting at night,[351] or introducing psychosocial care and GBV awareness in education interventions, at school and teacher training levels.[352] UNICEF was seen by partners as instrumental in coordinating these muti-partner cross-sectoral responses in Puntland.[353] In Somaliland, the Community Care programme also integrates these divisions.[354] The Child Protection division supports the training of social workers to identify and refer malnourished children and connect those in need with educational opportunities.

**Social policy lags behind in terms of integration.**[355] Cross-sectoral integration between the Education and Social Policy divisions has been reinforced since the MTR however, through the Dowlad-Kaab

[341] UNICEF Somalia, “End of year results for 2023”, 2023.
[342] Including infant and young child feeding promotion, support for pregnant and lactating women, and the distribution of multiple micronutrient supplements to women, adolescent girls and young children.
[343] Including WASH messaging, distribution of water treatment tablets.
[344] KII8, UNICEF Staff, Mogadishu.
[345] Integrated services are offered as part of the response, for instance, measles campaigns are used to measure the upper arm circumference (MUAC) to assess malnutrition, as well as provide malaria and diarrhoea control services, and deliver support in WASH, education and child protection.
[346] KII8, UNICEF Staff, Mogadishu; KII5, Government representative, Jubaland; KII3, External partner, Southwest; KII2, External partner, Mogadishu.
[347] Inception KII3, UNICEF Staff, Mogadishu.
[348] KII3, External partner, Jubaland
[349] KII23, UNICEF Staff, Mogadishu.
[350] KII15, UNICEF Staff, Somaliland; KII5, Government representative, Mogadishu.
[351] KII17, UNICEF Staff, Central South.
[352] Inception KII4, UNICEF Staff, Mogadishu.
[353] KII4, External partner, Puntland.
[354] KII10, UNICEF Staff, Somaliland.
[355] UNICEF, "UNICEF Somalia Mid-Term Review 2023", 2023; Inception KII1, UNICEF Staff, Puntland.

programme. This next phase of the JPLG programme which ended in 2023,[356] is smaller in scale, better integrated and more scalable.[357] External partners highlight the need to now ensure the programme is also well integrated within government systems, strengthening government capacity to carry out cross sectoral work to ensure programme ownership and sustainability.[358]

**The SBC section's work is integrated across all divisions,** supporting WASH with age-appropriate messaging to engage adolescents in promoting messages on safe hygiene practices,[359] for instance, or supporting Health and Nutrition through the promotion of positive feeding and care practices that foster community resilience to shocks.[360] The evaluation finds that the SBC division is stretched however, and could benefit from thematic SBC experts to better assist the divisions.[361]

[356] UNICEF, "Background Note: JPLG and Dowlad-Kaab Programme", Bulsho Development Partner Validation Workshop, Nairobi, 26 September 2024
[357] KII9 & KII6, UNICEF Staff, Mogadishu.
[358] KII7, External partner, Mogadishu.
[359] KII1, Government stakeholder, Jubaland.
[360] KII1, UNICEF Staff, Puntland.
[361] KII2, UNICEF Staff, Mogadishu.

## 3.3 Effectiveness

This section focuses on the effectiveness of the UNICEF Somalia CP, assessing the extent to which the specific divisions' outputs have been achieved and have contributed to the intended programme outcomes. Key enablers and obstacles form part of this question. The evaluation then reflects on the extent to which the CP is risk informed. And finally, the evaluation assesses UNICEF's role in strengthening national preparedness and response efforts.

### EQ 3.1. To what extent have the specific outputs of the UNICEF Somalia CP been achieved across health, nutrition, WASH, child protection, education and social policy sectors, and how have these outputs contributed to the intended programme outcomes?

**UNICEF Somalia CP (2021-2025) is overall effective, particularly with regards to its meeting its outcomes under Health, Nutrition and to a large extent WASH,**[362] though rural-urban disparities subsist in terms of sanitation access. Education, Child Protection and Social Policy strongly contribute towards systems strengthening, yet progress towards targets in these sectors is constrained.

**Evaluation survey respondents stressed the following results as key CP achievements:** 1. Improved health outcomes, increased immunisation coverage, improved access to essential health services, and reduced malnutrition rates; 2. Improved overall access to safe water, as well as enhanced sanitation and hygiene services in urban areas; and 3. Reduced vulnerability to crises such as drought, flooding and conflict.

Achievement of outputs and how these have contributed to outcomes under each CP division is explored below.

#### HEALTH

The Health division's target outcome over the course of the CP, as expressed in the programme theory of change, was that: "By 2025, more neonates, infants and children survive and thrive, and fewer women die during pregnancy and childbirth."[363] Six key outcome level indicators were established to monitor yearly progress towards this outcome, as presented in Table 8 below.

**Table 8: Health division progress against yearly targets**[364]

| Baseline data | Achieves or exceeds targets | Does not meet the target | No data available |
|---|---|---|---|

| Health Sector Outcome level indicators | Degree of Achievement | | | | |
|---|---|---|---|---|---|
| | 2020 | 2021 | 2022 | 2023 | 2024 |

[362] This is supported by the results matrices, as well as by respondent's perceptions of effectiveness captured in our survey.
[363] Terms of Reference, Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025.
[364] UNICEF, "SCO 2021-2025 CPD Result Matrix_20230718", 2023; UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024; UNICEF: "RAM", 2024.

| | | | | | |
|---|---|---|---|---|---|
| 1. **Antenatal coverage** (% pregnant women taking 4 antenatal care sessions) | **35.4%** | **37%** | **32.5%** | **37%** | **32%** |
| 2. **Maternal health** (% of women attended by skilled professional) | **49.9%** | **50.6%** | **46.4%** | **49%** | **43%** |
| 3. **DPT3 Coverage** (% of children <1 vaccinated) | **74%** | **90%** | **88%** | **81%** | **92%** |
| 4. **Malaria cases** receiving 1st line treatment | **92%** | **75%** | **97%** | **91%** | **92%** |
| 5. **Measles vaccination coverage** (% of children <1 year of age vaccinated) | **73%** | **87.5%** | **89%** | **75%** | **90%** |
| 6. **HIV prevention** (% of pregnant women with HIV on ART for PMTCT) | **24%** | **31.7%** | **36.3%** | **37%** | **32%** |

The Health programme has focused on district level health systems strengthening, the institutionalisation of community-based Primary-Health Care (PHC), mitigation, preparedness, and response to emergencies, particularly in rural, deprived, fragile and IDP settings. Following the MTR in 2023, the programme prioritised strengthening public health systems, and enhancing coordination mechanisms and evidence-based targeting for immunization.

**Four (4) key output areas guide the Health CP to achieve its target outcome.** Progress on outputs over the course of the Health CP is discussed below.

**Immunisation (Output 1) efforts have consistently achieved or exceeded targets for DPT and measles coverage.** Pneumococcal conjugate, rotavirus and COVID-19 vaccines have been integrated into routine immunisation schedules. UNICEF has supported the government to accelerate and maintain a steady vaccine pipeline for routine and supplementary vaccination. The reinforcement of the vaccination cold chain system through support to solar direct drive fridges, cold rooms, ultra cold chain equipment and vaccine carriers including ADTEK, is a key programme achievement.[365] Moreover, a complete mapping of zero dose children[366] has enhanced planning efforts. Some challenges remain, however. Drop out rates between DPT1 and DPT3 remain a concern, at 12.6% in November 2023. The number of zero dose children estimated at 1.3 million,[367] is one of the highest of any given country in the world. Lack of accurate health data, as well as lack of access to health services makes reaching these undervaccinated communities challenging. Children from nomadic communities, in IDP settings and in Al-Shabaab controlled areas, make up a high proportion of unvaccinated children.[368]

**Immunisation campaigns have been complemented by SBC informed communication strategies and plans (Output 3).** UNICEF has successfully leveraged community engagement platforms, to improve information on care practices, and increase immunisation coverage and resilience in the face of

[365] This led to a 42% cumulative increase in Somalia's cold chain capacity in the first half of the CP, up by 64% in the FMS.
[366] UNICEF, "Somalia Humanitarian Situation Report No 6", June 2024.
[367] UNICEF Somalia (2023), 'Somalia Country Office Annual Report 2023'.
[368] Bile A.S. & co. Assessing Vaccination Delivery Strategies for Zero-Dose and Under-Immunized Children in the Fragile Context of Somalia. National Library of Medicine. 2024

epidemics.[369] In IDP settings in particular, KIIs and FGDs mention that health and immunisation campaigns led by UNICEF have led to positive healh outcomes.[370] SBC interventions have also ensured increased community awareness and systems strengthening with regard to Malaria and HIV testing, as well as integration of treatment and counseling within health service delivery. UNICEF provided support to a national Communications Strategy on HIV prevention.[371] The percentage of malaria cases receiving first-line treatment met its targets, rising to 92% in 2024,[372] reflecting sustained progress in malaria treatment efforts since 2021.[373] HIV services expanded to 100 facilities, but ART coverage for pregnant women living with HIV dropped from 37% in 2023 to 32% in 2024, according to PMTCT programme data.[374]

> *"I used to think the vaccination will cause the babies to be sick. After I was informed about it, I understood that it prevents diseases and disabilities."* FGD1, young woman, Jubaland.

**Support to enhance Maternal, Neonatal, Child and Adolescent Health (MNCH) (Output 2) was provided. Nevertheless, maternal health outputs were not always on track**. The percentage of pregnant women attending four antenatal care sessions declined in the last two years, dropping to 32% in 2024, short of the 39% target. Similarly, the percentage of births attended by skilled health personnel dropped to 43% in 2024, falling short of the 53% target. This highlights a gap in maternal health services and the need for improved support to ensure access to skilled care during childbirth. The percentage of pregnant women with HIV on ART for PMTCT declined to 32% in 2024, slightly above the target of 28.5%.[375]

**Finally, UNICEF continued to provide public health in emergencies (Output 4)**. To enhance the overall resilience of Somalia's health system in emergencies, UNICEF supports the delivery of essential healthcare services, including in remote areas and IDP settings.[376] This includes deploying mobile health teams, pre-positioning medical supplies, and training health workers to ensure an effective emergency response.[377] Over the course of the CP, critical health care services[378] for women and children were enhanced across close to 200 facilities, including through the provision of emergency care.[379] Close collaboration with the regional UNICEF CO has been instrumental in closely monitoring epidemic trends and supporting risk communication efforts.[380]

## NUTRITION

The Nutrition division's target outcome over the course of the CP, as expressed in the programme Theory of Change, was that: "By 2025, girls and boys under five years of age, adolescent girls and women in

[369] UNICEF Somalia, "2023 RAM Outcome: Health", 2023.
[370] KII1, Community Representative, Mogadishu; FGD1, female youth, Jubaland; FGD1, girls, Galmudug.
[371] This is aimed at addressing Anti-Retroviral Treatment gaps and stigma that surrounds HIV.
[372] UNICEF, "RAM3: End Year Summary Narrative Analysis", 2025.
[373] UNICEF Somalia, "Somalia Country Office 2024. End Year Review Meeting", 2024.
[374] Ibid.
[375] Ministry of Health, Federal Republic of Somalia, "Reproductive, Maternal, Newborn, Child and Adolescent Health in Somalia: A strategy for Social and Behaviour Change 2023-2027", 2023.
[376] KII1 Mogadishu, FGD2 Mogadishu, FGD1 Jubaland, KII1 Hirshabelle, FGD1 Galmudug.
[377] UNICEF. UNICEF Humanitarian Action for Children 2024: Somalia. UNICEF, 2024.
[378] This includes reproductive, maternal, newborn, child and adolescent health services.
[379] This includes obstetric care, antenatal and postnatal care, immunisation, essential medicines, treatment of childhood illnesses in emergency settings and through outreach programmes and health education initiatives, especially targeting underserved areas.
[380] UNICEF, "Somalia Humanitarian Situation Report No 6", June 2024.

Somalia have increased coverage of quality nutrition services and adoption of appropriate diet and nutrition related behaviours."[381] Four key outcome level indicators were established to monitor yearly progress towards this outcome, as presented in Table 9 below.

**Table 9: Nutrition division progress against yearly targets[382]**

| Baseline data | Achieves or exceeds targets | Does not meet the target | No data available |
|---|---|---|---|

| Nutrition Division Outcome level Indicators | Degree of Achievement | | | | |
|---|---|---|---|---|---|
| | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. **Child wasting** (% of children aged 6-59 months who are wasted) | 11.6% | 11.1% | 15.9% | 12.4% | 11.7% |
| 2. **Exclusive breastfeeding children** (% of infants 0-5 months exclusively breastfed) | 34% | N/A | N/A | N/A | N/A [383] |
| 3. **Vitamin A coverage** (Children aged 6-59 months given vitamin A in semester) | 1.7m | 2.4m | 2.4m | 3.3m | 3.6m |
| 4. **SAM treatment recovery** (% of children 6-59 months with SAM treated and recover) | 95% | 95% | 95% | 96% | 96% |

The Nutrition programme focuses on three components: 1) prevention of malnutrition in early childhood, adolescents, pregnant and breastfeeding women; 2) caring for children with wasting; and 3) governance and nutrition information. The first half of the programme focused heavily on integrated packages.[384] Following the MTR in 2023, a more strategic systems strengthening approach for large-scale preventative and curative nutrition programming has been set in motion.[385]

**Three (3) key output areas guide the Nutrition CP to achieve its target outcome.** Progress on outputs over the course of the CP is discussed below.

**Key programme outputs have been on track or exceeded over the course of the CP with regards to preventing malnutrition (Output 1) and caring for wasted children (Output 2).** In 2023, UNICEF and its partners expanded nutrition services across Somalia, including in 15 hard-to-access areas. Improved programme coverage, outreach, and mass Mid-Upper Arm Circumference (MUAC) screening, contributed to UNICEF exceeding its targets for the number of children treated for wasting in 2023 (108%) and reducing wasting prevalence among young children (6-59 months), dropping from 15.9% in 2022[386] to 11.7% in 2024. Severe Acute Malnutrition (SAM) recovery rates have also continued to exceed targets, as did the provision of Vitamin A supplements, reaching 3.6 million children in 2024. The

[381] Terms of Reference, Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025.
[382] UNICEF, "SCO 2021-2025 CPD Result Matrix_20230718", 2023; UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024.
[383] To be updated through upcoming MICS7.
[384] Including Nutrition, Health, WASH, Early Childhood Education and Development (ECED), Child Protection, counselling and referrals for treatments.
[385] Terms of Reference, Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025.
[386] UNICEF, "RAM 2023: Nutrition", 2023.

capacity of community health and nutrition workers was enhanced to manage malnutrition.[387] Additionally, UNICEF pursued advocacy to promote breastfeeding in government facilities. The percentage of infants aged 0-5 months who are exclusively breastfed has remained at baseline value throughout the CP, due to lack of data. Progress of change is expected to be reflected in the upcoming MICS7 survey.[388]

> *"Masha Allah, we are seeing positive in terms of health, I took my weak child to the nutrition site and later the child became fit and able."* FGD1, Caregivers, Southwest

**Governance and information (Output 3) has been enhanced through capacity building and digitisation of the supply chain and the Outpatient Therapeutic Programme (OTP) registry.** Ogow digital health solutions are being pursued to further improve health information systems, in partnership with the MoH. Over the course of the CP, health and nutrition workers have been trained, with enhanced capacity to assess children's nutrition needs and provide early referrals, through the family MUAC approach. UNICEF currently supports 40% of health facilities and treatment centres for malnutrition. Awareness raising also took place at the community level through campaigns and initiatives to educate caregivers on feeding practices, such as Mother-to-Mother Groups.[389] However, knowledge gaps persist in understanding infant and early childhood feeding practices entrenched in social norms, which are linked to malnutrition.[390] UNICEF staff highlighted that the treatment of malnutrition is still very much led by UNICEF and other NGOs, as the government does not yet have capacity to take over this area of work.[391] The absence of a national nutrition policy and fragmented implementation frameworks continue to limit the scalability of malnutrition prevention efforts.[392]

### WASH

The WASH division's target outcome over the course of the CP, as expressed in the programme Theory of Change, was that: "By 2025, more children and their families, particularly in rural and poor urban areas and in humanitarian situations, use affordable, sustainable and safely managed water and sanitation services, and practice safe hygiene behaviours".[393] Three key outcome level indicators were established to monitor yearly progress towards this outcome, as presented in Table 10 below.

**Table 10: WASH division progress against yearly targets[394]**

| Baseline data | Achieves or exceeds targets | Does not meet the target | No data available |
|---|---|---|---|
| | | Degree of Achievement | |

[387] UNICEF Somalia, "Somalia Country Office 2024. End Year Review Meeting", 2024.
[388] KII1, UNICEF Staff, Puntland
[389] Now strengthened by the involvement of fathers; Inception KII2, UNICEF, Somaliland.
[390] KII8, UNICEF Staff, Mogadishu.
[391] KII8, UNICEF Staff, Mogadishu
[392] SUN, "National Nutrition Plan Review: Somalia", 2024.
[393] Terms of Reference, Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025.
[394] UNICEF, "SCO 2021-2025 CPD Result Matrix_20230718", 2023; UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024.

| WASH Division<br>Outcome level Indicators | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| 1. **Water access** (% of population using basic drinking water services) | 52% | 58.4% | 56% | 58% | 71% |
| 2. **Sanitation access** (% of population using basic sanitation) | 38% | 41.6% | 39% | 41% | 39% |
| 3. **Open defecation** (% of the population practising open defecation) | 28% | 25% | 23% | 21% | 16% |

The WASH programme focuses on scaling climate resilient, safely managed, clean water systems through close cooperation with state and local governments and public-private partnerships. A strong emphasis is placed on integrating WASH standards and interventions within other UNICEF programme areas, such as Health, Nutrition and Education. UNICEF WASH also prioritises government capacity building to strengthen WASH planning and coordination, as well as prepare and respond to emergencies. Post-MTR, the programme increased focus on scaling up models for climate-resilient water systems, enhancing integration, decentralisation, and cluster coordination to strengthen government preparedness.[395]

**Four (4) key output areas guide the WASH CP to achieve its target outcome.** Progress on outputs over the course of the CP is discussed below.

**UNICEF has played a notable role in enhancing WASH governance (Output 1) through its capacity building of government counterparts on WASH standards, support to the establishment of the Water Sector Coordination Facility (WSCF),[396] and advocacy for updated state policies, dedicated WASH budgets, and clearer accountability between federal and state ministries.** Involvement in Public-Private Partnerships (PPP) over the course of the CP has further improved coordination, planning and sustainability of interventions, and contributed to better governance and accountability in the WASH sector.[397] Fragmented WASH responsibilities amongst member and federal states, however and a lack of sufficient behavioural data poses challenges to strategic planning and intervention design.

**Access to WASH in the community (Output 2) was enhanced. In particular, access to basic drinking water has significantly improved since the start of the programme,[398] exceeding its targets and reaching 71% in 2024.**[399] Notable contributions were made towards improving climate resilience through initiatives such as drilling deep boreholes, upgrading shallow wells, and equipping water systems with solar-powered pumps.[400] Deep borehole drilling ensures access to water is not discontinued during drought and provides a sustainable alternative to water trucking, aligning water access solutions with community agriculture and livestock livelihood needs.[401] Open defecation rates have consistently

[395] UNICEF Somalia, "Mid-Term Review", 2023.
[396] Led by the Ministry of Energy and Water Resources (MoEWR).
[397] Inception KII2, UNICEF Staff, Somaliland; KII18, UNICEF Staff, Central South; UNICEF, "Public Private Partnership (PPP) in Urban Water Supply System: A Review Study of Somalia", 2019.
[398] Inception KII2, UNICEF Staff, Somaliland.
[399] UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024.
[400] KII18, UNICEF Staff, Central South; KII9, UNICEF Staff, Mogadishu.
[401] KII4, UNICEF Staff, Mogadishu.

decreased over the course of the CP, reflecting improved hygiene practices amongst the population, and leading to a significant decrease in cholera cases.[402] Moreover, the percentage of the population accessing basic sanitation services has remained stable over the years but continues to fall short of targets, highlighting a need for increased efforts to improve access to sanitation.[403] Inequities in water and sanitation access persist, with those in the South, [404] those displaced and living in rural areas at a disadvantage: only 39% of the rural population has access to sanitation, versus 70% in urban areas.[405]

**UNICEF WASH has supported the provision of WASH in institutions (Output 3) and in emergencies (Outputs 4)**. Safe water supply systems, and gender-segregated sanitation and hygiene facilities have been established across IDP camps, schools and health institutions. Through its 3-star approach,[406] UNICEF has promoted long-term behavioural change in hygiene practices across schools and healthcare settings. To ensure rapid and effective emergency response, WASH emergency supplies are prepositioned across all eight WASH cluster-managed Regional Supply Hubs (RSHs).[407] However, the sustainability of free water services to schools and healthcare facilities is hindered by resource limitations and the shrinking funding available in the WASH sector, as well as a lack of a national strategic WASH plan, impacting the long-term effectiveness of these services.[408]

## EDUCATION

The Education division's target outcome over the course of the CP, as expressed in the programme Theory of Change, was that: "By 2025, Government authorities at the national and member state levels have a strengthened administrative framework to deliver more-equitable, quality pre-primary and primary education, including in humanitarian situations".[409] Three key outcome level indicators were established to monitor yearly progress towards this outcome, as presented in Table 11 below.

**Table 11: Education division progress against yearly targets[410]**

| Baseline data | Achieves or exceeds targets | Does not meet the target | No data available |
|---|---|---|---|

| Education Division Outcome level Indicators | Degree of Achievement | | | | |
|---|---|---|---|---|---|
| | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. **Primary school enrolment** (Primary school gross enrolment ratio - GER) | 23% | 23% | 24% | 37% | 34% |

[402] KII7, External partner, Puntland.
[403] KII18, UNICEF Staff, Central South.
[404] EED Advisory, (Smart Vision for Consultancy and Development & UNICEF 'Water, Sanitation, and Hygiene (WASH) Needs Assessment across Somalia', 2024.
[405] KII4, UNICEF staff, Mogadishu.
[406] Star 1: Introducing basic hygiene practices and essential sanitation and water management; Star 2: Advancing to improved facilities and more advanced hygiene practices; Star 3: Achieving full integration of safe WASH behaviours, ensuring sustainability and maintenance. Cited in UNICEF, "Somalia WASH Profile", 2019.
[407] UNICEF, "RAM 2023: WASH," 2023.
[408] UNICEF, "RAM 2023: WASH," 2023; Inception KII2, UNICEF Staff, Somaliland.
[409] Terms of Reference, Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025.
[410] UNICEF, "SCO 2021-2025 CPD Result Matrix_20230718", 2023; UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024.

| | | | | | |
|---|---|---|---|---|---|
| 2. **Primary education retention** (Survival/retention rate in primary education) | **66.7%** | **66.7%** | **80%** | **88%** | **25%** |
| 3. **Gender parity** (Gender parity index for the primary education completion rate) | **0.82** | **N/A** | **N/A** | **0.82** | **0.82** |

The Education programme has focused on improved access to education, improved learning outcomes and on enhancing teacher effectiveness. Following the MTR in 2023, the programme has evolved towards strengthening the education system through sectoral planning and an emphasis on structured learning and teacher training, better aligned with UNICEF's global Education Strategy.[411]

**Three (3) key output areas guide the Education CP to achieve its target outcome.** Progress on outputs over the course of the CP is discussed below.

**UNICEF contributed to education system strengthening (Output 1) at the state and federal level, supporting the Education Information Management Systems (EMIS) to improve data quality and disaggregation by gender and disability.** With support from UNESCO, UNICEF introduced the Digitech Digital Attendance Application (DAA) to monitor enrolment data and strengthen monitoring and planning. UNICEF also co-chaired education sector coordination mechanisms to align education stakeholders with national priorities and optimise resource use.[412]

**Access to education (Output 2) progressed steadily over the course of the CP, only to decline in 2024. Whilst GER for primary school education were steadily rising since 2021, in 2024 enrolment rates dropped to 34%,[413] falling short of UNICEF's 41% target.** Primary school survival rates also dropped alarmingly in the last year, from 88% in 2023 to 25% in 2024, well below the baseline. The gender parity index for primary education completion shows no progress over the years, with girls' completion rates still behind those of boys. Besides girls, children from socially excluded minority groups, children with disabilities, and children from pastoralist communities struggle more to access education.[414] Despite a number of strategies in place to support school access, including cash and in-kind grants/scholarships incentives, community engagement, support to education and WASH infrastructure, strengthening of School Development Plans, contributions towards teacher salaries,[415] and investments in school readiness such as ECED, results at the end of the CP indicate the need for sustained investment on expanding access to education for all.[416]

> *"I am a little bit deaf and I do not go to school. My mother told me, as long as you are not hearing the lessons well, do not waste my money because you will not succeed."*
> FGD1, female youth, Puntland

**Education quality (Output 3) was supported through the opening of up to 34 ECE centres in Puntland,[417] provision of learning materials to primary school children, and teacher professional**

[411] Inception KII4, UNICEF Staff, Mogadishu.
[412] UNICEF, "RAM 2023: Education", 2023.
[413] Ibid.
[414] KII15, UNICEF Staff, Somaliland
[415] KII1, UNICEF Staff, Puntland; KII15, UNICEF Staff, Somaliland
[416] UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024; Online KII15, UNICEF Somaliland Education.
[417] UNICEF Somalia, "Somalia Country Office 2024. End Year Review Meeting", 2024.

**development to enhance curriculum delivery with a focus on differentiation[418] and improve foundational literacy and numeracy.** Additionally, Puntland developed an ECE policy.[419] Disability inclusion was prioritised through medical screenings, teacher training support, and revised materials. The UNDaunted programme in Somaliland promotes gender and disability inclusion, and provides forums for girls' voices to be heard.[420] UNICEF has also focused on creating child friendly schools, with investments in school infrastructure that is gender responsive and disability inclusive, safe and conducive for learning. Additionally, the growing number of women joining the teacher workforce is having some positive impacts on female students.[421]

**Education in emergencies (EiE) (previously (Output 4) and now incorporated into the other Outputs following MTR 2023 recommendations),[422] ensured that children affected by crises were reached with quality education services.** The Accelerated Basic Education (ABE) level one curriculum was introduced, providing displaced children access to learning for the first time, across drought-affected districts. Temporary learning spaces with gender-sensitive latrines were constructed, and emergency education supplies were distributed, to ensure continuity of education during crises, including in IDP settings.[423] In addition, teachers received incentives and training on emergency education, while Community Education Committees (CEC) were supported to mobilise communities for education activities.[424]

## CHILD PROTECTION

The Child Protection division's target outcome over the course of the CP, as expressed in the programme Theory of Change, was that:" By 2025, children are safer and better protected from violence, abuse, exploitation and harm."[425] Three key outcome level indicators were established to monitor yearly progress towards this outcome, as presented in Table 12 below.

**Table 12: Child Protection division progress against yearly targets[426]**

| Baseline data | Achieves or exceeds targets | Does not meet the target | No data available |
|---|---|---|---|

| Child Protection Division Outcome level Indicators | Degree of Achievement | | | | |
|---|---|---|---|---|---|
| | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. **FGM** (% of women and girls (15-49) who underwent FGM/C) | 99.2% | N/A | N/A | N/A | N/A[427] |

[418] Through the Teach at the Right Level programme (TaRL); Inception KII2, UNICEF Staff, Somaliland; KII15, UNICEF Staff, Somaliland.
[419] UNICEF Somalia, "Somalia Country Office 2024. End Year Review Meeting", 2024.
[420] KII15, UNICEF Staff, Somaliland.
[421] KII4, External Partner, Puntland; KII15, UNICEF Staff, Somaliland.
[422] KII15, UNICEF Staff, Somaliland; Inception KII4, UNICEF Staff, Mogadishu.
[423] KII2, Government representative, Southwest ; KII5 Puntland; FGD1 Jubaland, KII1; Southwest, FGD1 Galmudug.
[424] Ibid; KII1, UNICEF Staff, Puntland.
[425] Terms of Reference, "Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025", 2021. .
[426] UNICEF, "SCO 2021-2025 CPD Result Matrix_20230718", 2023; UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024.
[427] To be updated by the MICS7.

| | | | | | |
|---|---|---|---|---|---|
| 2. **Birth registration** (% of under five birth registration rate) | **3.5%** | **N/A** | **N/A** | **N/A** | **N/A** |
| 3. **Marital violence** (% of women aged 15+ who have experienced marital violence in the past year) | **35%** | **N/A** | **N/A** | **N/A** | **N/A** |

The Child Protection programme has focused on social norm change and community engagement; strengthening the legislative child protection framework and systems; and addressing grave violations against children and adolescents. Following the MTR in 2023, the emphasis shifted to include strengthening of case management of children without parental care, unregistered, in contact with the law and victims of violence (including FGM, GBV), through training a professional social workforce.

**Four (4) key output areas guide the Child Protection CP to achieve its target outcome.** Progress on outputs over the course of the CP is discussed below.

**Firstly, initiatives such as "safe school" and "community care" have raised awareness of harmful practices and contributed to the promotion of positive social norms (Output 1), with children, survivors of GBV, parents and caregivers.**[428] The Social Norms Survey revealed improvements in personal beliefs, social norms around family honour and child marriage, and increased confidence in GBV services among participants and the wider community.[429] Nevertheless, progress in key child protection areas cannot be fully assessed due to lack of data since the start of the CP. More studies are needed on behaviour change to confirm progress,[430] and systemic challenges clearly remain, especially in regions where cultural practices are deeply entrenched.[431] Evaluation respondents believe there is little progress for instance on issues such as FGM, despite UNICEF campaigning against FGM for years. The SBC division has a key role to play in addressing social norms, and is looking at increasing its influence upstream.[432] The upcoming MICS7 will shed more data on progress later this year.[433]

**Secondly, UNICEF pursued the strengthening of child protection systems (Output 2) through legislation and institutional capacity-building.** This has led to the development and cabinet approval of three federal bills: Child Rights, Juvenile Justice, and Civil Registry and Vital Statistics.[434] At the state level, progress included action plans for alternative care, restorative justice mechanisms, and the deployment of newly qualified social workers. Case management systems were improved across the country, through the child protection information management system (CPIMS+). Compliance with international plans to prevent child recruitment into armed forces was reinforced at federal level,[435] in partnership with the Ministry of Internal Security and the Somali National Armed Forces. UNICEF worked closely with ministries of justice at the state level, as well as in Puntland and Somaliland, on legal reform. This involved supporting review of standard operating procedures (SOP) for alternative dispute

[428] KII10, UNICEF Staff, Somaliland.
[429] UNICEF, "Somalia RAM: Child Protection", 2023.
[430] KII16, UNICEF Staff, Somaliland.
[431] UNICEF, "RAM: Child Protection", 2023.
[432] KII2, UNICEF Staff, Mogadishu.
[433] UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024.
[434] UNICEF. "Statement by Ms. Wafaa Saeed, UNICEF Representative in Somalia." 2023; Sababi Institute, 'Study of Children in Conflict with the Law in Somalia', 2024.
[435] UNICEF, Evaluation of the project: Prevention of child recruitment and community-based reintegration of children formerly associated with armed forces and groups, 2022

resolution to incorporate child rights elements, capacity building for justice and security institutions, and service provision.

Moreover, with UNICEF's support, Somalia launched the National Plan of Action for Children (2024–2029) in September 2024, focusing on the CRC implementation.[436] UNICEF continued to co-convene the national Child Justice technical working group to enable coordination and knowledge management between stakeholders. UNICEF also supported legal assistance to children in detention, in line with juvenile justice principles.[437] Advocacy efforts led to some positive outcomes, such as stays of execution and transfers for reintegration services. Yet, the ongoing detention and prosecution of children for alleged association with armed groups, including the death penalty for minors, remain critical issues to be addressed. The MICS is needed to assess progress with under-five birth registration rates.

**Thirdly, protection services in emergency (Output 3) and adolescent protection (Output 4) were enhanced with an increase in children at risk or associated with armed groups, accessing reintegration services and specialised support – reflecting the Protection division's efforts towards strengthening peacebuilding.** Between January and September 2024, 1,946 grave violations against children were verified, leading to improved documentation and response efforts.[438] Partnerships were extended in hard-to-reach areas and child protection agencies received training. Community-based Mental Health and Psychosocial Support (MHPSS) interventions, mindfulness training, and alternative care solutions have overall improved the social and psychosocial wellbeing of affected children, though partners believe that more training needs to take place.[439] One-stop centres, though limited in capacity and coverage, have offered holistic support to children and women who are lost, displaced or are GBV survivors.[440] Linking social workers with justice initiatives, such as monitoring detention facilities and CAFAAG reintegration, as well as capacity building further strengthened the system's effectiveness. Support for the scaling up of the social work academic programme, led to a 25% increase in the qualified social workforce, with a strong representation of women graduates. Unaccompanied children have been supported to reunite with their families.[441] Nevertheless, UNICEF found that many children recruited by armed groups are not handed over to civilian child protection actors within the required 72-hour period due to logistical challenges, prolonged questioning, and lack of awareness.[442] Groups such as Al-Shabaab remain largely unaccountable for the suffering they inflict on children, and no dialogue has been achieved to date. A number of key partners noted that more needs to be done to comprehensively address the needs of large numbers of children involved in the armed conflict.[443]

**Finally, adolescents (Output 4) were further targeted through initiatives such as the UPSHIFT programme, which promotes vocational training, entrepreneurship, and gender equality.** The Safe Schools programme reached 46 schools, addressing GBV and violence risk mitigation, though challenges remain in reaching out-of-school adolescents. Nevertheless, findings from FGDs in Jubaland, Puntland, and FSomaliland indicate that this objective is not being achieved or adequately targeted in IDP settings.

[436] UNICEF, "RAM3 End Year Summary Analysis", 2025.
[437] UNICEF, "RAM: Child Protection", 2023.
[438] UNICEF, "RAM3 End Year Summary Analysis", 2025.
[439] KII2, external partner, Hirshabelle.
[440] KII4, External partner, Puntland; Inception KII2, UNICEF Staff, Somaliland; KII1, UNICEF Staff, Puntland.
[441] Up to 40% in Somaliland. Cited in KII10, UNICEF Staff, Somaliland.
[442] UNICEF, "25 years of children and armed conflict: Taking action to protect children in war", 2022.
[443] KII22, External partner, Mogadishu. KII2, External Partner, Hirshabelle.

In these contexts, insecurity and the heightened risk of GBV pose significant barriers to educational access for girls and women. Accordingly, addressing GBV should be strengthened in IDP camps in Puntland, Jubaland and Somaliland, where adolescents interviewed raised this as a barrier for girls in accessing education.[444] Social impact workshops and vocational training supported the reintegration of vulnerable adolescents, including CAAFAG, street children, and IDPs.[445] Funding constraints,[446] with only 47% of UNICEF's child protection appeal met[447], limits broader progress in child protection.

## SOCIAL POLICY

The Social Policy division's target outcome over the course of the CP, as expressed in the programme Theory of Change, was that: By 2025, fewer Somali children live in poverty (income-and multi-dimensional) and more have access to adequate social services to enable them to reach their full potential.[448] Four key outcome level indicators were established to monitor yearly progress towards this outcome, as presented in Table 13 below.

**Table 13: Social Policy progress against yearly targets[449]**

| **Baseline data** | **Achieves or exceeds targets** | **Does not meet the target** | **No data available** |
|---|---|---|---|

| **Social Policy Division Outcome level Indicators** | **Degree of Achievement** | | | | |
|---|---|---|---|---|---|
| | **2020** | **2021** | **2022** | **2023** | **2024** |
| 1. **Child poverty** (% of children living in poverty) | **79%** | **N/A** | **82%** | **73%** | **N/A** |
| 2. **Public Finance** (% of poor children covered by social protection programmes) | **10%** | **12%** | **16%** | **16%** | **3%** |
| 3. **Shock Responsive Social Protection** (% districts that support social services) | **12%** | **20%** | **19%** | **19%** | **5%** |
| 4. **Local Governance** (Share of government budget spent on essential services) | **7.1%** | **15.8%** | **35%** | **19%** | **21%** |

The Social Policy programme has focused its efforts on public budget analysis and advocacy for targeted budgeting for children and women, addressing inequities and multiple, overlapping deprivations. Another focus was placed on strengthening local governance and decentralisation of services. There was no strategic shift following the MTR in 2023.

**Four (4) key output areas guide the Social Policy CP to achieve its target outcome.** Progress on outputs over the course of the CP is discussed below.

[444] FGD1, girls, Jubaland; FGD1, girls, Puntland; FGD2, girls, Somaliland.
[445] KII6, Government stakeholder, Puntland; KII1, UNICEF Staff, Puntland; KII10, UNICEF Staff, Somaliland.
[446] Progressively worse since COVID-91, cited in KII1, UNICEF Staff, Puntland.
[447] UNICEF Somalia, "Country Office Annual Report", 2023.
[448] Terms of Reference, Country Programme Evaluation of the Government of Somalia and UNICEF Country Programme of Cooperation 2021-2025.
[449] UNICEF, "SCO 2021-2025 CPD Result Matrix_20230718", 2023; UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024.

**Progress in understanding child poverty (Output 1) in Somalia was made, with UNICEF supporting evidence-based planning and policymaking through the SNBS strategy.** This led to the launch of social policy statistics and a multi-dimensional child poverty analysis (2022)[450], which was shared with key stakeholders from the child welfare system. Additionally, UNICEF supported the Office of the Prime Minister in organising the social development pillar, fostering discussions on strategies, programmes, and policies to address child poverty and reinforce Somalia's social protection system. Yet, the percentage of children living in poverty has remained high, underlining the sustained challenge in addressing child poverty in Somalia. A slight decline is to be noted in 2023, down to 73% from a baseline of 79%.[451]

**Some progress was made in the area of public finances (Output 2) for children. UNICEF initiated public expenditure reviews in the Health and Education sectors in Somaliland, including a bottleneck analysis survey to identify capacity development entry points to reduce delays in reporting and fund disbursements and an action plan is currently being prepared.** Furthermore, UNICEF supported the Somalia government in joining the ESARO initiative alongside the Collaborative Africa Budget Reform Initiative (CABRI), with the aim of improving budget execution for service delivery and child well-being. The budget share allocated to Health, Education, and Social Protection exceeded the target in 2022, reaching 35%. Though it remains above target, this figure has been declining steadily since then. Similarly, the enrolment of children in government social protection programmes showed a steady upward trend up to 16% from 2021 to 2023. In 2024 however, this percentage dropped to just 3%.[452]

**Moreover, UNICEF contributed to shock-responsive social protection (Output 3), and notably supported the establishment of the Unified Social Registry, which provides nationwide household registration to facilitate targeted support for those living in poverty.** The operational manual and implementation structure for the national cash transfer Baxnaano programme (Shock-Responsive Safety Net for Human Capital Project), along with the supporting Management Information System (MIS), was completed and government staff at all levels were oriented on these processes. In partnership with the Ministry of Labour and Social Affairs, UNICEF also supported direct cash transfer programming through for instance a child grant programme, in alignment with the newly developed systems. Pregnant and lactating women were also recipients of cash transfers, which were complemented by services in health and nutrition under the Cash-plus approach. While the percentage of districts supporting basic social services rose steadily initially, it dropped substantially from 19% in 2023 to 5% in 2024, well below the target of 12%.[453]

**Finally, UNICEF made progress in strengthening local governance (Output 4) and supporting the decentralisation of services, particularly in Somaliland and Puntland.**[454] Through advocacy, capacity

[450] Somalia National Bureau of Statistics, "Analysis of Multi-Dimensional Child Poverty (MDCP) in Somalia using Multiple Overlapping Deprivation Analysis (MODA)", 2022.
[451] UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024. UNICEF Somalia, "Country Office Annual Report", 2023.
[452] Ibid.
[453] Ibid.
[454] Inception KII2, UNICEF staff, Somaliland; KII6, UNICEF staff, Mogadishu; UNICEF, "External Evaluation of UN Joint Programme on Local Governance and Decentralised Service Delivery", 2023

building, and government reform support, the Ministries of Education and Health in Somaliland and Puntland, successfully transferred sector management and administration to local governments. A total of 17 districts (8 in Somaliland and 9 in Puntland) fully adopted the decentralised Service Delivery Model (SDM) and began implementing multisectoral interventions in Health, Education, and WASH, funded by locally generated revenues and fiscal transfers from state governments.[455]

> *"Service delivery is fundamental to the municipality. We were able to establish community engagement, distribution of resources and understand the needs of the communities. These are the milestones of the project [social policy] of UNICEF, and (...) it paved the way for the existence of capacities."* KII2, Government stakeholder, Puntland.

### EQ 3.1.1. What were the enablers and challenges faced by UNICEF when implementing the CPD on the achievement of results?

#### Challenges

A number of overall key challenges hinder CP effectiveness and undermine efforts to deliver comprehensive, sustainable solutions to the most vulnerable populations in Somalia.

**Somalia's context of instability, as well as chronic and overlapping emergencies is a major constraint, across all of UNICEF's sectors of interventions.** Displacement significantly disrupts access to and continuity of essential services, including education, as echoed across most FGDs and by community representatives in KIIs. In 2023 alone, Somalia faced drought, flooding, and multiple vaccine-preventable disease outbreaks. This is exacerbated by a background of on-going armed conflict, political instability and multi-dimensional poverty.[456] Competing priorities create planning complexities,[457] and strain UNICEF's response at times compromising its service delivery - particularly in remote areas with limited access.[458] For instance, competing demands of outbreak response and routine immunisation place significant pressure on Health teams on the ground.

**Moreover, the political landscape is unstable and fragmented, with factions competing for influence at both federal and state levels.** This generates a high-risk, at times unpredictable environment for development work and policy implementation.[459] Lack of a**ccess** due to insecurity or political tensions, was raised by several divisions as a key obstacle.[460] Children in rural areas and living in areas that are outside of government control are especially excluded, and lack of access to these groups contributes to holding the country back from delivering on the SDGs.[461] Even when governments are working in those areas, UNICEF and partners may require clearance, which delays implementation.[462] Corruption levels and aid diversion,[463] particularly in hard-to-reach areas are other key challenges to effectiveness, as well

[455] UNICEF Somalia, "Somalia Country Office 2024 End Year Review Meeting", 2024.; Inception KII2, UNICEF staff, Somaliland
[456] UNICEF, 'Humanitarian Action for Children: Somalia', 2024.
[457] KII4, External partner, Puntland; KII16, UNICEF staff, Somaliland.
[458] KII16, UNICEF staff, Somaliland; KII3, UNICEF Staff, Mogadishu.
[459] KII1, Government stakeholder, Puntland; KII6, Government stakeholder, Puntland; KII4, UNICEF staff, Mogadishu; KII1, Community representative (male), Southwest
[460] KII18, UNICEF staff, Central South; KII12, UNICEF staff, Mogadishu; KII3, Government representative, Southwest; KII7, External partner, Mogadishu.
[461] KII3, UNICEF staff, Mogadishu
[462] KII18, UNICEF staff, Central South
[463] KII1, Government stakeholder, Jubaland.

as a deterrent to donors' confidence[464] - how UNICEF addresses this specific challenge is explored under the Efficiency section.

**Weak human capital further hinders programme effectiveness, as do significant capacity variations at sub-national level**.[465] For instance, child protection hotline services are in place, however the capacity to address calls varies across states.[466] The qualified workforce in key sectors such as education, medicine and other necessary expertise areas required to run the country is underdeveloped and does not meet the growing needs of the population. The low wages, in education for instance, make it hard to recruit and retain teachers. Similarly, there are not enough schools and hospitals to support this essential workforce and cover the burden of diseases and educational needs.[467] Interviews with government stakeholders highlight the need to upskill youth in particular.

> *"We have ample natural resources and we are dying of poverty. We recommend the agencies to teach the techniques. We don't want fish, we need to know how to fish."* KII2, Government stakeholder, Puntland.

**Weak institutional capacity also hinders programme effectiveness.** Poor coordination within government ministries at state and federal level, leads to fragmented service delivery. Institutional capacity for cross-sectoral work is weak, and there are significant gaps in communication between the different levels of governance, even within one ministry.[468] Often, attribution of responsibilities between state and federal levels is unclear.[469] This creates a difficult environment for long-term planning and sustainable development, hindering progress in key areas such as governance, institutional strengthening and holistic service delivery.[470] High staff turnover also weakens institutional capacity. Institutional memory is lost and continuity in programming and leadership is disrupted.[471] Similarly, UNICEF faces a high staff turnover. Few staff interviewed had been working in the Somalia offices for more than two years for instance, making it difficult to sustain processes.[472] To address this, UNICEF is currently seeking to nationalise some staff positions, to ensure better continuity of programming.[473]

**The lack of supportive legislative framework also hinders progress.** For instance, while significant investments have been made in Health to expand cold chain capacity, a 2023 UNICEF assessment identified a lack of a comprehensive policy and standard operating procedures at the subnational level to manage this.[474] Moreover, when laws are in place, poor capacity to implement these is problematic.[475] For instance, securing land reserves for pipelines necessary for WASH, leads to conflicts and lengthy negotiations, despite laws in place.[476]

[464] Humanitarian Outcomes, "Somali capacities to respond to crisis are changing; how are humanitarian actors responding?", 2023.
[465] KII2, UNICEF staff, Mogadishu, KII14, Donor.
[466] UNICEF, "RAM: Child Protection", 2023.
[467] Government of Somalia, "Somalia National Development Plan (NDP-9), 2020–2024", *Ministry of Planning, Investment, and Economic Developmen*t, 2020.
[468] KII2, UNICEF staff, Mogadishu; KII6, Government representative, Mogadishu
[469] KII4, UNICEF staff, Mogadishu.
[470] KII3, UNICEF staff, Mogadishu; KII17, UNICEF Staff, Central South.
[471] KII7, External partner, Puntland
[472] KII6, UNICEF Staff, Nairobi; Online KII2, UNICEF Staff, Mogadishu.
[473] KII18, UNICEF staff, Central South.
[474] Inception KII3, UNICEF Staff, Mogadishu.
[475] KII10, UNICEF staff, Somaliland; KII17, UNICEF Staff, Central South.
[476] UNICEF, "2023 RAM Outcomes: WASH", 2023.

**In some cases, the absence of legislative framework hinders UNICEF's key mandate in promoting child rights and gender equality, and is a reflection of misaligned priorities between UNICEF and the government.**[477] For instance, although government counterparts understand that gender holds strategic importance for donors,[478] Somalia is yet to ratify the UN Convention on the Elimination of All Forms of Discrimination Against Women (1979). The only Gender Policy adopted in Somalia is the 2020 Gender Policy for the Education sector, developed by the Federal Ministry of Education, Culture, and Higher Education (FMECHE),[479] other policies remaining at draft stage.[480] The Federal government has adopted some constitutional amendments that provide a framework for the protection of girls and women, and confirm the total ban of harmful practices such as FGM.[481] However, the implementation and enforcement of these provisions remains unclear and progress on this issue in parliament is stagnant.[482]

**UNICEF staff interviewed highlight that competition between states has recently yielded some positive developments**, as seen through the recently adopted Galmudug Bill on FGM (2024), a historic milestone for Somalia,[483] which could pave the way for other states. At the community level however, traditional and cultural social norms, as well as interpretations of Islam, tend to prevail above the law, especially in areas controlled by clan-based groups.[484] Women and girls' voices are overall suppressed, and access to essential services still largely dependent on male consent.[485]

> *"We cannot say there is zero tolerance on FGM. We are still struggling with negative social norms, including early marriage and the whole issue of even girls going to school is a major challenge."*
> KII1, UNICEF Staff, Puntland

**Similarly, with child rights** Somalia has only signed, not ratified, the Maputo Protocol (2005) and the African Charter on the Rights and Welfare of the Child (1990). Although, the 2012 Provisional Constitution established several child rights standards, including the definition of a child, non-discrimination, the best interests of the child and the prohibition of harmful practices,[486] these standards remain provisional. In early 2024, proposed revisions to the Constitution included lowering the age of a child, allowing certain forms of FGM and removing marriage choice. Diplomatic and UN advocacy have since been able to revert these changes to align with international norms, though the term "age of maturity" remains undefined in the context of marriage.[487] The Child Rights Bill, introduced by the Federal Ministry of Women and Human Rights was approved in August 2023, yet has not been enacted. Other child rights related laws are in various drafting stages, such as the Rape and Indecency Bill,[488] the

[477] KII14, Donor; KII7, UNICEF Staff, Mogadishu.
[478] KII7, UNICEF staff, Mogadishu.
[479] Ministry of Education, Culture and Higher Education: Gender Policy for the Education Sector in Somalia, 2020.
[480] UNICEF Somalia, "Gender Programmatic Review Report", 2024.
[481] United Nations. "UNICEF: Addressing the Challenges of Human Capital in Somalia." *UNifeed*, 2024.
[482] KII1, UNICEF staff, Puntland; KII10, UNICEF staff, Somaliland.
[483] KII7, UNICEF staff, Mogadishu.
[484] KII10, UNICEF staff, Somaliland.
[485] UNICEF Somalia, "Gender Programmatic Review Report", 2024; KII1, UNICEF staff, Puntland; KII7, UNICEF Staff, Mogadishu.
[486] Article 27 (5) ensures support for women, the elderly, the disabled, and minorities to achieve socio-economic rights and mandates equal rights and duties for all citizens regardless of sex.
[487] Article 29 classifies a "child" as under 18
[488] Legal Action Worldwide, "Somalia: Sexual Offences Bill", 2018.

Disability Bill,[489] the Juvenile Justice Bill.[490] Despite some progress in upholding child rights, society does not systematically provide opportunities for children to voice their concerns, ideas, and participate in change.[491]

**Lack of funding and inadequate funding modalities was raised as another key obstacle by UNICEF and the government partners.**[492] As of August 2024, UNICEF's Humanitarian Action for Children (HAC) appeal for Somalia was underfunded, with only 37% of the required funds secured.[493] Donors in Somalia are primarily focused on addressing most urgent emergencies, and humanitarian needs are prioritised over longer term initiatives, with negative implications for long term programme effectiveness. For instance under WASH, long term funding is required to adequately address socio environmental impacts, land rights conflict resolution, stakeholder capacity building and SBC activities.[494] Similarly for Nutrition, predictable, longer term funding is needed to address prevention.[495]

### Enablers

Against this complex operational background, the evaluation highlighted some key enablers of CP effectiveness.

**The pursuit of cross-sectoral and multi-partner programming ensures a more efficient, comprehensive and sustainable response.** Cross-sectoral integration within UNICEF has led to effective programming - as highlighted under the Coherence section, for instance between the Health, WASH and Nutrition divisions. UNICEF has also actively pursued integrated service delivery through external partnerships with UN agencies and implementing partners to maximise the impact of its interventions. A notable example is the integrated rapid response mechanism established between WFP, WHO, and UNICEF, which was deployed to 16 priority districts in hard-to-reach areas between January and June 2023. This collaborative approach streamlined the delivery of essential services, and also minimised the need for populations to move in search of assistance, thus improving access to critical health, nutrition, and humanitarian support. Multi-partner coordination mechanisms, including Project Steering Committees, Technical Working and Advisory Groups, were raised as effective in enhancing partnerships.[496]

**The opening of field offices has allowed for the development of subnational capacities, as well as an increase in the reach and scope of social services to the most vulnerable.** Interventions have been particularly effective in Somaliland and Puntland, two states where UNICEF can achieve full coverage, and where government stability and capacity allows for more effective engagement in the interventions.[497] Inter-state competition following the decentralisation agenda was also raised as an asset at times, as seen through the approval of the FGM bill in Galmudug.[498] Field offices also play a strategic

[489] OHCHR, "Dialogue with Somalia Experts at Human Rights Committee", 2024.
[490] SONNA, "Somali Cabinet Approves Bills on Sexual Offences and Minimum Working Age", 2023.
[491] UNICEF Somalia, "MidTerm Review", 2023; Ahmed N Muse for UNICEF, "Community Consultations Contributing towards Country Programme Development", September 2024
[492] KII8, UNICEF staff, Mogadishu; KII4, Government representative, Mogadishu; KII7, External partner, Puntland
[493] UNICEF. "Somalia Humanitarian Situation Report: July 2024", 2024.
[494] KII6, UNICEF staff, Nairobi.
[495] KII8, UNICEF staff, Mogadishu.
[496] KII19, UN Agency, Mogadishu; KII20, external partner, Mogadishu.
[497] KII15, UNICEF staff, Somaliland; KII16, UNICEF staff, Somaliland; KII6, government partner, Puntland
[498] KII7, UNICEF staff, Mogadishu

role in enabling fast access to lifesaving aid in times of crises.[499] Strategic prepositioning of aid supplies in warehouses in close proximity to populations in need, ensures a more effective and timely emergency response across all UNICEF sectors.[500] This is explored further under EQ.3.3.

**Close partnerships with community leaders and informal decision-making bodies, was raised as key to ensure trust and effectiveness.** Religious leaders' networks, such as the National Islamic Advisory Group (NIAG) for instance, have been successfully involved in community sensitisation and mobilisation activities, as well as in programme design and beneficiary identification.[501] Collaborations such as these, which address the root causes of social issues, ensure CP effectiveness and relevance. Community consultations carried out in preparation of the next CPD similarly highlighted the value of leveraging informal decision-making bodies, such as IDP camp leadership, for better minority inclusion.[502]

> *"The partnership between our community and UNICEF has been very successful. When I travel, even to villages, I see awareness-raising activities, children being treated, and mothers receiving support like nutrition. As traditional elders, we have a role to meet with the organization, listen to their plans, and then inform the community that UNICEF has come to help and is planning to carry out certain activities."*
>
> KII1, male community representative, Hirshabelle

**Community engagement platforms across multiple programme areas, including on the frontlines of emergencies, have also been key in reaching children in need,** increasing the integration of key messages, mobilising towards the elimination of harmful practices and promoting help-seeking behaviours.[503] Collaborations with the Somalia Mobilisers Network (SOMNET), community based committees, mother to mother groups and social influencers, who spread integrated messages on Health, Nutrition, WASH, GBV and FGM, as well as preparedness messaging for disasters, are highlighted as powerful community awareness raising and feedback mechanisms.[504] For instance SOMNET counts 3,000 volunteer mobilisers across the country,[505] and was particularly effective at mobilising communities and supporting UNICEF's response efforts during the COVID-19 vaccination campaign for instance.[506] These community engagement platforms are seen as a foundation to build on, to then institutionalise SBC[507] and their value was especially emphasised by the SBC, Health and Child Protection divisions.

**Moreover, community engagement was highlighted as essential to effectiveness.** Communities are engaged early on and throughout the interventions, through consultations and a say in decision making established through participative committees.[508] Through this process, the voice of minorities are

[499] KII17, UNICEF staff, Central South; KII12, UNICEF staff, Mogadishu.
[500] KII17, UNICEF Staff, Central South; KII4, UNICEF Staff, Mogadishu; KII13, UNICEF staff, Nairobi.
[501] Inception KII3, UNICEF staff, Mogadishu; KII2, UNICEF staff, Mogadishu; KII3, partner, Jubaland.
[502] Ahmed N Muse for UNICEF, "Community Consultations Contributing towards Country Programme Development", September 2024; Inception KII3, UNICEF staff, Mogadishu.
[503] UNICEF has reached a total of 81,788 individuals through local grassroots and CSOs. Somalia UNICEF End of Year Results for 2023.
[504] UNICEF. "Somalia Humanitarian Situation Report", 2023; UNICEF.; KII2, UNICEF staff, Mogadishu; KII1 & KII2, External partner, Somaliland.
[505] Inception KII3, UNICEF staff, Mogadishu.
[506] UNICEF Somalia, "Health Programme Strategy Note", 2023.
[507] KII1, UNICEF staff, Puntland; KII2, UNICEF staff, Mogadishu; Inception KII4, UNICEF staff, Mogadishu.
[508] KII3, Government stakeholder, Puntland; KII1, Male Community Representative, Hirshabelle; KII16, UNICEF staff, Somaliland; KII19, External partner, Mogadishu.

captured,[509] although children's voices are not systematically sought.[510] Training of communities to take the lead for instance, through the establishment of community-based child protection committees on prevention and response, yields important results in the long term,[511]and fosters a collective sense of responsibility.[512] Similarly, community led approaches were effective across several interventions, for instance in delivering ABE Level One to OOSC in IDP settings. The Community Led Total Sanitation (CLTS) intervention aimed at reducing ODF in rural areas, led to the adoption of better sanitation practices[513]and an 80% decrease in diseases such as cholera, typhoid and malaria.[514]

**Elders, as well as the diaspora, were mentioned as valuable entry points in terms of engaging with the community and reaching people in need,[515]as were CSOs.[516]** CSOs were highlighted as particularly effective for their local knowledge and acceptance by the community; and for their ability to work in areas out of reach to the international community and the government.[517] Youth we spoke to were engaged as agents of change in their communities;[518] and UNICEF staff, as well as government counterparts highlighted the importance of this engagement.[519]

**UNICEF's Social Behaviour Change division also assists CP effectiveness, providing cross-cutting support, challenging social norms by improving knowledge, attitudes, and practices of communities, with a focus on parents and caregivers.** Its work is key to effectiveness and sustainability of interventions, as it addresses socio-cultural and normative barriers to the rights of children and women.[520] A rapid SBC intervention plan was developed for newly liberated areas (NLAs) to build trust within communities. Extensive SBC interventions have taken place at the community level, for instance to support vaccination campaigns, including polio, oral cholera vaccine (OCV) and measles, as well as GBV.[521] The SBC Campaign-In-Box programme helped sensitise parents and caregivers on nutrition and encouraged the formation of Mother-to-Mother Groups (including fathers since 2023) within communities to promote good nutrition practices.[522] The SBC division also plays an important role in supporting UNICEF divisions to integrate cross-cutting issues such as gender, disability inclusion and climate change. The evaluation notes some limitations however, given the SBC division is relatively small and stretched across all UNICEF programmes. It also does not have thematic specialists.[523]

**Finally, the use of innovations has been widespread under this CP cycle and has allowed for more efficient and targeted interventions.** Examples of innovation include: a pilot mapping project to track population movements that allows for more precise and effective responses; [524] Interactive Voice Response (IVR) systems deployed through social mobilizers for rapid data collection, specifically

[509] KII8, Government representative, Puntland.
[510] Ahmed N Muse for UNICEF, "Community Consultations Contributing towards Country Programme Development", September 2024; KII16, UNICEF staff, Somaliland; Inception KII2, UNICEF staff, Somaliland.
[511] KII2, CSO, Hirshabelle.
[512] UNICEF, "Community Consultations Contributing towards Country Programme Development", September 2024; KII7, External partner, Puntland.
[513] KII1, UNICEF staff, Puntland; KII6, CSO, Puntland; KII2, CSO, Somaliland.
[514] KII7, External partner, Puntland.
[515] KII18, UNICEF staff, Central South.
[516] KII1 & KII2, CSOs, Somaliland.
[517] KII3, CSO, Somaliland.
[518] Mogadishu FGD2, Young men 15-24; Jubaland FGD1, Young women 15-24
[519] KII1, UNICEF Staff, Puntland; KII6, Government representative, Puntland.
[520] Inception KII4, UNICEF Staff, Mogadishu; FGD1 & 2, Women, Somaliland.
[521] FGD1, Women, Somaliland.
[522] KII8, UNICEF staff, Mogadishu.
[523] KII2, UNICEF Staff, Mogadishu.
[524] In partnership with UNOCHA, the Centers for Disease Control, and nomadic elders

targeting zero-dose vaccination children; GPS tools for monitoring campaigns; climate-sensitive and environmentally friendly technologies[525] used as part of the vaccination cold chain; climate resilient boreholes able to supply water during severe droughts and equipped with solar power pumps; non-formal education interventions[526] to improve literacy, numeracy and socio-emotional skills; an investment in the Digital Attendance App[527] (DAA) to better track school attendance in Somalia; and the use of a FGM Nexus Toolkit, used as part of the Community Care (CC) programme to better assess shifts in social norms related to FGM in participating communities.[528]

### EQ 3.2. How effectively did UNICEF employ risk-informed programming and manage ongoing risk?

**UNICEF globally relies on the Guidance for Risk Informed Programming (GRIP)**, which ensures a child-centred focus and defines risk-informed programming aims as: "strengthening resilience to shocks and stresses by identifying and addressing the root causes and drivers of risk, including vulnerabilities, lack of capacity, and exposure to various shocks and stresses."[529] The importance of risk-informed nexus programming is highlighted in the MTR 2023, as an opportunity for the CP to develop resilient systems and better cope with future emergencies.

**UNICEF Somalia plays an important part in defining vulnerability and resilience with an inclusive child centric lens.** The evaluation notes a strong commitment to risk informing interventions by identifying, analysing and mitigating risks with a focus on impact on children.[530] Key risks analysed are political, climate related (recurrent droughts and floods, as well as cyclones in coastal areas), linked to aid diversion,[531] disease, conflict and displacement.[532] These risks intersect with each other, with significant implications for the systems that uphold Somali communities and enable development. UNICEF's response in Somalia reflects this multiple dimensional and interconnected nature of risk. Risk informing systematically addresses inequities, with a gender and disability focus.[533]

**Varying strategies are employed to address risks.** Political risks, which can account for significant delays in programming,[534] are addressed with management taking the lead in building strong trusting relationships with government and other key influential stakeholders, such as donors. Conflict risks are assessed jointly through the UNCT Taskforce and the Group of Friends of Children Affected by Armed Conflict (CAAC). The risk of disease outbreaks and epidemics is tracked with support from UNICEF's regional office. Since the MTR in 2023, climate related risks are also slowly better integrated into programming, with resilience now a cross-cutting area for the CP.[535] Other risks are assessed and mitigated through the Enterprise Risk Management framework, covering technical expertise, as well as planning, assessment, project management and coordination, monitoring and real time problem solving.

[525] For instance, solar powered vaccine fridges; ADTEK vaccine carriers, which can maintain temperature control for up to 30 days, enabling mobile teams to reach remote and hard-to-reach populations.
[526] In partnership with Creative Associates
[527] A collaborative approach between World Vision and the Response Innovation Lab. to track school attendance.
[528] UNICEF, "TheHumanitarian-Development nexus: The future of protection in the elimination of female genital mutilation", 2021. UNICEF, "Female Genital mutation and the Humanitarian Development Nexus: Practical ways to support programme-level implementation of the nexus approach", toolbox, 2022.
[529] UNICEF, "Guidance on Risk-Informed Programming", 2018.
[530] UNICEF, 'Somalia Country Office Annual Report 2023
[531] KII3, UNICEF Staff, Mogadishu; KII1, UNICEF Staff, Puntland.
[532] KII1, UNICEF Staff, Puntland.
[533] UNICEF Somalia, HAC 2024.
[534] KII1, UNICEF staff, Puntland
[535] KII3, UNICEF Staff, Mogadishu.

[536] The CO strategies on emergency preparedness, disaster risk reduction – explored under the next EQ, - climate adaptation and social protection are highlighted by UNICEF staff as key in addressing risks and reducing vulnerability in Somalia.

**Government representatives confirm that in addition to risk informing programmes, UNICEF draws contingency plans**, to ensure programme adaptation when emergencies strike.[537] Emergency contingency response plans have been developed with indicators and targets specific to various sectors of intervention. These plans cater for emergency scenarios, including drought and conflict.[538] Since the MTR in 2023, these contingency plans have been strengthened across sectors.[539] These are documented and uploaded through the Emergency Preparedness Platform.

**Specific risk assessment tools are contributing to improved preparedness and better risk mapping at the planning and programming level.** Data Readiness for Improved Preparedness (DRIP) is providing data for risk monitoring, analysis and forecasting since 2022. It provides data for contextual analysis, enabling the CO to assess obstacles to service delivery and implications for coverage of interventions.[540] The use of GeoSight, an open-source geographical information platform, allows the CO to visualise multiple layers of risks against the map of Somalia. Data on multidimensional child poverty and deprivation, as well as exposure to risks, which was generated by the Social Policy division over the course of the CP, provides data essential to deepen risk analysis.[541]

**At the operational level, risk analysis is well integrated, through solid monitoring of humanitarian access and guiding risk assessments,** which effectively mitigate potential negative externalities. Prepositioning of supplies in anticipation of emergencies in close proximity to populations at risk, or the purchase of insurance coverage for cargo and shipments whilst in transit, were mentioned as mitigating measures.[542] The prevention of sexual exploitation and abuse (PSEA) is mainstreamed, with regular training a key requirement for UNICEF staff and implementing partners,[543] as well as confidential reporting mechanisms in place.[544] An internal risk committee ensures regular monitoring and adaptation of programming based on evolving risks.[545]

**Moreover, UNICEF staff interviewed spoke confidently of risk informing their programmes against fraud and aid diversion.** Over the course of the CP, the CO has taken proactive steps in better forecasting supplies, monitoring its RUTF pipeline with clear management guidelines for staff, as well as partners involved in the supply chain.[546] Working to mitigate fraud and aid diversion has become a standard in UNICEF Somalia since 2023,[547] and increasingly the CO is focusing on strengthening systems to address this critical issue, with support from the government.[548]

[536] UNICEF, 'Somalia Country Office Annual Report 2023.
[537] KII8, Government representative, Puntland.
[538] KII15, UNICEF Staff, Somaliland.
[539] KII3, UNICEF Staff, Mogadishu.
[540] UNICEF, "Somalia Humanitarian Situation Report No 6", June 2024.
[541] Somalia National Bureau of Statistics, "Analysis of Multi-Dimensional Child Poverty (MDCP) in Somalia using Multiple Overlapping Deprivation Analysis (MODA)", 2022.
[542] KII12, UNICEF Staff, Mogadishu.
[543] KII10, UNICEF Staff, Somaliland
[544] KII16, UNICEF Staff, Somaliland; UNICEF, "Somalia Humanitarian Situation Report No 6", June 2024.
[545] KII12, UNICEF Staff, Mogadishu; KII13, UNICEF Staff, Mogadishu.
[546] UNICEF, Internal Audit for the Somalia Country Office, 2023.
[547] KII1, UNICEF staff, Puntland; KII3, UNICEF staff, Mogadishu; KII2, UNICEF Staff, Mogadishu
[548] KII3, UNICEF staff, Mogadishu

**Importantly, UNICEF seems to have convinced donors of its strong and effective measures to counter aid diversion risks.** UNICEF's long-term partnerships over multi-year agreements were noted as a key enabler to effective management of aid diversion challenges. Donors also stressed that UNICEF is effective at managing appropriation and at understanding clan culture dynamics, which places UNICEF as a leading agency to address aid diversion in Somalia.[549]

> *"UNICEF is good when it comes to aid diversion compared to other organisations, very transparent with donors (...) So there's a lot of trust."* KII14, Donor

UNICEF's strategies to address aid diversion are explored in more detail under the Efficiency criterion.

### EQ 3.3. To what extent has the UNICEF response to humanitarian issues contributed to strengthening national preparedness and response efforts?

Over the course of the CP, UNICEF Somalia has helped build resilient communities and strengthen national capacities to better respond to emergencies. It has done so in a number of ways.

**UNICEF Somalia is part of the Humanitarian Country Team, and as such plays a key role in times of crisis, supporting strategic multisectoral humanitarian preparedness and response,** in partnership with the government of Somalia, UN agencies and other implementing partners. As Co-Lead of the Education, Nutrition, and WASH clusters,[550] and Lead of the Child Protection and GBV Areas of Responsibility, UNICEF is invited to co-chair monthly coordination meetings with government and donors, providing technical and financial oversight for better emergency preparedness and response.[551] Moreover, UNICEF provides technical support to the Disability Inclusion Working Group under the Protection cluster. UNICEF has dedicated full time staff in place to support this coordination role,[552]and its staff overall have a strong humanitarian profile.[553]

**UNICEF-facilitated cluster coordination structures,[554] made up of over 140 partners, ensure alignment with the country's identified humanitarian needs and priorities, as well as prompt and effective responses in times of crises.** Clusters enable rapid needs assessments, the sharing of critical information and the prioritising of resources through strategic cross sectoral response plans,[555] that target the most vulnerable.[556] UNICEF led WASH, Nutrition and Education Clusters are active members of different inter-agency disaster operation coordination platforms based in Mogadishu.[557] Having these robust multi-year partnerships in place well ahead of emergencies, is key to effective preparedness and response.[558] The COVID-19 crisis was noted as a turning point, with partners increasingly coming together to find solutions.[559]

[549] KII11, Donor.
[550] Education co-lead is Save the Children; Nutrition co-lead is WFP; and WASH co-lead is the Polish Humanitarian Action
[551] KII15, UNICEF Staff, Somaliland; KII5, Government representative, Mogadishu
[552] UNICEF Somalia, "Humanitarian Response. Somalia Humanitarian Situation Report", 2024.
[553] UNICEF Somalia, "Mid-Term Review", 2023.
[554] KII6, UNICEF Staff, Mogadishu.
[555] KII17, UNICEF Staff, Central South.
[556] KII13, UNICEF Staff, Mogadishu; KII10, UNICEF Staff, Somaliland; KII15, UNICEF Staff, Mogadishu; KII1, UNICEF, Puntland.
[557] UNICEF, "Somalia Humanitarian Situation Report No 6", June 2024.
[558] KII8, UNICEF Staff, Mogadishu; UNICEF, "Evaluation of the UNICEF Role as Cluster Lead (Co-Lead) Agency (CLARE II)", 2022.
[559] KII1, Government representative, Galmudug.

**Throughout emergencies, UNICEF has consistently provided emergency supplies and resources to respond to crises.**[560] UNICEF plans its emergency supplies on a yearly basis, ensuring that resources are available for immediate response. Long Term Agreements are in place with local contractors in charge of coordinating the shipment of life saving supplies.[561] Supplies are strategically pre-positioned across 8 regional hubs,[562] which allows UNICEF to reach affected communities promptly.[563] Agreements with local humanitarian NGOs and CSOs and rapid emergency operating procedures are established well ahead of crises.[564] The regional hubs are currently managed by implementing partners through the Clusters, however UNICEF is in the process of building government capacity to transfer warehouse management to sectoral ministries.[565]

**UNICEF places a strong emphasis on community engagement through awareness raising and efforts to build or reinforce community decision-making structures**, so that communities can take the lead and increase their ownership of the solutions that are being developed to address their needs.[566] Awareness raising in communities is key to strengthen preparedness and build resilience to future shocks, particularly for vulnerable groups,[567] and the SBC division plays an important role in supporting this aspect of preparedness.[568] Moreover, UNICEF supports Disaster Risk Management (DRM) capacity-building, through the establishment of DRM committees, each consisting of trained community members, responsible for coordinating local disaster responses. These committees play an important role in enhancing preparedness, and strengthening local resilience.[569] Similarly, child protection committees within communities, address protection issues arising from emergency situations, and prove vocal in ensuring the protection of children.[570] Some areas for improvement were noted nevertheless. The evaluation of UNICEF'S L3/L2 response to the drought found that children and youth are overall, insufficiently mobilised in times of emergencies.[571] A recent rapid assessment report also highlighted the need for increased girls and women's participation around disaster risk reduction and for their voices to be better reflected in emergency response.[572]

**UNICEF plays an important capacity building role, supporting communities, CSOs and government stakeholders to enhance preparedness and come up with sustainable solutions.**[573] The government is supported through capacity building at the national and state level, through partnerships with SoDMA and State Disaster Management Agencies and the sectoral ministries.[574] Training of essential staff in Health, Nutrition, WASH, Child Protection and Education to respond to emergencies takes place. For instance, 1,500 health workers were trained in 2022 on cholera surveillance, preparedness, response and clinical management. This capacity has been sustained and is regularly drawn upon since then in times of disaster.[575] Capacity building is also provided to humanitarian NGOs and

[560] KII3, External partner, Southwest.
[561] KII12, UNICEF Staff, Mogadishu; KII18, UNICEF Staff, Central South.
[562] These can be found in Hargeisa, Garowe, Galkayo, Baidoa, Mogadishu, Dollow, Kismayo and Beletweyne; cited in UNICEF, "Somalia Humanitarian Situation Report No 6", June 2024.
[563] KII18, UNICEF, Central South; KII4 & KII12, UNICEF, Mogadishu; Mogadishu; UNICEF, "Somalia Humanitarian Situation Report 6", June 2024.
[564] UNICEF Somalia, "Mid-Term Review", 2023.
[565] KII4, UNICEF, Mogadishu; KII18, UNICEF staff, Central South.
[566] PMWDO, "Focus Group Discussion Report: SBC Emergency Response in Puntland," 2023.
[567] KII9, UNICEF Staff, Mogadishu; KII4, External partner, Puntland; KII10, UNICEF Staff, Somaliland; KII5, Government representative, Somaliland.
[568] KII2, UNICEF Staff, Mogadishu.
[569] KII5, government representative, Somaliland
[570] KII16, UNICEF Staff, Somaliland.
[571] UNICEF Somalia, "Evaluation of the UNICEF L3/L2 response to the drought in the Horn of Africa", 2023.
[572] Puntland Minority Women Development Organization (PMWDO), UNICEF Somalia, "Rapid Assessment Report", 2024.
[573] KII1, UNICEF Staff, Puntland; KII2, Government representative, South West state; KII5, Government representative, Somaliland.
[574] UNICEF Somalia, "Mid-Term Review", 2023; KII5, Government representative, Somaliland.
[575] Inception KII3, UNICEF, Mogadishu.

CSOs on the frontline of the emergency. These partnerships prove so far effective in times of emergency.[576]

**Advocacy and support to strengthen the frameworks for preparedness and response takes place, through the clusters led by UNICEF.** UNICEF provides technical support for the development of key humanitarian response plans, including the Somalia Humanitarian Needs Overview and Humanitarian Response Plan (2021). Government stakeholders in the Southwest highlight the need to reinforce preparedness and response to climate related emergencies and displacement.[577]

**Importantly, UNICEF and external partners highlight that the humanitarian response and plans are mainly led by UNICEF and other UN entities**, with the government still lagging behind in its response due to financial and capacity constraints.[578] The recent establishment of the Somalia Disaster Management Agency (SODMA) now in charge of emergency preparedness and response, may change this, yet for now it is mostly operating in silo.[579] Government partners confirm this and stress that UNICEF plays an instrumental role in Somalia's emergency and preparedness, and is often the first on the scene.[580] Government partners highlighted the need for more capacity building,[581] whilst acknowledging that though UNICEF is increasingly turning to its government counterparts to contribute to the strategies and not rely on aid.[582]

[576] UNICEF Somalia, "Mid-Term Review", 2023.
[577] KII3, Government representative, South West.
[578] KII4, External partner, Puntland; KII4, UNICEF Staff, Mogadishu; KII2, Government representative, Southwest; KII5, Government representative, Somaliland; UNICEF Somalia, "Evaluation of the UNICEF L3/L2 response to the drought in the Horn of Africa", 2023.
[579] KII4, UNICEF Staff, Mogadishu; KII3, Government representative; Mogadishu.
[580] KII4, Government representative, Jubaland; KII5, Government representative, Jubaland. KII2, Government representative, Galmudug.
[581] KII5, Government representative, Somaliland.
[582] KII4, Government representative, Jubaland.

## 3.4 Efficiency

Under this criterion the focus of the evaluation is to 1. Lightly assess how issues of aid diversion were addressed and mitigated and 2. The extent to which UNICEF Somalia has been able to respond efficiently to funding limitations in the course of the CP cycle.

### EQ 4.1. How has UNICEF addressed, and mitigated issues related to aid diversion to ensure that aid reaches the intended recipients and supports the equitable and efficient delivery of services and supplies in Somalia?

**A United Nations investigation in 2023 raised concerns about widespread and systemic aid diversion in Somalia,** with serious allegations that aid intended for vulnerable populations is often diverted[583] by influential individuals, including so-called gatekeepers,[584] humanitarian workers, community and traditional leaders, members of security forces, as well as local officials. The investigation found aid being directed to beneficiary 'ghost' lists, then sold for profit on the market. Supplies with high market value, such as nutrition kits, were especially prone to diversion due to high demand.[585] Even cash-based systems were exploited, with vulnerable beneficiaries coerced to hand over their payments.[586]

**Since then, UNICEF has taken specific actions to address and mitigate aid diversion,** starting with a Ready to Use Therapeutic Food (RUTF) Leakage and Misuse Survey in 2023, as well as a risk analysis to identify potential weaknesses in its distribution cycle. The findings revealed discrepancies in inventory data, which suggested the existence of "ghost" beneficiaries at the dispensing level; and a lack of good management and processes, with evidence of commodities being sent to OTP sites without being formally included in the programme, shipments occurring without proper documentation, and RUTF being consumed by non-eligible family members. Additionally, market analysis confirmed a strong demand for RUTF, with re-sale observed in local markets and batch numbers on some products traced back to UNICEF stock.[587]

**At the country level, UNICEF is addressing aid diversion through advocacy and capacity building** of federal and state ministries, as well as other implementing partners, to strengthen their role and capacity in preventing aid diversion. This includes capacity building in 1. supply and logistics management with a focus on the ''last mile' (i.e. the distribution points); 2. minority inclusion to ensure that no one is left behind; and 3. institutional strengthening.

**Capacity building on supply and logistics management through the Last Mile Supply Monitoring Project (LMSM) started in 2024.** The LMSM is a digital tool designed by UNICEF to track aid delivery in Somalia at different stages of the supply chain,[588] helping identify discrepancies, such as shortages or unauthorised use.[589] UNICEF equipped 499 participants from 32 partner organisations across five states (Banadir, Hirshabelle, Southwest, Jubaland, and Puntland), with tablets, solar chargers, and data SIM

[583] Guhad, M. Adam, "Humanitarian Access for Marginalized and Minority Populations in Southern Somalia" *UNICEF Somalia*, 2022
[584] Powerful individuals from local clans.
[585] Guhad, M. Adam, "Addressing Aid Diversion", *UNICEF Somalia*, 2023.
[586] Reuters. The EU temporarily holds back food aid in Somalia after the UN finds widespread theft. September 19, 2023. Press Release; Guhad, M. Adam, "Addressing Aid Diversion", *UNICEF Somalia*, 2023.
[587] Crown Agents, "Ready to Use Therapeutic Food (RUTF) Leakage and Misuse Survey 2023", 2024.
[588] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024.
[589] KII12, UNICEF Staff, Mogadishu.

cards and trained them on the use of the LMSM app.[590] This is leading to improved accountability and more efficient delivery of supplies.

**Training was provided at State, Federal and Regional levels to government stakeholders, CSOs, social mobilisers, and minority groups on Accountability to the Affected People (AAP),**[591] aid diversion, and feedback management. Training was provided to 175 implementing partner staff to strengthen their capacity to detect and report risks of aid diversion along the supply chain.[592] Training has a strong emphasis on inclusivity of minority groups to ensure that they are not excluded from aid. Staff from CSOs that advocate for or are led by minority groups were specifically targeted for training.[593]

**Overall, efforts have led to the strengthening of institutional capacity, as well as the development of policies that target fraud and aid diversion.** Key progress to date includes:[594]

- SodMA and the Ministry of Humanitarian Affairs and Disaster Management (MoHADM) developed a legal framework for ethical and legal compliance.
- Governments in Southwest, Jubaland, Banadir, and Puntland issued letters to criminalise the sale of aid.
- In Puntland, the MoHADM developed an Aid Diversion Prevention and Mitigation Strategy in 2024[595]
- In Somaliland, the government[596] has criminalised humanitarian aid diversion.[597]
- 100% of IP have anti-fraud policies and standards in place and 50% have policies in place specific to aid diversion. Prior to 2023, only 40% of IP had such policies.[598]

**Some limitations are to be noted however, highlighting how aid diversion is entrenched in Somalia's political economy.** In Baidoa in the Southwest for instance, none of the international and government partners involved in the Nutrition programmes attended the UNICEF-led training sessions on addressing aid diversion. In Dolow and Mogadishu, participant turnout was good, however minority clans were excluded from attendance and few women took part in the training. Beyond creating monitoring mechanisms, there is a need to empower communities to claim their rights and better hold governments accountable.[599]

**Within the Country Programme, UNICEF Somalia has developed an Eight-pillar Work Plan aimed at mitigating, preventing, and responding to aid diversion, as well as enhancing transparency and improving the monitoring and management of aid distribution.**[600] Progress on how the plan is applied is reviewed on a monthly basis.[601] The Plan prioritises beneficiary selection and verification, minority inclusion, enhanced monitoring of programmes and supplies, community feedback mechanisms and collaboration with government partners.[602] UNICEF has adopted multiple layers of aid monitoring and

[590] UNICEF, "Somalia Humanitarian Situation Report", 2024.
[591] *"AAP has been recognised as a strategic priority in Somalia to ensure an accountable and rights-based approach to response planning and to enhance the effectiveness and efficiency of aid.*" Cited in REACH, "Accountability to Affected Populations (AAP) - Multi-sector Needs Assessment (MSNA)", 2023.
[592] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024; KII2, Government stakeholder, Puntland.
[593] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024.
[594] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024.
[595] With a focus on creating a standardised, integrated package of services to improve aid distribution and accountability; KII1, UNICEF Staff, Puntland.
[596] Working with religious leaders, through the Ministries of Interior and Religious Affairs
[597] KII15, UNICEF Staff, Somaliland.
[598] KII13, UNICEF Staff, Nairobi.
[599] KII6, UNICEF Staff, Nairobi.
[600] KII13, UNICEF Staff, Nairobi.
[601] KII12, UNICEF Staff, Mogadishu.
[602] OCHA, "Somalia Situation Report, 4 June 2024", 2024; Guhad, M. Adam, "Addressing Aid Diversion", *UNICEF Somalia*, 2023.

accountability processes, which have been adopted by the field offices and customised to meet local needs, with a strong emphasis on collaboration with partners, particularly the government, to ensure effective implementation.[603]

**Supply chain monitoring was strengthened, including through in-person and remote field visits across districts,**[604] which serve as a direct source of feedback on aid distribution and assist in better aligning the targeting process and identifying the needs of beneficiaries. Field visits include direct interviews with beneficiaries and market scanning. Since 2023, 49 partners and 224 nutrition sites were monitored, with 175 sites visited in person and 49 monitored remotely.[605]

**UNICEF further digitised its inventory and supply management system processes to enhance transparency and efficiency.**[606] The digitisation of beneficiary registration systems, contributes to reducing the risk of "ghost" beneficiaries, prevents duplication and ensures correct delivery of aid to target populations.[607] UNICEF led on the digitisation of the OGOW health application and the Wasting Data Registry, which keeps track of children's health visits and clinical parameters, and enables monitoring of stocks and dispensing of nutrition aid.[608] Progress to date includes:[609]

- Strengthened systems to track and address reports live.
- Market trends indicate a reduced availability of diverted RUTF.[610]
- Identification of aid diversion patterns and hotspots.
- Revised assumptions of RUTF needs to prevent risk of over-supply.[611]
- Reduced RUTF distribution (2024), whilst maintaining coverage of child beneficiaries.

**Beneficiary identification was enhanced through data generation, with a focus on geographical targeting and inclusivity.**[612] The GeoSight platform was used to improve risk assessments and oversight of humanitarian operations.[613] By generating online maps with subnational indicators, GeoSight simplifies data visualisation and supports evidence-based decisions that enhance outcomes for children. In a context with multiple partners and conflicting reports, GeoSight proves to be a reliable data source in Somalia, enabling the filtering of information by location and boosting data accuracy.[614] Progress to date includes:

- Better targeting of assistance to marginalised groups in 61 districts (2023).[615]

**UNICEF is committed to the Community Engagement and Accountability (CEA) Strategy, which aims to shift power from aid providers to communities and local groups.** As such, UNICEF has increased community participation in decision-making processes, aiming to ensure fairness and transparency in aid distribution, and that the right people receive support.[616]

[603] KII1, UNICEF Staff, Puntland.
[604] KII12, UNICEF Staff, Mogadishu.
[605] From January to September 2024. Cited in UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024.
[606] OCHA, "Somalia Situation Report, 4 June 2024", 2024; UNICEF Somalia, "End of year results", 2023.
[607] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024.
[608] UNICEF. Digitizing the Wasting Registry in Somalia. Update for the Regional Taskforce on RUTF diversion. November 2024.
[609] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024.
[610] As seen through a per-sachet cost rise from 0.2 to 0.3 cents.
[611] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", January 2024.
[612] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024.
[613] KII8, UNICEF Staff, Mogadishu.
[614] UNICEF, "Somalia Appeal: Humanitarian Action for Children", 2024; Online KII10, UNICEF Somaliland CPIE
[615] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", January 2024.
[616] KII4, External partner, Puntland.

**Complaint and Feedback Mechanisms (CFMS) have been established as safe and trusted channels of communication, with attention given to the inclusion of minority voices.** UNICEF used multiple feedback channels, including the 2263 hotline and U-Report SMS 292. These feedback mechanisms harness the strong presence of national and civil CSOs, as well as frontline workers in close contact with the communities in areas of need.[617] Feedback has allowed UNICEF to track the distribution of aid more closely, identifying specific locations and individuals involved in aid diversion.[618] Additionally, community elders have been involved in monitoring aid distribution and ensuring that marginalised groups, such as women, receive the support they need.[619] Considering the increasing levels of community engagement, better ways of managing the feedback may need to be considered.[620] At the end of 2023, the Interoperable Aggregated Community Feedback Mechanism was endorsed by the HCT, with UNICEF leading on the development of Technical Standards and Guidelines to enhance community engagement. This will secure evidence based data for decision making in times of crisis.[621]

**Feedback mechanisms were enhanced through awareness raising efforts led with support from the government**,[622] including a mass media campaign using bulk SMS, U-Report, press releases, radio messaging and social media posts including web stories, and hugely popular animated video narratives shared through TV and WhatsApp (i.e., generating 4.5 million engagements) for instance on the proper use of RUTF and how to report its misuse. Progress to date includes:

- 13 aid diversion cases reported across 16 districts (2023)[623]
- Increased reporting of diverted aid with feedback through 2263 hotline and U-Report SMS292 rising to 4,600 cases by July 2024.[624]

**Though feedback and complaints mechanisms are in place across most communities, modalities, coverage and effectiveness vary.** Few CFM function as inter-agency mechanisms.[625] Information is mostly channelled through community leaders and as such, some voices can still be suppressed. Clan power structures dictate who can effectively make decisions regarding aid, namely camp leaders, village heads, clan elders and district authorities.[626] The humanitarian aid provision landscape in Somalia is rooted in deeply entrenched inequities and power dynamics that disproportionately affect marginalised groups. IDP camps, often controlled by profit-driven clan networks, reinforce these inequities, with dominant clans maintaining control even when the majority of the camp's residents are from other regions. These overlapping barriers perpetuate a cycle of exclusion and inequity in humanitarian assistance in Somalia.[627]

> *"We are experiencing injustice and mismanagement of UNICEF's intended programs and interventions. We are tired of the injustice done by the Somali people in our community regarding the*

[617] Community Engagement and Accountability Task Force, "Mapping of Complaint and Feedback Mechanisms (CFMs) in Somalia", 2023.
[618] KII2, UNICEF Staff, Mogadishu.
[619] KII1, Male Community representative, Hirshabelle.
[620] KII8, UNICEF Staff, Mogadishu.
[621] UNICEF, "Humanitarian Situation Report", 2024.
[622] KII3, UNICEF Staff, Mogadishu; KII2, UNICEF Staff, Mogadishu
[623] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", January 2024.
[624] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024.
[625] Community Engagement and Accountability (CEA) Taskforce, PSEA Network, Mapping of Complaint and Feedback Mechanisms (CFMs), 2023
[626] KII1, male community representative, Southwest; UNICEF Somalia, "Evaluation of the UNICEF L3/L2 response to the drought in the Horn of Africa", 2023.
[627] Human Rights Watch (HRW), "Hostages of the Gatekeepers: Abuses against Internally Displaced in Mogadishu, Somalia", March 2013; Guhad M. Adan, Humanitarian access for marginalized and minority populations in southern Somalia, 2022

*support of UNICEF. As local communities we are not authorized to engage UNICEF officials to discuss our needs and programs."* KII1, male community representative, Southwest

**As part of UNICEF's focus on Accountability to Affected Populations (AAP), and to ensure that aid reaches the most vulnerable and addresses exclusion,[628] UNICEF developed a Minority Inclusion Strategy** (2023), and integrated two new clauses in partner agreements requiring 10% of implementing partners staff to be from minority groups.[629] Moreover, UNICEF has developed strategic partnerships with minority focused CSOs and groups to establish mechanisms for tracking, feedback collection, and follow-up, ensuring aid reaches the intended beneficiaries and closing gaps in distribution.[630] Understanding the barriers faced by minorities and the power dynamics of aid distribution is essential.[631] UNICEF is entering into programme agreements with three minority group-led CSOs to generate data on barriers faced by those marginalised, improve feedback on service delivery and enhance partners' capacity for inclusion.[632]

**Though these interventions are overall seen as positive, overly focusing on the marginalised also carries a risk of reinforcing exclusion.** The current context of reduced global aid and humanitarian budget cuts has led to competition among beneficiaries, and increased tensions between those who receive and those who don't. When IDP communities are prioritised for aid for instance, it may lead to some resentment among host communities who feel they are bearing the brunt of aid reductions. It is therefore important to approach this prioritisation of vulnerable groups carefully, whilst responding to the needs of the broader population. Not all aid diversion issues stem from marginalisation, and conflating these topics can lead to oversimplified solutions or unintended consequences.[633]

**Direct payment mechanisms have been reinforced to increase transparency and reduce aid diversion risks.** For instance, in Somaliland, mobile money is used to ensure that funds reach the intended recipients[634] or payments are made direct to bank accounts.[635] The Harmonised Approach to Cash Transfers (HACT) is in place,[636] for transferring cash to the government, and other implementing partners. This approach is a common operational framework to all UN agencies, and is paying dividends with some ministries moving from 'high risk' to 'medium risk,'[637] though some implementing partners have raised limitations with delays as a result of this mode of payment.[638]

**Finally, to meet donor requirements, UNICEF has also incorporated independent third-party monitoring** (TPM), particularly useful in unsafe and hard to reach areas.[639] Spot checks also take place through external auditing companies hired from Nairobi. They work independently from UNICEF and carry out audits of UNICEF's partners,[640] assessing how they perform in the area of logistics and supply

[628] KII17, UNICEF Staff, Central South.
[629] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", January 2024.
[630] KII2, UNICEF Staff, Mogadishu.
[631] KII3, UNICEF Staff, Mogadishu.
[632] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024.
[633] KII6, UNICEF Staff, Nairobi.
[634] KII10, UNICEF Staff, Somaliland.
[635] KII15, UNICEF Staff, Somaliland.
[636] KII10, UNICEF Staff, Somaliland.
[637] KII3, UNICEF Staff, Mogadishu.
[638] KII3, CSO, Somaliland.
[639] UNICEF, "Update on UNICEF's Action on Aid Diversion, Prevention & Response in Somalia", September 2024; UNICEF RAM 2023 on WASH; Online KII18, UNICEF Central South WASH
[640] KII10, UNICEF Staff, Somaliland.

management, and how funds disbursed by UNICEF are managed.[641] This leads to a risk ranking of the implementing partner, on which UNICEF relies for further collaboration.

### EQ 4.2. To what extent has UNICEF efficiently responded to the adjustments in funding limitations over the course of the country programme cycle?

**Humanitarian needs globally have risen dramatically over the course of the CP cycle.[642] Yet, global humanitarian funding is steadily declining**,[643] and only one third of global humanitarian appeals are covered.[644] Whilst in the first phase of the CP, UNICEF Somalia received up to US$ 275 million in ORE funding, notably through global appeals such as the COVID-19 response, the availability of ORE funds has declined since 2023. Only 26% of the CP's 2023 Humanitarian Action for Children (HAC) appeal of US$ 272.3 million was funded.[645] Whilst the CP benefits still from surges of emergency funding, it tends to be directed at WASH, Nutrition and Health, and the other divisions whose work is considered less urgent, are critically underfunded.[646]

**In this regard, a number of important shifts have taken place within the CP since 2023. Based on the MTR recommendations, UNICEF is adopting a more integrated budgeting approach.**[647] As a result, the CO has started to incorporate forecasts of hard and soft pipelines including Regular Resources (RR), Other Regular Resources (ORR) and Other Resources for Emergencies (ORE) into their multi-year planning scenarios. This is useful as although the CP budget only includes RR and ORR, many programme targets are achieved - some overachieved - through ORE.[648] At the division level, in health, funding is increasingly considered through a whole sector approach and compiled into one health plan and budget. The Health division's harmonised service package was identified as an approach that could be replicated across the CP.[649]

**The CO is also working on optimising its resources** by identifying the main cost drivers and, in communication with donors, rationalising its approaches to spending and partnerships.[650] The decentralisation agenda was cited by CP staff as a way to reduce costs and improve efficiency. Following the MTR in 2023, efforts were made to prioritise investment and staffing, notably by scaling down the size of the CO and instead redistributing staff in the field offices.[651] The opening of field offices has decreased travel costs and improved cost efficiency of supply allocation, for instance of nutrition supplies.[652]

**A focus on systems strengthening, cross sectoral and multi-partner coordination, limits the duplication of efforts and reduces costs.** The Nutrition division has adapted to limited funding by building the capacity of systems and service providers, notably through the Somalia Food Systems,

[641] KII12, UNICEF Staff, Mogadishu.
[642] UN OCHA, "Global Humanitarian Overview", 2024.
[643] 7% decline in global funding in 2024. Cited in UN OCHA, "Global Humanitarian Overview", 2024.
[644] UN OCHA, "Global Humanitarian Overview", 2024.
[645] KII23, UNICEF Staff, Mogadishu.
[646] KII23, UNICEF Staff, Mogadishu.
[647] UNICEF Somalia, "Mid-Term Review", 2023.
[648] Ibid.; KII23, UNICEF Staff, Mogadishu.
[649] KII3, UNICEF Staff, Mogadishu.
[650] Inception KII3, UNICEF Staff, Mogadishu.
[651] KII23, UNICEF Staff, Mogadishu.
[652] KII8, UNICEF Staff, Mogadishu.

Nutrition and Climate Change Inter-Ministerial Council.[653] To respond to a funding crisis in Child Protection and Social Policy, UNICEF strengthened its partnerships with FAO and WFP through joint resilience programming.[654] Similarly, coordination with UN agencies and the clusters helps avoid duplication of efforts and makes more efficient use of resources.

**UNICEF has scaled down and streamlined its operations in certain programme areas, to focus on the most impactful interventions.** The Dowlad-Kaab programme on local governance implemented by the Social Policy division exemplifies this approach. The Dowlad-Kaab takes over from the JPLG programme, which ended in 2023 following delays and funding limitations.[655] It is set to adopt a phased approach to activities, and will focus on one district in each of the four FMS of intervention: Adaado in Galmudug, Jowher in Hirshabelle, Barawe in Southwest, and Kismayo in Jubaland.[656] Similarly, the Child Protection programme has scaled down to focus on targeting the most vulnerable populations, and has handed over programme facilities, such as several child-friendly spaces in the Central South region, to local authorities for continued management and service provision. The Health division has reduced some of its HIV interventions.[657] Such decisions to scale down are often resisted by the government, which prefers broad geographic coverage to UNICEF's focus on targeted interventions.[658]

**Finally, UNICEF Somalia is also reviewing its resource mobilisation strategies,** for instance targeting development financing from multilateral development banks and agencies to implement resilience-oriented projects - as raised under the Coherence section, as well as attracting new sources of funding from non-traditional donors. In particular, UNICEF staff highlighted that Gulf countries have a significant political and economic influence in Somalia, and present potential for resource mobilisation. Funding from Qatar and Saudi Arabia was received over the course of the CP and strengthening these partnerships is being explored.[659] Importantly, Somalia is reaching completion of the Highly Indebted Poor Countries Initiative which is likely to generate much donor interest. This presents opportunities for UNICEF to position itself for channeling of these funds.[660]

**Private sector funding presents opportunities, though UNICEF is tentative still.**[661] Scaling up private sector funding was identified as a recommendation of the MTR to be expanded to all UNICEF divisions. Considering the growth of the private sector, evidenced by the increase in the number of private schools and healthcare providers for example, corporate social responsibility commitments are identified as potential avenues of partnership.[662] Private sector involvement was also identified as an opportunity by donors in this evaluation.[663] UNICEF is taking steps in this direction by increasingly engaging with private foundations, national committees, and the Somali diaspora, to leverage funding for critical needs, such as immunisation.[664]

[653] This council was established within the Office of the Prime Minister, as Somalia joined the international Scaling Up Nutrition (SUN) Movement, as referenced in: UNICEF Somalia, "Nutrition Programme Strategy Note", 2023. Scaling Up Nutrition, "Creating an enabling policy and governance environment for nutrition amid humanitarian crisis: Action Brief", 2024; KII13, UNICEF Staff, Nairobi.
[654] Inception KII1, UNICEF Staff, Puntland; KII19, External partner, Mogadishu.
[655] UNICEF Somalia, "Somalia End of Year Results", 2023.
[656] UNICEF, "Background Note JPLG and Dowlad-Kaab Programme", Bulsho Development Partner Validation Workshop, Nairobi, 26 September 2024.
[657] KII17, UNICEF Staff, Central South; KII23, UNICEF Staff, Mogadishu.
[658] Inception KII3, UNICEF Staff, Mogadishu; KII6, UNICEF Staff, Mogadishu.
[659] KII1, UNICEF Staff, Puntland; KII23, UNICEF Staff, Mogadishu.
[660] KII23, UNICEF Staff, Mogadishu.
[661] KII23, UNICEF Staff, Mogadishu; KII15, UNICEF Staff, Somaliland.
[662] KII1, UNICEF Staff, Puntland.; KII7, External partner, Mogadishu.
[663] KII14, Donor.
[664] KII23, UNICEF Staff, Mogadishu.

**Furthermore, UNICEF pursues joint resource mobilisation with external partners, as well as cross-sectoral fundraising within UNICEF.**[665] Notable examples of programmes that have been funded this way include the cross-sectoral Joint Resilience Programme[666], the Joint Programme on Local Governance, the UNICEF-UNESCO partnership on Education which led to the UNDaunted programme implementation, the Joint Child Protection programmes on Human Rights with UNSOM, the Joint UNICEF-UNFPA Programme on the Elimination of FGM, and a joint programme with the IOM on community-based reintegration for CAFAAG.[667]

**Areas for improvement mainly concern UNICEF's handling of donor relations.** One donor stated that UNICEF lacks budget flexibility and pushes back on reporting demands. Delays in financial, as well as results reporting, was also raised as problematic.[668] Another donor stressed that UNICEF ignores funding limitations and keeps expanding interventions. This was noted to be the case for the Regional Drinking Water Programme (RWASH), whose budget was not sufficient to include all planned project sites, which UNICEF insisted on procuring. This has led to frustrations and strained negotiations with the donor.[669]

**More realistic funding targets and budget management were already recommended in the MTR,** which noted that unrealistic targets hamper efficiency as they can lead to donor scepticism and loss of credibility.[670] Although UNICEF staff highlighted that the organisation is reflecting on ways to prioritise its intervention, managing competing expectations from donors and the Somali government remains a major challenge.[671]

> *"We are caught between on one hand the government that has its own pressures and priorities. On the other hand, we have the donors, and in the middle is UNICEF that wants to maintain its credibility as a partner that achieves results.(...), expectations keep rising, while the funding envelope (...) is going down and down. It's a dichotomy that somehow has to be addressed."* KII23, UNICEF Staff, Mogadishu

**Though UNICEF Somalia is recognised and valued by donors for its technical expertise and strong relationship with government at the federal and state levels,[672] donors approached for this evaluation all highlighted that UNICEF is a costly organisation to partner with** - even compared to other UN agencies. Whilst declining humanitarian aid globally is forcing UN agencies and large NGOs to restructure, donors stress that UNICEF needs to prove more than ever that it delivers on its commitments to justify its high overheads.[673] The need to increasingly justify UNICEF's high cost structure is recognised by UNICEF Staff,[674] and needs to be examined in light of the poor partnership management issues highlighted above if UNICEF wants to maintain a comparative advantage.

[665] KII13, UNICEF Staff, Mogadishu.
[666] Inception KII1, UNICEF Staff, Puntland; KII19, External partner, Mogadishu; KII23, UNICEF Staff, Mogadishu.
[667] UNICEF Somalia, "2023 RAM Outcome: Child Protection", "2023.
[668] KII11, Donor.
[669] KII14, Donor.
[670] UNICEF Somalia, "Mid-Term Review", 2023.
[671] KII23, UNICEF Staff, Mogadishu; KII8, Government representative, Puntland.
[672] KII16, UNICEF staff, Somaliland; KII11, External partner, Mogadishu.
[673] KII11, Donor.
[674] KII23, UNICEF Staff, Mogadishu; KII6, UNICEF Staff, Mogadishu.

## 3.5 Sustainability

This criterion assesses UNICEF's ability to adapt its strategies and interventions, to ensure government ownership and sustainability of the programme, whilst also reviewing the successes and challenges of working directly with the government.

**EQ 5.1 How effectively has UNICEF Somalia adapted its strategies and interventions to ensure government ownership and sustainability of its Programme?**

**EQ 5.1.1.** What have been the successes and challenges of UNICEF's focus on working directly with the Government in this country's programme cycle?

**The MTR in 2023 emphasised the need for a strategic shift from humanitarian response to building resilient, robust systems, with an emphasis on capacity building to strengthen government coordination and ownership.** As such, multi-level cooperation with the government has been an increasing focus of the CP over the years. Whereas UNICEF previously mostly implemented through NGOs, it now collaborates closely with federal and state ministries in planning and implementing projects and activities, tailoring the level of involvement based on the capacities of each state. This has allowed for systems strengthening,[675] and better engagement.[676] By building the capacity of government services and increasingly delivering through the latter, the CP strives to build sustainable and resilient systems that can endure long after the programme ends.[677]

*"At the core of the reason why children were suffering in Somalia was the lack of a functional state, and we needed to find ways to work with the state and to support the rebuilding of Social Services, involving the government beyond just implementation."* KII6, UNICEF Staff, Mogadishu.

**This attention to working with and through government at federal, member state and local levels, is well received by donors[678] and mentioned as a key reason for choosing to partner with UNICEF.** Donors interviewed raise that UNICEF's closeness to government counterparts facilitates their access to coordination with local governments,[679] as well as allows them to broach sensitive topics, such as the need for gender focused programming, with UNICEF as an intermediary.[680] The CO's move to Mogadishu in 2018, and its long-standing work in Somalia, has contributed to UNICEF being a partner of choice for the government.[681]

**Working directly with the government presents some significant challenges, however**. These have been explored already under the Effectiveness Criterion section of this report, and include: aid dependency, weak institutional capacity, lack of effective cross sectoral coordination, lack of resources, the frequent government reshuffles and staff turnover, as well as the lack of priority alignment on issues

[675] KII15, UNICEF Staff, Somaliland.
[676] KII11, Donor.
[677] KII6, UNICEF Staff, Mogadishu; KII1, UNICEF Staff, Puntland; KII17, UNICEF Staff, Central South.
[678] KII15, UNICEF Staff, Somaliland.
[679] KII11, Donor
[680] KII14, Donor.
[681] KII16, UNICEF staff, Somaliland; KII4, UNICEF Staff, Mogadishu; KII4, Government representative, Jubaland.

pertaining to gender and to some extent child rights. These challenges to CP effectiveness, also pose challenges to the sustainability and ownership of the CP.

**Government stakeholders interviewed raise that Somalia is still in 'crisis mode,'** which leaves little time and resources for the government to build its capacity, scale up or take over interventions.[682] Local authorities have little funds to deliver basic services and benefit from little support in that regard from the state.[683] This fiscal context - characterized by a chronic difficulty in raising domestic revenue and fragile public financial management systems — has implications across all programme areas and represents a key structural barrier to the government taking over from UNICEF. This is confirmed by FGDs with beneficiaries highlighting their heavy reliance on Humanitarian agencies for support.[684]

**The decentralisation agenda is something that needs to be gradually absorbed, both financially and technically.** Capacity building is a lengthy and costly process, more expensive than implementing through existing UN or INGO partners.[685] Though the government has a key role to play in providing strategic direction for the provision of essential services, particularly with regards to Education, Health and Nutrition,[686] it is not yet fully capable of scaling up and taking over the implementation of projects. UNICEF's emphasis on capacity building and systems strengthening at all levels of government is crucial for the long run.[687]

**Already, UNICEF's direct work with the government is starting to pay dividends in terms of sustainability, particularly in Somaliland and Puntland where governments currently have stronger capacities to lead on programme implementation and takeover.**[688] For instance, UNICEF staff highlight that the Somaliland government has taken responsibility for managing social services and schools,[689] and took leadership on the development of policies and legislation, including child rights acts and the FGM Zero Tolerance policy.[690] In the recent general election campaign in Somaliland, the UpShift youth and livelihoods programme, a collaboration between UNICEF and the Ministry of Employment Social Affairs and Family was mentioned by the ruling party as one of its key achievements in creating entrepreneurship and employment amidst young people, a further example of uptake by the government.[691]

**Some flagship programmes have strengthened local government institutions and their uptake by the community.** For instance, taxation systems and government capacities to manage these effectively have significantly improved under the Joint Programme in Local Governance (JPLG).[692] As a result, local taxes in Somaliland and Puntland are increasingly being paid, even as UNICEF is no longer involved.[693] Importantly, local governments contributed financially to the programme. As a result, it is not thought of

[682] KII1 & KII6, Government stakeholders, Puntland; KII2, Government stakeholder, Southwest; KII3, Government representative, Mogadishu.
[683] KII1, UNICEF Staff, Puntland; KII2, UNICEF Staff, Mogadishu; KII20, External partner, Mogadishu; KII18, UNICEF Staff, Central South; KII3, Government representative, Mogadishu; KII2, Government representative, Southwest
[684] FGD1, Caregivers, Southwest.
[685] KII6, UNICEF Staff, Mogadishu.
[686] KII7, External partner, Mogadishu.
[687] KII4 & KII5, Government representatives, Mogadishu; Mogadishu KII2, external partner; Puntland KII7, external partner.;
[688] KII2, UNICEF staff, Mogadishu; KII1, UNICEF Staff, Puntland.
[689] Inception KII2, UNICEF Staff, Somaliland.
[690] KII6, UNICEF Staff, Mogadishu; KII16, UNICEF Staff, Somaliland.
[691] KII16, UNICEF Staff, Somaliland; KII10, UNICEF Staff, Somaliland.
[692] The JPLG is implemented since 2008 by five UN agencies: UNDP, UNICEF, UNCDF, ILO, and UN-Habitat - with funding from seven donors (Norway, Sweden, Netherlands, Switzerland, Denmark, the EU, and USAID) through a Multi-Donor Trust Fund (MDTF). On April 29, 2024, the Steering Committee (SC) approved a new phase of the programme, and the DSRSG emphasised the need to streamline the programme, reducing the number of UN agencies to three: UNDP, UN-Habitat and UNICEF; UNICEF, "External Evaluation of UN Joint Programme on Local Governance and Decentralised Service Delivery", 2023
[693] KII6, UNICEF Staff, Mogadishu.

as donor funded, and this has ensured a strong sense of ownership.[694] The Unified Social Registry led by the Social Policy division, is a social safety net system owned and managed by the Government through the Ministry of Labour and Social Affairs and Ministry of Interior. It is the first step to a potentially integrated and cross-sectoral social policy system that provides support to communities and most vulnerable households in terms of education, health, and nutrition.[695] The Joint Resilience programme (JRP) was also mentioned by donors, partners and government stakeholders as a flagship programme showing results that are sustainable and government led.[696] Partners highlight that the JRP actively contributed to building government capacity for cross sectoral work, encouraging different line ministries to take ownership of the programme's direction.[697] It also raised capacities and ownership within communities.[698]

**The WASH division has supported local governments to increasingly take the lead in the construction and rehabilitation of water systems.** Local authorities now handle procurement, contracting and much of the supervision. States also play a key role in community mobilisation, training, and monitoring. Strong local government ownership of the WASH programme was demonstrated in November 2024 in Central South State when, following an attack on a WASH facility jointly run by the Ministry of Water and UNICEF, the Ministry took the full responsibility of repairing the facility by itself.[699]

**Large scale water infrastructure projects are still managed by UNICEF however, state governments contribute significantly to decision-making, including allocations, site selection and overseeing of implementation.** This collaborative approach not only ensures effective project delivery; it also contributes to the incremental strengthening of state capacities in managing essential services. Where state capacity has been too low to take over once the project ends, PPP modalities have been implemented in Jubaland and in Southwest. Handing over management of the WASH facilities to private companies was noted to support sustainability, better than handing over to the communities.[700]

**Some key progress in enabling government takeover of interventions was made in Education and Child Protection, though limited government funds are noted as constraints.** In Education state-level ministries have been supported to take over the management of teacher payrolls so that education efforts can be sustained beyond the programme.[701] Whilst capacity is enhanced, the government does not yet have the full capacity to provide for teacher salaries, learning materials, and school feeding.[702] Similarly the Child Protection division jointly implemented a Social Worker programme with the government and academia, ensuring that universities have capacity to train social workers, and that graduates are directly incorporated into the civil service. Half of the programme's graduates were taken in by the Ministry of Women Human Rights and Development.[703] Finally, fieldwork conducted in IDP settings in Jubaland and Southwest reveal that UNICEF has successfully built local government capacity to play an increasing role in addressing critical needs, particularly with regards to education and child protection.[704] Children

[694] KII6, Government representative, Mogadishu.
[695] KII3, UNICEF Staff, Mogadishu.
[696] KII14, Donor; KII19, External partner; KII1, Government stakeholder, Puntland; KII20, External partner, Mogadishu.
[697] KII19, External partner, Mogadishu; KII6, Government representative, Mogadishu.
[698] KII20, External partner, Mogadishu.
[699] KII18, UNICEF Staff, Central South.
[700] KII18, UNICEF Staff, Central South.
[701] Ministry of Education and Science in Somaliland, Ministry of Education, Culture and Higher Education in Puntland, and Ministries of Education in Central South member states; KII15, UNICEF Staff, Somaliland.
[702] KII20, External partner.
[703] KII16, UNICEF Staff, Somaliland; KII3, UNICEF Staff, Mogadishu; KII10, UNICEF Staff, Somaliland.
[704] KII1, male community representative, Southwest.

interviewed in these settings support this finding, and acknowledge the government's role as their provider, though again limited funds hinder government capacity to answer all their needs.[705]

> *"Now that the funds have finished and the organisation left us. The federal government has sent 3 teachers for all the classes, that number of teachers will not suffice. We need more teachers and learning materials like pens."* FGD1, Girls 15-24, Jubaland.

**Finally, programme handover to the government and capacity building to take the lead, is increasingly enabling governments to access development funding.** Increased legitimacy and capacity of governance in Somalia is highlighted by donors as a success story and is attracting grants from international financial institutions. The World Bank for instance, is directly funding the federal government to lead the Baxnaano social protection programme[706] - a cash transfer intervention implemented by the Ministry of Labour and Social Affairs, in partnership with WFP and UNICEF.[707] UNICEF's support to the development of a National Transformation Plan is key in facilitating government access to these funds.[708]

**Going forward, partners interviewed for this evaluation underlined the need for very clear exit strategies** in the initial stages of UNICEF programme design.[709] The need for more awareness raising at the community level to build social cohesion and understanding of the importance of the programme, with clear guidance on how the communities themselves can participate and support local governments in running these, was flagged.[710]

## 3.6 Cross-Cutting Themes

This criterion addresses the integration of cross-cutting themes into the CP.

### EQ 6.1. How are cross-cutting themes like gender, disability inclusion, and climate change integrated into the programme's strategies?

**In UNICEF's Strategic Plan 2022-2025, gender equality, disability rights and climate action are stated as priorities for the organisation and as cross-cutting core values that need to guide programmatic work.** The organisation commits to a gender-transformative approach across the nexus, increasing investments in differentiated programming and enhancing the availability and quality of both gender- and disability-disaggregated data. Climate change is tackled in a whole-of-organisation approach and embedded in programming.[711]

**Whilst UNICEF SCO does not have a Strategy in place for the integration of disability inclusion[712] or climate change,[713] it has recently updated its guiding Gender Equality Strategy,[714]**

[705] FGD1, Girls 15-24, Jubaland.
[706] KII14, Donor.
[707] World Bank, "Somalia: Shock Responsive Safety net for Human Capital Programme - Baxnaano Targeting Approach", 2022.
[708] KII16, UNICEF Staff, Somaliland.
[709] KII5, Government representative, Jubaland; KII7, External partner, Mogadishu ; KII8, Government representative, Puntland.
[710] KII8, Government representative, Puntland; KII3, Government representative, Southwest; KII7, External partner, Puntland; KII2, CSO, Somaliland.
[711] UNICEF, "UNICEF Strategic plan 2022-2025: Renewed ambition towards 2030, 2022.
[712] KII4, UNICEF Staff, Mogadishu; UNICEF Somalia, "Mid-Term Review", 2023.
[713] KII4, UNICEF, Staff Mogadishu.
[714] UNICEF Somalia, "Gender Strategy 2025-2028", 2024.

**operationalised through the SCO GAP (2022-2025).** The GAP (2022-2025) highlights UNICEF Somalia's commitments to 1. Integrate gender equality results across the life cycle of the CP and its strategic goals; 2. Prioritise leadership and wellbeing of adolescent girls; and 3. A gender transformative workplace. The GAP III also stresses the need to improve inclusion of women, girls and children with disabilities across all interventions, and underlines a commitment to institutional accountability and ownership. Leading by example is seen as crucial for the organisation to conduct transformative work in all of the cross-cutting areas.[715] Efforts to integrate gender, disability inclusion and climate change into the Somalia CP have redoubled since the MTR in 2023,[716] and are discussed below.

### 3.6.1 Gender

**Some small progress on gender has been achieved over the course of the CP**, with the 2023 Social Norms Survey highlighting improvements in personal beliefs, social norms around family honour and child marriage, and increased confidence in GBV services among participants and the wider community.[717] These are not palpable transformational impacts, however. In Somalia, deeply rooted patriarchal norms limit women's and girls' access to essential services, reinforcing gender inequalities in access to education, healthcare,[718] and economic opportunities. Social expectations prioritize domestic roles for women, restricting their mobility and decision-making power.[719] Harmful practices such as female genital mutilation (FGM) and child marriage remain widespread, driven by cultural and religious justifications, despite their detrimental impact on health and rights.[720]

**UNICEF staff raise that lack of gender balance in government, as well as deep rooted cultural beliefs and the influence of religious groups, presents a hindrance** to making real progress.[721] Limited access to remote communities is another factor to consider.[722] The lack of gender landscape analysis to generate evidence on what works and what does not, was noted as another obstacle to gender work in Somalia, and as a missed opportunity to inform SBC strategies.[723]

#### Lead by example

**Gender parity in the organisation was not achieved over the course of the CP**, with men overall comprising 71% of the UNICEF workforce. Disparities are higher still among national staff, with men making up 82% of employees.[724] These recent findings are acknowledged by management, who recognise the need to increase female recruitment.[725] The female internship programme[726] whereby UNICEF staff commit to mentoring young women, is part of the CP "lead by example" strategy. Moreover, a small percentage of programme staff may be reluctant to challenge gendered social and cultural norms,[727] as

[715] KII3, UNICEF Staff, Mogadishu.
[716] KII3, UNICEF, Mogadishu; KII4, UNICEF staff, Mogadishu.
[717] UNICEF, "Somalia RAM: Child Protection", 2023; KII3, UNICEF Staff, Mogadishu.
[718] World Health Organization. Barriers to Reproductive Health Access in Somalia. 2021.
[719] Ali, Ifrah. "Gender Roles and Women's Access to Services in Somalia." Journal of African Studies, 2022.
[720] UNICEF. Female Genital Mutilation in Somalia: Prevalence and Impact. 2023.
[721] KII1, UNICEF Staff, Puntland.
[722] UNFPA and UNICEF. Joint Programme on the Elimination of FGM: Progress Report 2023. New York: UNFPA, 2023.
[723] Inception KII1, UNICEF Staff, Puntland; KII8, UNICEF Staff, Mogadishu.
[724] UNICEF Somalia Gender Programmatic review, 2024
[725] KII3, UNICEF Staff, Mogadishu.
[726] UNICEF Somalia "Gender Programmatic Review", 2024; KII3, UNICEF Staff, Mogadishu.
[727]When asked whether men are entitled to engage in violence against women and children if they have a good reason, 4% replied yes and 2% were unsure. When asked whether FGM/C is a cultural practice that UNICEF should not interfere with, 2% agreed and 6% were unsure. When asked whether it makes economic sense for girls under 18 to marry, 2% said yes and 4% were unsure. Menstruation is considered a taboo by 2% of respondents. Cited in UNICEF Somalia Gender Programmatic Review, September 2024

revealed in the GPR (2024) and through the evaluation fieldwork.[728] Redressing the gender balance within the organisation can help promote better ownership of gender issues in the next CP.

**The CP holds a Zero Tolerance policy for violence, abuse, discrimination, and harassment, and the prevention of sexual exploitation and abuse (PSEA) is a priority.** A multi-pronged PSEA feedback and complaints reporting mechanism is in place within UNICEF, and 98% of staff are aware of the steps to report sexual harassment.[729] The GPR (2024) however highlights that 6% of UNICEF SCO staff report having experienced sexual harassment at work; while 10% do not consider that reporting sexual abuse will lead to any change, and 17% fear repercussions if doing so. The Zero Tolerance policy extends to UNICEF implementing partners. CSOs are required to pass a PSEA Assessment prior to signing a partnership. PSEA is incorporated into programming through an associated RAM indicator. While the Nutrition section made significant efforts to incorporate PSEA into its documents, PSEA is overall insufficiently reported on.[730]

### Gender mainstreaming

**UNICEF CP has a dedicated gender specialist since 2024, supporting UNICEF divisions with mainstreaming gender into their interventions.**[731] A gender taskforce is also in place, made up of programme deputy representatives, the gender, disability and PSEA specialists, as well as focal points from each of the CO and FO divisions. The gender taskforce meets quarterly to drive and monitor gender equality results at country level, advance gender mainstreaming and implement targeted actions and investments advancing gender equality.[732] Gender focal points are in place within sectoral ministries, however their capacity for gender work is overall weak.[733]

**Gender targets are in place to ensure that interventions reach girls and women,[734] and 15% of all funding is earmarked towards gender activities under each programme**.[735] Current RAM indicators, however, do not mention this budget allocation and programme documents do not specifically track or record gender-related expenditures. A Knowledge, Attitudes, and Practice (KAP) survey, distributed to UNICEF CO and FO staff to inform the GPR (2024), revealed that less than a third of respondents knew about this allocation - highlighting the need for better training and clarity on gender budgeting and financial tracking within the organisation.[736]

**Capacity to conduct gender analysis and apply gender knowledge is varied, and as a result the gendered impacts of intervention, not always adequately captured.**[737] Disaggregated gender indicators have been developed for monitoring and reporting.[738] These are also captured in partnership agreements,[739] as well as in feedback mechanisms such as the U-Report.[740] The GPR (2024) highlights however, that these indicators are not systematically reported on by all the divisions.[741] Though gender is factored into programmatic planning in Social Policy for instance, the reporting language is too gender

[728] KII7, UNICEF Staff, Mogadishu.
[729]UNICEF Somalia "Gender Programmatic Review", 2024.
[730]UNICEF Somalia "Gender Programmatic Review", 2024.
[731] KII3, UNICEF Staff, Mogadishu.
[732] UNICEF Somalia, "Terms of Reference Somalia Country Office Gender Task Force and Gender Focal Point", 2024.
[733] KII7, UNICEF Staff, Mogadishu.
[734] KII4, External partner, Puntland.
[735] UNICEF, "Gender Action Plan III", 2024.
[736] UNICEF Somalia "Gender Programmatic Review", 2024
[737] KII7, UNICEF, Mogadishu.
[738] KII5, UNICEF Staff, Somaliland.
[739] KII17, UNICEF Staff, Central South.
[740] KII18, UNICEF Staff, Central South.
[741] UNICEF Somalia "Gender Programmatic Review", 2024

neutral and does not allow for in-depth gender analysis.[742] Improving reporting on gendered impacts can prove valuable in securing donor support.[743] Gender training has been offered over the past three years for the Social Policy, Education and SBC teams on gender and humanitarian work, and is paying dividends. Social Policy for instance integrates gender into most of its interventions, and SBC and the gender specialist work closely together, co-reviewing each other's work and carrying out joint campaigns.[744]

**Overall, UNICEF's divisions are found to be gender responsive, with Child Protection, Education and Nutrition leading the way.** Gaps were noted in the CP engagement with adolescent girls, now a focus of the updated Gender Strategy (2022-2025) and of the next CPD.[745] This is important, as adolescent girls - neither belonging to the child or woman target group - have not benefitted thus far from targeted interventions.[746] Strategies to integrate gender into programming include targeted interventions, advocacy, awareness raising and platforms to raise the voice of boys and girls. These are explored below.

**Child Protection leads on gender sensitive interventions, addressing harmful behaviours against which predominantly affect girls and women, including sexual and domestic violence, child early and forced marriage (CEFM), FGM and/ or cutting.[747]**

Collaborations to drive change are taking place with women-led organisations,[748] religious leader groups, and national coordination mechanisms, such as the GBV Area of Responsibility and the Interagency Gender Mainstreaming Working Group. More formal collaborations with the Ministry of Religious Affairs at federal and state levels are being considered in order to better engage in dialogue and advance sensitive gender issues.[749] The division also targets Children Associated with Armed Forces and Armed Groups (CAAFAG) children - the majority boys. CAAFAG reintegration programmes have been designed to ensure that gender specific needs are addressed, while promoting children's rights and well-being upon return to civilian life.

**Child Protection advocates and supports legislative reforms and policies that ensure equal rights and opportunities for girls and boys**, as well as the enactment of critical legislation, including the FGM Bill, the Child Marriage Bill, and the Child Rights Bill.[750] In 2024, UNICEF issued a Joint Declaration against FGM, alongside UNFPA and the US Embassy in Somalia.[751] The amendment of the FGM bill in Galmudug in 2024 is seen as a key win.[752] Advocacy to prevent children, predominantly boys from minority groups[753], from getting recruited into conflict and to support the reintegration of CAAFAG is also pursued, with some notable progress in areas under government control.[754]

[742] KII7, UNICEF Staff, Mogadishu.
[743] KII7, UNICEF Staff, Mogadishu.
[744] KII7, UNICEF Staff, Mogadishu.
[745] UNICEF Somalia "Gender Programmatic Review", 2024; KII7, UNICEF Staff, Mogadishu.
[746] KII7, UNICEF staff, Mogadishu; KII8, UNICEF Staff, Mogadishu; KII7, External partner, Mogadishu.
[747] UNFPA, Gender Bases Violence AoR Somalia, Voices from Somalia: A qualitative assessment, 2023.
[748] such as Women Action for Advocacy and Progress Organization (WAAPO), IIDA Women Development Organisation, WARDI Relief and Development Initiatives, and Puntland Minority Women Development Organisation. Based on stakeholder mapping exercise, in Annex 5.
[749] KII10, UNICEF Staff, Somaliland.
[750] UNICEF Somalia Gender Action Plan 2022-2025; KII21, UNHCR, Mogadishu.
[751] Inception KII2, UNICEF Staff, Somaliland. UNICEF Somalia, "A call to action for the future of Somali women and girls: Joint declaration against FGM", 2024.
[752] KII17, UNICEF Staff, Central South.
[753] Samuel Hall Conflict-Sensitive Capacity Gap Assessment to Prevent and Respond to the Recruitment of Children into Armed Forces and Armed Groups 2022.
[754] KII17, UNICEF Staff, Central South.

**Child Protection also provides capacity building**[755] **and awareness raising on gender sensitive approaches and topics.** At the community level, awareness raising takes place through community engagement, media campaigns, and education programmes to challenge harmful social norms and promote gender equality.[756] Awareness raising through collaboration with religious leaders was noted as particularly effective at the local level. SBC has a key role to play in supporting these interventions. The SBC section has notably contributed to the child protection joint work plan with ministries, and engages with the umbrella body of religious groups to support community mobilisation and social norms change activities.[757] For instance, SBC recently supported the '16 days of activism' campaign against GBV.[758]

**In Education, UNICEF strongly advocates to improve girls' access by addressing some of the barriers they face,** such as child marriage, GBV and menstruation. Advocacy to encourage women to join the teaching workforce, seen as a catalyst for encouraging girls to come to school, is pursued.[759] Close collaboration with the WASH division has enabled gender sensitive sanitation facilities in schools in the Central South region, meaning gender segregated, lockable facilities, with lighting at night, that contribute to girls feeling safe in school.[760] Awareness raising led by the SBC division has familiarised school students with menstrual health management.[761]

**The Girls Empowerment Forum (GEF) provides a platform for girls' voices to be heard**, and aims at raising girls' confidence through building their communication skills, helping them understand and articulate emotions, and navigate conflicts with friends, parents, and others.[762] Under this initiative, female teachers have been trained to mentor adolescent girls across 30 schools.

**In Nutrition, the division has integrated gender into its interventions, leveraging on the role that women and girls' play in household feeding practices.** A small-scale study to identify social norms that present barriers to girls and women around feeding practices, currently underway, is to be noted.[763] The Nutrition division has also integrated work on harmful gender norms that discriminate against girls, such as FGM and child marriage within some of its interventions - although this work was noted to be mostly driven by the donor.[764]

**While the Social Policy programme document is largely gender-blind, staff workshops carried out in the elaboration of the GPR revealed consistent gender inclusion in the section's activities**.[765] Social Policy notably developed a women- and child-responsive window of the national social protection programme targeting pregnant and lactating women and covering the first 1,000 days.[766] The Village Saving and Loans Associations (VSLAs) in Jubaland supported women-led households in the management of a social fund that contributed to women's economic empowerment.[767] In Puntland, Social Policy contributed to increasing women participation in politics, as reflected in the most recent "one person one vote" elections.[768]

[755] KII3, UNICEF Staff, Mogadishu.
[756] UNICEF Somalia. Annual Report 2023: Advancing Gender Equality and Child Protection. Mogadishu: UNICEF, 2023.
[757] KII2, UNICEF staff, Mogadishu.
[758] The 16 days of activism campaign is led by UN Women; KII7, UNICEF Staff, Mogadishu.
[759] KII2, Government representative, Southwest
[760] KII17, UNICEF staff, Central South.
[761] KII7, External partner, Puntland.
[762] Ministry of Education, Culture and Higher Education: Gender Policy for the Education Sector in Somalia, 2020.
[763] KII8, UNICEF Staff, Mogadishu.
[764] KII7, UNICEF Staff, Mogadishu.
[765] UNICEF Somalia "Gender Programmatic Review", 2024.
[766] KII6, UNICEF staff, Nairobi.
[767] KII20, External partner, Mogadishu.
[768] KII8, government representative, Puntland.

**WASH and Health are overall gender responsive.** The WASH division applies an intersectional lens, notably in its inclusion of women in activities in IDP settings and gender-responsiveness in building sanitation facilities; it has integrated gender in its ToC.[769] In HEALTH, gender is embedded in the programme's focus on maternal health, though gender reporting and gender norms could be further addressed.[770] A Gender Barrier Analysis, reflects the immunisation team's commitment to gender-responsive programming, followed by a promising Action Plan.[771]

> *"We are still struggling with negative social norms, including early marriage and the whole issue, even of girls going to school is a major challenge."* KII1, UNICEF Staff, Puntland.

### 3.6.2 Disability

**Children with disabilities face social stigma and discrimination**, limited access to education, healthcare and socio-economic opportunities.[772] They encounter verbal and physical abuse, and are generally isolated and excluded from decision making.[773] Many are hidden by their families due to cultural beliefs that associate disability with misfortune and bad omen. Girls with disabilities are particularly vulnerable to gender-based violence, including sexual abuse, with many cases going unreported due to fear of stigma.[774] The National Disability Agency (NDA), created in 2021, contributes to raising awareness of disability rights and legislation, and engages with Organisations for Persons with Disabilities (OPDs) notably through capacity building.[775]

#### Lead by example

The SCO management has acknowledged a need to better align with the UN Disability Inclusion Strategy and build a more inclusive workforce,[776] particularly since the GPR (2024) highlighted that persons with disabilities were not considered for recruitment. This lack of representation is also remarked upon by youth approached during this evaluation.

> *"You will not see even one disabled person in the organisation. It would be nice if the disabled people were encouraged."* FGD1, Girls 15-24, Jubaland

#### Disability mainstreaming

**A disability specialist joined the office in 2024, and supports UNICEF divisions to mainstream disability inclusion across their interventions**.[777] A Disability Inclusion Taskforce has been established

[769] UNICEF Somalia "Gender Programmatic Review", 2024. ONline KII18, UNICEF staff, Central South. Online KII7, UNICEF staff, Mogadishu.
[770] UNICEF Somalia "Gender Programmatic Review", 2024.
[771] KII7, UNICEF, Mogadishu
[772] United Nations Somalia, United Nations Sustainable Development Cooperation Framework 2021-2025, 2020
[773] KII5, Female Community Representative, Puntland; National Disability Agency, "National Disability Report", 2024; National Disability Agency, 'Disability Needs Assessment Survey Report, Dignity Disrespected: The perceptions and priorities of persons with disabilities in Somalia', 2023.
[774]Ministry of Women and Human Rights Development (MoWHRD) of the Federal Republic of Somalia, "A rapid assessment of the status of children with disabilities in Somalia", 2020.
[775] KII5, UNICEF Staff, Mogadishu.
[776] KII3, UNICEF Staff, Mogadishu.
[777] KII3, UNICEF Staff, Mogadishu.

with close collaborations with the National Disability Agency (NDA) and a network of OPDs.[778] Targets are in place to ensure that programmes reach children with disabilities.[779] No budget however, is currently allocated to the inclusion of disability activities within interventions.[780]

**Though the CP has developed disability disaggregated indicators for monitoring and reporting, these are not mandatory.**[781] The RAM 2023 report for instance includes a disability indicator, yet it is not reported on.[782] Staff interviewed also admit gaps in properly monitoring and evaluating disability indicators.[783] The GPR highlighted that only a few divisions thought about the special needs of persons with disabilities when designing projects or interventions, and consulting OPDs is not regularly upheld.[784]

> *"When people are counted to be given aid, [disabled people] are not given any, the crippled are not given the clutches they need for walking or wheelchairs. When they go to the offices, they are not even acknowledged because they are not interacted with."*
> FGD1, Girls 15-24, Jubaland

**Capacity to integrate disability inclusion varies across the organisation and most divisions could have benefitted from capacity building** on this cross-cutting theme over the course of the CP.[785] In 2024, the GPR found that 49% of surveyed UNICEF staff had not received disability inclusion training in the last three years and were not aware of any training modules available on this theme. It also found that staff awareness of OPDs was low.[786] To remedy this, training modules on disability inclusion have recently been developed and a comprehensive mapping of OPDs across Somalia was conducted, providing valuable insights for future collaborations and targeted interventions.[787]

**The evaluation found that disability is overall not well integrated into the CP, and so far efforts are concentrated in Education and Child Protection.** Strategies to integrate disability considerations into programming include advocacy, capacity building, awareness raising and partnerships. These are explored below.

**In Education, UNICEF advocates for the inclusion of children with disabilities in mainstream education systems.**[788] This has led to the establishment of a Children with Disabilities advisory board in Somaliland, which contributed to developing an education roadmap to support children with disabilities access schooling.[789] In Jubaland, advocacy efforts led to an increase in the schooling uptake of children with disabilities.[790] UNICEF also integrates disability through the distribution of inclusive learning

[778] UNICEF Somalia, "Humanitarian Situation Report no. 7", July 2024.
[779] Inception KII4, UNICEF Staff, Mogadishu.
[780] KII5, UNICEF Staff, Mogadishu.
[781] KII15, UNICEF Staff, Somaliland.
[782] UNICEF Somalia "Gender Programmatic Review", 2024
[783] KII16, UNICEF Staff, Somaliland.
[784] UNICEF Somalia "Gender Programmatic Review", 2024.
[785] with 24% of staff not receiving any gender-related training *and 49% not receiving any disability inclusion training in the last three years.*; Cited in the UNICEF Somalia Gender Programmatic review, 2024
[786] UNICEF Somalia "Gender Programmatic Review", 2024.
[787] KII5, UNICEF Staff, Mogadishu.
[788] KII5, UNICEF Staff, Mogadishu.
[789] UNICEF Somalia, "RAM End of Year Summary Report 2024", 2025.
[790] KII4, Government representative, Jubaland.

equipment and material, teacher training,[791] and through collaborations with the WASH division to bring inclusive sanitation facilities into schools.[792]

**The UNdaunted initiative is an example of disability targeted programming**, which also covers gender.[793] Implemented from 2019 to 2024 with support from Global Affairs Canada, the initiative improved gender- and disability-responsiveness of schools through capacity building to government counterparts and teachers, child protection support, and improving support to gender and disability-responsive school infrastructure.[794] It targeted over 1,200 children with disabilities, including 600 girls, in 127 schools.[795]

**The Child Protection division pursues advocacy in favour of inclusive policies and legislation that protect children with disabilities** from violence, neglect and discrimination,[796] and align with the Convention on the Rights of Persons with Disabilities (CRPD) and the UN Convention on the Rights of the Child (CRC). Advocacy efforts and technical support, in partnership with the UN Transitional Assistance Mission in Somalia (UNTMIS), led to the new Somali Disability Rights Protection Law in 2024. This law ensures that persons with disabilities have access to essential services, that they are protected from discrimination and actively promotes their participation in society. In Puntland, UNICEF carried out advocacy for district- and local-level authorities to integrate people with disabilities in civic engagement, encouraging their participation in politics and social services.[797]

**Child Protection also supports disability inclusion through capacity building and notably through its technical role in the Disability Inclusion Working Group,**[798] a standalone entity established to facilitate inter-sectoral and inter-agency coordination on disability inclusion between clusters, UN agencies, civil society actors and government authorities.[799] UNICEF contributes by providing support on disability inclusion analysis. A disability clinic took place recently with UNOCHA to ensure that disability is taken into account in the Humanitarian Needs and Response Plan (HNRC) analysis.[800] Similarly, UNICEF supported the NDA in providing capacity building on disability inclusion to OPDs, enhancing awareness of disability rights, and mapping their presence.[801] Online training modules were also recently developed for frontline aid workers and external partners. These modules are in English and translation into the local languages was raised as a need going forward.[802] Local authorities and service providers could also benefit from training.[803]

**More efforts to integrate disability inclusion across WASH, Social Policy, Health and Nutrition are needed.** The WASH division has developed disability standards, however staff raise they currently lack a strategy to systematically integrate disability inclusion.[804] Some steps towards disability inclusion were

[791] KII1, Government stakeholder, Puntland; Inception KII4, UNICEF staff, Mogadishu; UNICEF Somalia, Disability Supporting People with Disabilities in Somalia, 2021.
[792] KII15, UNICEF Staff, Somaliland.
[793] Inception KII4, UNICEF Staff, Mogadishu.
[794] UNICEF Somalia, "Programme strategy note: Education", 2023. Inception KII4, UNICEF Staff, Mogadishu. Online KII15, UNICEF staff, Somaliland.
[795] UNICEF Somalia, "Programme strategy note: Education", 2023.
[796] Ministry of Women and Human Rights Development, Rapid Assessment of the Status of Children with Disabilities in Somalia, Federal Republic of Somalia, 2020.
[797] Mogadishu KII6, Government representative; Puntland KII8, Government representative.
[798] The working group falls under the Protection Cluster co-chaired by UNHCR and Humanity International.
[799] Handicap International, "Establishment of the Somalia Inter-Agency Disability Inclusion Task Team", 2024.
[800] KII5, UNICEF Staff, Mogadishu.
[801] KII5, UNICEF Staff, Mogadishu.
[802] KII5, UNICEF Staff, Mogadishu.
[803] KII5, Government representative, Jubaland; KII2, Government representative, Galmudug.
[804] KII18, UNICEF Staff, Central South.

noted, such as the systematic inclusion of disability consideration when building sanitation facilities in Jubaland.[805] The Social Policy division does not carry out disability-specific activities, though it does pay close attention to the inclusion of children with disabilities in government social protection programmes.[806] Disability is not mentioned in the Health and Nutrition programme strategy documents. More can be done across all divisions to develop civil society capacities and to create a national platform for Persons with Disabilities in Somalia, linked to the African Regional Forum. This has proven in other African countries, in mainstreaming PWD rights in national policies and ensuring advocacy in Social Protection in the long-term.[807]

### 3.6.3 Climate Change

Somalia is one of the most vulnerable countries to climate change globally.[808] The unprecedented level of need over the course of the CP has been driven largely by drought that has surpassed past droughts in severity and duration.[809] Conflict and political fragility worsen the impacts, especially for women, children, the elderly, IDPs, and rural populations.[810] The need to integrate climate change as a cross-cutting issue in the CP is well understood by UNICEF staff, and confirmed as crucial by donors, government stakeholders, and community representatives approached during this evaluation.

> *"The impact of climate change, it is one of the largest issues we face. We have both floods and droughts, which have a huge influence on our livelihoods, cattle, and crops. This has driven us to evacuate the locations where we previously resided, where we enjoyed a wonderful existence."* KII1, male community representative, Mogadishu

#### Lead by example

Climate considerations have been integrated at office level, with efforts to transition to green energies, including solar powering and climate-friendly water provision.[811]

#### Climate mainstreaming

**Climate change was integrated in the Resilience division in 2023, which marked the start of the CP having a designated climate budget.**[812] Climate resilience mainstreaming requires long term investments and funding.[813] Since then UNICEF has gained accreditation from the Green Climate Fund.[814] Dialogue with donors has been initiated, looking at transforming basic service delivery through green energy and tapping into the market of carbon credits and carbon financing for communities.[815]

[805] KII5, Government representative, Jubaland.
[806] UNICEF Somalia, "Programme strategy note: Social policy", 2024.
[807] UNICEF, "Independent Final Evaluation of the United Nations Joint Programme: Towards a Somali Led Transition to National Social Protection Systems (2020-2021)", 2022.
[808] Ranked 178 out of 185 on the ND-GAIN climate vulnerability Index (2024).
[809] Programme 2021-2025: Water, Sanitation and Hygiene (WASH) Revised Programme Strategy Note 2023-25', 2023.
[810] EACDS, Climate and Health Vulnerability and Adaptation Assessment to Determine Climate Support to Better Lives Programme Supported Health Facilities in Somalia, 2024.
[811] KII10, UNICEF staff, Somaliland.
[812] KII9, UNICEF staff, Mogadishu; The CP was allocated a thematic funding pool for Climate, Environment and DRR in 2023, while part of the WASH funding was allocated to climate resilient WASH programming.
[813] KII7, UNICEF Staff, Central South; KII3, Government stakeholder, Puntland.
[814] Inception KII2, UNICEF Staff, Somaliland.
[815] KII1, UNICEF Staff, Puntland.

**Climate resilient system strengthening is highlighted as a competitive area for funding**, and the MTR suggested that UNICEF is well-placed to offer technical assistance to government ministries to bid for blended climate financing.[816] Donors approached for this evaluation highlight a strong interest in funding climate adaptation interventions, especially within WASH, and highlight that climate resilience is increasingly relevant to UNICEF's mandate.[817] Leveraging private sector investments was also raised as an avenue of fundraising for climate mainstreaming.[818]

**The SCO Resilience Specialist has led the integration of climate change as a cross-cutting theme since 2023.** A climate change specialist was hired for one year in 2023 to support the development of a strategic guidance note for the office on climate change and environmental sustainability, and to build a partnership and joint work plan with the Ministry of Environment and Climate Change.[819] The SCO resilience taskforce has been expanded to include climate change as a focus. The taskforce holds bi-monthly meetings and is made up of resilience and climate change focal points from each division.[820]

**Climate change does not yet have indicators, and no framework is yet in place to guide on targets, monitoring and reporting of this cross-cutting issue.**[821] A Climate Landscape Analysis for Children (CLAC) was recently conducted to strengthen UNICEF's understanding of climate, environment, energy and disaster risk stakes for Somalia, as well as to provide evidence-based recommendations for UNICEF's future efforts to promote sustainable and resilient development approaches for children and women.[822]

**As a more recent focus in the CP, climate change is not yet mainstreamed across all the divisions, and donors raise the need to build staff capacity to take on this important cross-cutting issue.**[823] Health, WASH and Nutrition currently best integrate climate change into their programming, and Education is making good progress. CP strategies to integrate climate change include advocacy, partnerships and youth engagement, though the latter could be reinforced.[824]

**The Health division's Better Lives Programme addresses climate vulnerability and impacts on health since 2022.** Through additional climate financing for 2024/2025, the programme has incorporated the delivery of health education on climate-related diseases, such as diarrhoea and Acute Respiratory Infections (ARI) which are exacerbated by droughts and floods.[825] Some standout climate sensitive initiatives in Health include, solar-powered vaccination facilities, rural health centres, and oxygen plants,[826] and climate friendly waste management.[827]

**The WASH division has pursued advocacy,** and provided technical and financial support to the Ministry of Energy and Water Resources (MoEWR) to engage in national, regional, and international climate negotiations, including COP28, ensuring that Somalia takes part in climate-related decision-

[816] UNICEF Somalia, "Mid-Tern Review", 2023.
[817] KII11, Donor; KII14, Donor.
[818] KII14, Donor.
[819] KII9, UNICEF Staff, Mogadishu.
[820] KII9, UNICEF Staff, Mogadishu.
[821] Inception KII1, UNICEF Staff, Puntland.
[822] KII4, UNICEF Staff, Mogadishu.
[823] KII14, Donor.
[824] KPMG Norway International Development Advisory Services for the UNICEF Somalia Country Office., Climate Landscape Analysis for Children in Somalia, 2024
[825] FCDO, "Climate and Health Vulnerability and Adaptation Assessment to Determine Climate Support to Better Lives Programme Supported Health Facilities in Somalia", June 2024.
[826] Inception KII3, UNICEF Staff, Mogadishu; Inception KII2, UNICEF Staff, Somaliland; KII9, UNICEF Staff, Mogadishu.
[827] KII18, UNICEF Staff, Central South; KII9, UNICEF Staff, Mogadishu; KII4, UNICEF Staff, Mogadishu.

making. The WASH division leveraged its participation in the African Climate Summit to advocate, alongside Member States' Ministries of Water, for WASH to be included in the declaration of the African Climate Summit.[828] Further advocacy took place amongst development partners and donors to increase their support for the drilling of new, deep, climate-resilient boreholes, benefiting both communities and their livestock.[829] Through advocacy, the WASH section is in the process of securing its first partnership with the African Development Bank to build urban, flood-resilient water and sanitation facilities in the Central South region.[830] Standout climate sensitive initiatives include: solar powered water pumps and drought resilient boreholes.[831]

**In Nutrition, the Scaling up Nutrition movement contributes to climate resilience.** A key outcome of Somalia joining this movement has been the establishment of a Food Systems, Nutrition and Climate Change Inter-Ministerial Council, in the Office of the Prime Minister.[832] The movement supports the development of multisectoral, long-term food security and nutrition policy frameworks, and national food systems that take climate change into account.

**The Eco Village programme piloted in 2024** as part of the integrated UNICEF nutrition and health response in partnership with the Ministry of Health in Jubaland, was flagged as key in challenging UNICEF divisions to think outside of the box to engage communities on climate change and to integrate climate resilience considerations into programme design.[833] Besides improving communities' nutrition practices through the development of climate-resilient agricultural practices, the initiative also includes a climate awareness raising component, involving the Education section.[834]

**The Education division is engaging with the Ministry of Environment and Climate Change and the Ministry of Education**, Culture, and Higher Education to collaborate on WASH and climate change in education initiatives, as well as on a strategy to integrate climate change and environmental education into the education systems.[835] This strategy includes the adaptation of school infrastructure to reduce the disruptive impact of increasingly frequent heat waves on school attendance, as well as the integration of climate and environmental awareness education in school curricula.[836] Advocacy to take climate change considerations into education systems has led to the development of a climate change strategy for education.[837]

**UNICEF identified a growing youth agency and community interest in climate related issues in Somalia.[838]** The Education division supported 2,000 youth in Puntland to raise awareness and voice their concerns on climate change through the Climate Youth Engagement Programme. The Conference of Parties (COP) was also leveraged as a platform for youth engagement in climate action.[839] These initiatives align with UNICEF's global Sustainability and Climate Action Plan, as well as the Somalia National Youth Policy priorities, which highlight the need to support the training and mobilisation of

[828] KII9, UNICEF staff, Mogadishu.
[829] UNICEF, "RAM: WASH", 2023.
[830] KII18, UNICEF Staff, Central South. Online KII23, UNICEF staff, Mogadishu. UNICEF Somalia, "RAM End of year summary", 2025.
[831] KII18, UNICEF Staff, Central South; KII9, UNICEF Staff, Mogadishu; KII4, UNICEF Staff, Mogadishu.
[832] KII9, UNICEF Staff, Mogadishu. Scaling Up Nutrition, "Creating an enabling policy and governance environment for nutrition amid humanitarian crisis: Action Brief", 2024.
[833] Scaling Up Nutrition, "Creating an enabling policy and governance environment for nutrition amid humanitarian crisis: Action Brief", 2024.
[834] KII5, Government representative, Jubaland. KII9, UNICEF Staff, Mogadishu; UNICEF, "A mother's journey through the eco-village in Luglow", 2024.
[835] KII15, UNICEF Staff, Somaliland.
[836] KII9, UNICEF Staff, Mogadishu; KII5, Government representative, Mogadishu.
[837] KII9, UNICEF Staff, Mogadishu.
[838] KII2, UNICEF Staff, Mogadishu.
[839] KII6, Government stakeholder, Puntland.

youth for environmental protection. Moreover, UNICEF and the Ministry of Education are contributing to the Generation Unlimited Initiative,[840] in partnership with Education Above All (EAA).[841] This initiative supports access to education to empower young people with the skills and resources to take climate action.[842]

> *"We need more young leaders to work in environmental and climate change."*
> KII6, Government stakeholder, Puntland.

**The Child Protection division supports climate-adaptive business models** on a small scale, helping young people victims of GBV. Around 20% of the businesses supported focus on environmental and climate-related initiatives.[843] An example is the mini solar project managed by a group of GBV survivors. This project provided affordable energy for residents of the Mohamed Mooge IDP camp in the Southwest State of Somalia and promoted environmentally friendly energy use.[844]

**The Social Policy division supports the state's capacity to deliver comprehensive social protection, including measures to address the growing risks and vulnerabilities posed by climate change.**[845] To this end, it assists the Somalia National Bureau of Statistics in disseminating child poverty analysis, which includes an assessment of children and households' climate related vulnerabilities. Close collaboration between Social Policy, social sector ministries and the Somali Disaster Management Agency, ensure planning for populations affected by climate-related emergencies.[846]

[840] Established in 2024 at the Summit of the Future of the UN General Assembly.
[841] Education Above All, "Education Above All Foundation", n.d.
[842] United Nations, "UNICEF's Generation Unlimited, Education Above All Foundation, and Silatech Join Forces to Accelerate Youth-Led Green Initiatives in Egypt, Lebanon, and Jordan", September 2024.
[843] UNICEF, "Climate Landscape Analysis for Children in Somalia", 2024.
[844] UNICE, "RAM: Child Protection", 2023.
[845] Ibid.
[846] UNICEF, "RAM: Social Policy", 2023; UNICEF, "Climate Landscape Analysis for Children in Somalia", 2024.

# 4. Conclusions

## 4.1 Relevance

CL1. **The UNICEF CP aligns well with Somalia's NDP9 and Somaliland's NDP-3, and the needs of its most vulnerable populations.** Extensive consultations with government stakeholders, as well as external partners, have informed the design of the UNICEF CP to ensure it aligns with key priorities identified to address deprivation in Somalia, as well as the cross-cutting imperatives outlined in both national development frameworks.

**The decentralisation agenda (NDP-9) is found to enhance governance accountability, service delivery as well as sub-national capacities.** The opening of field offices following the MTR has led to increased alignment with state needs and priorities, as well as improved cooperation with state ministries, and has strengthened UNICEF Somalia's relevance. Government stakeholders approached for this evaluation praise this approach and highlight the need for continued and sustained engagement. UNICEF's increased field presence also contributes to better equipping the CP to 'leave no one behind,' and gain a better understanding of inequities in the Somalia context. Overall, UNICEF Somalia is seen by government and donors as a trusted and key stakeholder. It is key to pursue close consultations in designing, implementing as well as resource mobilising for relevance to be maximised. The lack of CP engagement in building social cohesion or peacebuilding efforts, limits its relevance under Somalia's NDP-9 Inclusive Politics pillar.

CL2. Insufficient data poses tangible challenges to development efforts in Somalia. **The CP overall adapts well to this challenge and strongly contributes to supporting evidence generation in Somalia,** through: collaboration with the SNBS, support to and reliance on government sectoral assessments, coordination of joint assessments and external data sharing platforms, internally led studies, community feedback mechanisms and innovation. Some key progress has been achieved with strong technical support from the UNICEF CP, including support to the establishment of the SNBS and upcoming MICS surveys, expected to contribute much needed evidence-based data. Nevertheless, some limitations persist. UNICEF's own internal data is poorly integrated; collaboration with state and federal governments can be strengthened on data collection and management within a centralised system, and dissemination of data to inform decision making needs to be more consistent.

## 4.2 Coherence

CL1. **The dual mandate approach is not a systematic focus of UNICEF Somalia staff, although increasingly the CP is turning its efforts away from strictly humanitarian assistance towards more sustainable solutions, notably through the establishment of key partnerships, and the integration of resilience and systems strengthening activities into emergency response.** This commitment is critical given Somalia's context of overlapping crises, with government stakeholders highlighting the need to transition out of the humanitarian cycle towards resilience building interventions. UNICEF's sustained efforts towards capacity building and localisation in particular, were raised as the groundwork for sustainable outcomes. The implementation of programming through field offices proved to align well with the dual mandate approach, strengthening capacities at the local level, enhancing resilience of local governments and communities, and allowing the CP to better identify pockets of needs and reach all.

The urgency of recurrent and overlapping crises however, presents key challenges for the organisation. The CP's over reliance on short term emergency funding, high staff turnover and strong humanitarian profile were also raised as obstacles to the pursuit of the dual mandate. Instead, it is essential for UNICEF Somalia to reinforce its development profile, partnerships with development stakeholders and pursue flexible, long-term funding. Strengthening the dual mandate approach, as well as nexus partnerships, will prove essential to stay aligned with the upcoming National Transformation Plan priorities.

Finally, p**eacebuilding is the missing piece of the nexus in Somalia, though it is tentatively introduced in Somaliland and Puntland.** Conflict analysis is missing to understand the deeply rooted causes of conflict in Somalia, and the links to UNICEF's work streams, such as WASH and Social Protection. Peacebuilding activities, in areas that are stable could contribute to social cohesion, essential to the sustainability of interventions. Children and youth are powerful advocates of change in their communities, yet are not engaged on this topic.

CL2. **UNICEF's integrated interventions pay dividends, ensuring that over time beneficiaries' needs are answered more comprehensively and leading to more sustainable solutions.** Joint coordination, resource mobilisation and implementation has improved across all the UNICEF divisions, particularly in the latter part of the CP. Cross sectoral programmes such as the JRP, the MRP, as well as health centre and school based integrated programmes are raised as impactful, and contribute to enhancing service delivery and leaving no one behind. Cross-sectoral work, however, is hindered by recurrent urgent needs, lack of funds, siloed donor funding streams, a fragmented aid sector and government's weak capacity to carry out cross-sectoral interventions. The pursuit of cross sectoral work is key to comprehensively answering the needs of children in Somalia, and to building resilience to shocks. Strengthening cross sectoral approaches within UNICEF and building government capacity to pursue cross sectoral work should be prioritised in the next phase of the CP.

### 4.3 Effectiveness

CL1. **UNICEF Somalia CP (2021-2025) is overall effective, particularly with regards to its meeting its outcomes under Health, Nutrition and to a large extent WASH.** Education, Child Protection and Social Policy strongly contribute towards systems strengthening and capacity building, yet the impacts of climate change, disease outbreaks, poverty, as well as a lack of funding, constrains progress towards targets.

CL2. **In HEALTH, UNICEF has achieved or exceeded its immunisation targets, maternal health outputs however, were not always on track.** The reinforcement of the vaccination cold chain system is a key programme achievement, as is the mapping of zero dose children. Close collaboration with the regional UNICEF CO has been instrumental in closely monitoring epidemic trends and supporting risk communication efforts. SBC interventions, including reliance on social mobiliser networks, proved instrumental during epidemics. The gap in maternal health services however, reflects a need for improved support to ensure access to skilled care during childbirth.

CL3. **In NUTRITION, key programme outputs are on track.** Progress regarding breastfeeding uptake will be reflected in the upcoming MICS. Digital solutions have contributed to improving health systems, and nutrition workers' capacity has been enhanced through the MUAC approach. Nevertheless, the absence of national nutrition policy and a fragmented implementation framework limit scalability. A better understanding of infant and early childhood feeding practices which are linked to malnutrition, can enhance programme effectiveness. Capacity building to enable government stakeholders to take more ownership of this sector is key, as knowledge gaps and capacity to take over UNICEF's work persist.

CL4. **In WASH, key programme outputs are mostly on track.** Access to safe drinking water has significantly improved and exceeded targets. Open defecation rates have also consistently decreased. Significant inequities remain between urban and rural areas in terms of WASH access. Notable efforts include a focus on improving climate resilience, as well as the involvement of PPP to address sustainability challenges. Fragmented WASH responsibilities, the absence of a national strategic WASH plan, as well as a lack of behavioural data poses challenges to strategic planning and intervention design. In the next phase of programming, climate resilience should be pursued and attracts strong donor interest. The PPP model could benefit other UNICEF divisions and learning should be shared internally.

CL5. **In EDUCATION, progress is noted over the course of the CP, yet falls short of targets.** The focus on creating child friendly schools, with investments in school infrastructure that is climate and gender responsive, disability inclusive, safe and conducive for learning is to be noted. The focus on expanding access to foundational years through the promotion of ECE, is encouraging. The lack of funds both at UNICEF and government level is a key challenge however, and there is a need for sustained efforts in expanding learning for all. The focus should remain on providing children with safe school environments and foundational knowledge, key to learning outcomes and school retention in later years. Partnerships could be explored to support this better and expand learning for all. Community led education efforts in emergency settings were also raised as an effective approach.

CL6. **In CHILD PROTECTION, lack of data makes it difficult to gauge progress.** Systemic challenges clearly remain, in terms of influencing entrenched social norms which are harmful to children. Good progress was achieved with building the capacity of a social workforce, supporting the development of graduate programmes and their linkages to the civil service. Linking social workers with justice initiatives, such as monitoring detention facilities is effective. One-stop centres, though limited in capacity and coverage, have offered much needed holistic support to children and women. Efforts to rehabilitate CAFAAG children and upskill adolescents were highlighted as answering core needs, though too small in scale to make significant impacts. In the next phase of the CP, advocacy should be pursued for CAAFAG children, still at risk of detention and prosecution (including death penalty). Upskilling programmes should be expanded. SBC has a key role to play in shifting social norms around gender, however it needs to gain traction upstream.

CL7. **In SOCIAL POLICY, progress towards targets is slow, despite some significant achievements in strengthening local governance and supporting the decentralisation of services.** In Puntland and

Somaliland in particular, some sector and multisector interventions are now fully managed and funded by the government. The Unified Social Registry was noted as a step forward in ensuring support to those living in poverty. UNICEF also played a key role in supporting evidence-based planning and policymaking through the SNBS strategy, leading to a better understanding of child multi-dimensional poverty and vulnerabilities in Somalia. Addressing child poverty, however, is a sustained challenge and lack of state funds limit the programme effectiveness. Social Policy plays a key role in building longer term resilience of communities, as poverty is a key driver of vulnerability to climate change and other related risks. As such, it contributes to UNICEF's dual mandate of both meeting humanitarian and development objectives.

CL8. **Major constraints to programme effectiveness which affect all divisions are to be noted.** Somalia's context of instability, as well as chronic and overlapping emergencies is a major hindrance. Competing priorities strain UNICEF's response. Low access, weak human capital and institutional capacity, lack of supportive legislative frameworks, social and cultural barriers, lack of funding and rigid funding modalities, were noted as other constraints to programme effectiveness. To counter these, capacity building, systems strengthening, advocacy and flexible funding need to be pursued.

**Against this complex and challenging background, some key enablers were also noted as contributing to CP effectiveness, relevance and impact.** These include: cross sectoral and multi-partner programming, efforts to align with the decentralisation agenda and the opening of field offices, close partnerships with informal decision-making bodies, community engagement platforms, community empowerment, including community led approaches, the use of innovations, and the role of the SBC division. Cross-sectoral approaches in Health, Nutrition and WASH in particular have enhanced the CP delivery and community reach. Community engagement platforms and strategic collaborations with informal leadership structures, and community led approaches are building community trust, ownership and self-reliance. These approaches should be sustained. The absence of focus on child and youth participation is noted as a gap, however. The SBC division's work is stretched across all divisions and thematic expertise could be enhanced.

CL9. **UNICEF Somalia manages risks well, and plays an important part in defining vulnerability and resilience with an inclusive child centric lens.** The comprehensive integration of risk planning against political, conflict, climate and health outbreaks, contributes to reinforcing the CP adaptability. DRIP and GEOSight were found to be key tools for risk monitoring and analysis. Aid diversion risks are comprehensively taken into account, and UNICEF has been instrumental in building capacity of partners in this area. Donors recognise UNICEF as a leading agency to address aid diversion in Somalia. Risk informing efforts should be sustained in the next phase of the CP.

CL10. **UNICEF Somalia plays a key role in times of crisis, supporting strategic multisectoral humanitarian preparedness and response, advocating for robust frameworks, building government, CSO and community capacity, and strategically pre-positioning aid to ensure that all are reached.** UNICEF-facilitated cluster coordination structures are instrumental in coordinating and planning for emergency response, and ensure that key stakeholders are able to respond fast and effectively in times of crisis. At the community level, UNICEF supports decision making structures such as

committees, and the development of preparedness plans. Government capacity in this area of work is weak, however. The creation of SODMA presents an opportunity for better government engagement and leadership over time, and UNICEF has a key role to play in building SODMA capacity and ensuring clear linkages between this agency and the clusters. Strengthening government systems, and the continued emphasis on community engagement and ownership is essential for building long term resilience.

### 4.4 Efficiency

CL1. **UNICEF has taken a leading role in countering aid diversion in Somalia.** Within its own operations, the CP has made substantial progress in strengthening accountability, transparency and ensuring that aid reaches all. The Last Mile Supply Monitoring digital tool designed by UNICEF has been a game changer to track aid delivery along different stages of the supply chain, ensuring transparency and better efficiency. A strong emphasis on Accountability to the Affected People is ensuring that minority groups are better included in aid. Overall UNICEF's efforts are leading to increased institutional capacity to deal with aid diversion, buy-in by the government, and better reach of the most vulnerable. Other tools, such as the GeoSight platform, third party monitoring, direct payment mechanisms, and stronger feedback mechanisms are ensuring tighter parameters to counter aid diversion. Some limitations persist however, highlighting how aid diversion is entrenched in Somalia's political economy, power structures and clan dynamics.

Current community feedback mechanisms coverage and modalities are not always adequate to counter this. Better coordination of CFM across agencies is required, and diversification of sources to ensure more transparency and minimise tampering opportunities. In a context where access to aid is increasingly competitive, the focus on inclusivity whilst responding to community's no less critical needs, is a tight balancing act. Keeping this in mind as the CP enters a new phase is critical, in order to avoid tensions and further marginalisation. Essentially, beyond creating monitoring mechanisms, there is a need to empower communities to claim their rights and better hold governments accountable.

CL2. **UNICEF has made some important shifts to address funding limitations over the course of the CP,** including: new resource mobilisation strategies; integrated budgeting; cross-sectoral integration to maximise impact; the opening of field offices to improve cost efficiency; the scaling down of programmes to focus on higher impact activities, and the reinforcement of key partnerships to improve overall external programme coherence and avoid duplication of efforts. Notably, the CP is increasingly reaching out to non-traditional donors and the private sector to diversify its donor pool. The focus on the dual mandate approach is a strategic shift and carries long term dividends in responding to the current funding gaps. Donors however, need to be convinced that Somalia is ready for this shift.

**Whilst donors recognised UNICEF's technical capacity and strategic positioning in Somalia, they also raised concerns with poor donor relationship management**, including unrealistic budgeting, intervention prioritisation that is at times at odds with the donor, failure to meet reporting expectations, and high operational costs. These points were highlighted as affecting the credibility of the CP. Diversifying the donor base and financial mechanisms, as well as optimisation of resources through a focus on high impact and multiplier effect interventions, need to be further pursued in light of the changing funding landscape. Donor relationship concerns should be addressed for UNICEF to maintain its comparative advantage.

### 4.5 Sustainability

CL1. **Multi-level cooperation with the government has been an increasing focus of the CP** over the years, and essential to effect a strategic shift away from humanitarian response to building robust resilient systems. This has allowed for systems strengthening, increased engagement and some sustainable outcomes. The focus on working directly with government at state, federal and district levels is raised by donors as a key value add of the CP.

**Increased strategic focus on systems strengthening and engagement with government over the course of the CP, has led to some very palpable successes in ensuring government ownership and lead - particularly in Somaliland and Puntland.** Cross sectoral interventions contributed to enhancing capacity across multiple ministries, and were often raised as flagship programmes. PPP modalities in WASH also proved useful in supporting sustainability of interventions, when government capacity was low.The decentralisation agenda nevertheless is something that needs to be gradually absorbed, both financially and technically. Governments are still in crisis mode, with little capacity and funds to scale up and take over projects. It is critical to pursue systems strengthening, capacity building and have clear handover strategies for programme sustainability. Efforts to build community ownership and support for government led services should also be sustained.

### 4.6 Cross-cutting

CL1. **UNICEF has made some progress on bringing gender equality discussions to the forefront, raising awareness on child marriage, GBV and FGM; advancing legislative advocacy and opening a dialogue with religious leaders.** However, transformational gender equality outcomes remain to be seen. Deep rooted patriarchal norms continue to affect women and girls' access to services and agency. UNICEF divisions are overall gender responsive, with Child Protection, Education and Nutrition leading the way. Strategies to integrate gender into programming include targeted interventions, advocacy, awareness raising and platforms to raise the voice of boys and girls. The lack of gender balance in government (and within UNICEF), the weak capacity of government gender focal points, as well as deep rooted cultural beliefs and the influence of religious groups, are obstacles to progress on gender. Moving forward, stronger gender analysis, strengthened staff training, partnerships, and targeted funding is essential in deepening impacts and scaling transformative gender outcomes, in line with GAP III priorities.

CL2. **UNICEF Somalia has taken steps towards disability inclusion, however disability is overall weakly integrated into the CP, with efforts so far concentrated in Education and Child Protection.** There is no office wide framework to guide disability inclusion, a lack of budget for disability inclusion, low staff training and awareness and limited mainstreaming across the CP divisions. In the next programming phase, it is crucial for the CP to commit resources, strengthen staff training, partnerships, and targeted funding to deepen impacts and scale transformative disability outcomes.

CL3. UNICEF Somalia is making significant efforts to mainstream climate change into its programming, particularly since the MTR in 2023. Climate change is highlighted by stakeholders, including the donors as a key area to expand on, as well as an area that carries significant funding opportunities. Efforts across

the CP divisions, including in Health, Nutrition, WASH and Education indicate that the CO is on board. Importantly, the CP has started establishing close links with government ministries, and is engaging youth on this issue. In the next phase of the CP, staff capacity building to integrate this issue is crucial, as are partnerships (including with the private sector) and cross-sectoral interventions that advance comprehensive climate strategies that benefit children. Strengthened youth engagement on this issue can deepen impacts and scale transformative climate outcomes.

# 5. LESSONS LEARNT AND GOOD PRACTICES

## 5.1. Lessons Learnt (LL)

According to UNICEF, lessons learnt are insights, findings and recommendations arising from the evaluation, that can inform future programming. The evaluation team has identified the following lessons learnt:

**LL1:** The CP alignment with national priorities, sectoral strategies and plans, is well received by government counterparts who view UNICEF as a trusted stakeholder. The pursuit of the decentralisation agenda, in line with NDP-9 Pillar 1, reinforces the CP's relevance at the federal and district levels. [847]

**LL2:** The CP should increase its engagement on social cohesion and peacebuilding efforts. Not sufficiently engaging is a missed opportunity which needs to be addressed to stay relevant in light of the upcoming National Transformation Plan.

**LL3:** Closer collaboration between UNICEF and the government to harmonise data collection and management within a centralised system is required, as is the need for systematic dissemination of data to inform evidence-based decision-making. [848]

**LL4:** Internally, UNICEF needs to address its siloed approach to data collection. [849]

**LL5:** Pursuit of the Dual mandate is critical to address chronic and structural vulnerabilities and reduce reliance on humanitarian interventions in the Somalia context. Over reliance on emergency funding, staff high turnover and humanitarian profile are holding the CP back and should be addressed in the next CP phase.[850]

**LL6:** The SBC team plays a key role across all the divisions, engaging with communities, raising awareness and supporting change; although thematic capacity could be improved. In contributing to shift social norms around gender, the SBC division needs to gain traction upstream. [851].

**LL7:** UNICEF Somalia plays a key lead and coordinating role within the clusters, and significantly contributes to building Somalia's emergency preparedness and response capacity. There are opportunities to strengthen this work through support to the recently established SoDMA. [852]

**LL8:** Innovative resource mobilisation strategies to address critical funding gaps is a priority, as is the need to better manage donor relationships. [853]

[847] This is detailed under EQ1.1 of the Findings section, pp. 48-49.
[848] This is detailed under EQ1.2 of the Findings section, p.52.
[849] Ibid.
[850] This is detailed under EQ2.1 Findings, p. 53.
[851] See EQ2.2 Findings, pp. 59-60, and EQ3.1 Findings, p. 79.
[852] See EQ3.1 Findings, p. 77.
[853] See EQ 4.2 Findings, pp. 90-92.

**LL9:** UNICEF Somalia has effectively addressed aid diversion risks over the course of the CP, built key stakeholders' capacity in this area and has gained much recognition from donors in the process. [854]

**LL10:** UNICEF's emphasis on capacity building and systems strengthening has led to noteworthy successes in terms of government showing lead and ownership, notably in Somaliland and Puntland. Having clear handover strategies and ensuring that communities have a clear understanding of how they can support local government is important to ensure continuity. [855]

**LL11:** Patriarchal norms and religious influence are key barriers to achieving transformational gender equality outcomes in Somalia. Deeper gender analysis, staff training, and strategic partnerships are needed to advance this agenda.[856]

**LL12:** Disability is poorly mainstreamed in the CP. The lack of framework, as well as low staff training and capacity hinder progress and addressing this gap should be prioritised in the CP phase. [857]

**LL13:** Climate change is increasingly well integrated into the CP. It presents a critical challenge for the CP going forward, as well as a key resource mobilisation opportunity. Staff capacity needs building in this area of work. [858]

**LL14:** The lack of youth engagement was noted and needs to be redressed. Key thematic entry points for this include, social cohesion and peacebuilding, as well as climate change. [859]

### 4.2. Good Practices (GP)

According to UNICEF, good practices are specific replicable actions or processes, that are deemed effective and could be applied in other settings. The evaluation team has identified the following good practices:

**GP1:** Extensive and rolling consultation processes with government stakeholders at State and federal level, at both design and mid-term stages of the CP ensure government buy-in, trust and continued alignment and contributions towards achieving national priorities.

**GP2:** The opening of field offices, in alignment with Somalia's decentralisation agenda has been critical in enhancing service delivery, building sub-national capacity, and supporting accountability in governance. It also contributed to strengthening inclusivity and ensuring that no one is left behind.

[854] See EQ4.1 Findings, pp. 85-88.
[855] See EQ 5 Findings, pp. 93-96.
[856] See EQ 6 Findings, pp. 97-101.
[857] See EQ 6 Findings, pp. 102-104.
[858] See EQ 6 Findings, pp. 104-107.
[859] See EQ 6 Findings, p. 106.

**GP3:** Support to the establishment of digitalised information management systems is ensuring accuracy of data, essential for evidence-based decision making and improving coordination in key sectors of intervention (Health, Education, for instance).

**GP4:** Integrated cross sectoral programming leads to more comprehensive, inclusive and sustainable solutions for Somali children. This approach is critical for building communities' resilience in Somalia's complex and crisis ridden context.

**GP5:** Community engagement through feedback mechanisms, social mobiliser networks, informal leadership collaborations, and community led approaches, has built trust, ownership and contributed to effectiveness and sustainability. Coverage and modalities of feedback mechanisms are not always adequate, however.

**GP6:** The Last Mile supply digital tool, third party monitoring, direct payment mechanisms, and community feedback mechanisms are all good practices that are ensuring tighter parameters to counter aid diversion.

**GP7:** The Last Mile digitised platform in particular is seen as a game changer, enhancing supply management system processes, as well as beneficiary identification, reducing the risk of ghost recipients and enabling better targeting of assistance to marginalised groups.

**GP8:** Innovative tools, such as DRIP and the GeoSight platform are proving effective for improving evidence based data, programme effectiveness, risk monitoring and planning.

**GP9:** Close collaboration with the UNICEF Regional office is critical in closely monitoring epidemic trends and supporting risk communication efforts.

**GP10:** The Public Private Partnership (PPP) model proves effective in WASH, and could be considered across other divisions, such as Education for instance. Learning should be shared internally.

# RECOMMENDATIONS

The following section highlights key recommendations for the CP entering its next phase. These recommendations were developed based on a comprehensive analysis of key evaluation findings and extensive stakeholder consultations, including UNICEF CP staff, government stakeholders, donors and external humanitarian and development partner agencies, as well as programme beneficiaries. Conclusions and lessons learned from the evaluation highlight the need for UNICEF Somalia to focus on the following six (6) priorities in the next CP phase:

1. The Nexus approach, including peacebuilding
2. Systems strengthening
3. Cross-sectoral approaches
4. Mainstreaming of cross-cutting themes
5. Youth and child participation
6. Resource mobilisation

Specific recommendations and indicative action points can be found below, articulated around a strategic, programmatic and operational lens. Timelines are indicative.

## 5.1 Strategic recommendations

**Recommendation 1.** Strengthen the nexus approach within all interventions, including peacebuilding and social cohesion, to build resilience to future shocks and ensure relevance in the next phase of the CP.
Priority: HIGH
Addressed to: UNICEF Management, Nexus partners, and the Somalia government.

| **Action points** | | |
|---|---|---|
| 1. 1 | **Clearly define UNICEF's nexus approach in the next CP.**<br>• Include explicit references to peacebuilding elements throughout the ToC and CP objectives. | Short term |
| 1.2 | **Establish a Nexus working group** involving UNICEF, humanitarian and development partners. Jointly analyse the Somalia nexus landscape to inform the new CP. | Short term |
| 1.3 | **Establish a mapping of key partnerships across the nexus,** to 1. Avoid duplication of efforts and 2. Identify opportunities for joint programming with development partners such as UNDP, for instance. | Short term |
| 1.4 | **Build staff capacity to carry out the nexus.**<br>• Ensure new employees systematically receive training on the nexus approach.<br>• Ensure humanitarian profile employees get exposure to longer term development programming in their sector, and mentorship.<br>• Ensure that teams' profiles are more balanced by prioritising the recruitment of development specialists. | Short to Medium term |

| | | |
|---|---|---|
| 1.5 | **Advocacy is required to convince donors to start channelling resources towards resilience building and development.**<br>• Generate evidence to showcase benefits of nexus approach in Somalia (Puntland and Somaliland). | Medium term |

**Recommendation 2.** Strengthen cross-sectoral integration within UNICEF and state governments, to comprehensively respond to children's needs in Somalia and achieve more sustainable solutions.
Priority: MEDIUM
Addressed to: UNICEF Management, divisions and Somalia government

| **Action points** | | |
|---|---|---|
| 2. 1 | **Promote thinking outside of the divisions' silo.**<br>• Adopt an integrated budget and work plan within UNICEF, to encourage joint responsibility.<br>• Adopt performanc indicators associated with cross sectoral work.<br>• Draw on lessons learnt from successful cross sectoral integration, for instance Health, WASH and Nutrition.<br>• Adopt an integrated data management approach. | Medium term |
| 2.2 | **Demonstrate the value of cross sectoral work to the government.**<br>• Identify a successful cross sectoral programme such as the Joint Resilience Programme that has been running for over two years.<br>• Lead a cost analysis of cross sectoral approaches to demonstrate the value of the approach in terms of gains for children. | Medium term |
| 2.3 | **Identify intervention opportunities for cross sectoral work, involving state government sectoral ministries.**<br>• Involve them at the design stage, monitoring and evaluation stages.<br>• Along the way, build capacity through training and mentorship.<br>• Jointly develop guidelines for cross sectoral work within government. | Medium term |

**Recommendation 3:** UNICEF should continue to support systems strengthening at the national, state and district levels, for longer term sustainability.
Priority: HIGH
Addressed to: UNICEF Divisions, Government counterparts

| **Action points** | | |
|---|---|---|
| 3. 1 | **Strengthen government capacity to eventually lead on Emergency Preparedness and Response.**<br>• Build SODMA's capacity to integrate into and coordinate the humanitarian cluster system across government and partners. | Medium to long term |

| | | |
|---|---|---|
| | • Build government capacity to design and implement preparedness measures, and manage emergency supply warehouses.<br>• Build capacity of all government agencies for disaster management across the cluster system. | |
| 3.2 | **Build the capacity of local CSOs and NGOs.**<br>These are found to be effective and trusted by the community. They also present the advantage of being in place in the long run, whereas UNICEF Somalia staff experience a high turnover. | Medium to long term |
| 3.3 | **Strengthen Human Capital in key sectors, at national and state levels.**<br>Sustained efforts are still needed to build the workforce across all sectors.<br>• In Health, the focus should be placed on up-skilling workers for antenatal and maternal care.<br>• In Education, a focus on training more women to become teachers should be pursued, as it is effective in girls' access to education. An additional focus on ECE training to ensure that Somalia's children have the foundational skills for learning should also be considered.<br>• Youth upskilling programmes should be expanded, with a focus on establishing linkages between participants and the civil service, as well as the private sector. | Long term |
| 3.4 | **Continue to raise capacity within communities to reduce vulnerabilities, and hold governments accountable.**<br>• Raise capacity of community committee groups, which have been shown to be effective.<br>• Identify opportunities for community led approaches, which are also shown to be effective.<br>• Where possible, engage children and youth as agents of change, with a focus on ensuring inclusivity.<br>• Ensure that girls and women are engaged in DRR decision making, and that their voices are captured to better tailor emergency response to their needs. | Long term |
| 3.5 | **Community Feedback Mechanism channels should be reinforced and diversified to promote transparency and minimise tampering.**<br>• Establish a coordinated approach towards CEA and CFM to improve efficiency and service delivery across agencies. In doing so, reinforce standards and guidelines for collecting data through CFM.<br>• Strengthen collaborations with social mobilisers such as the SOMNET<br>• Strengthen community groups to report aid diversion (and diversify feedback sources).<br>• Develop a strong system to manage increasing community feedback, and ensure that it is taken into account for planning purposes. | Medium term |
| 3.6 | **Pursue advocacy for the strengthening of legal frameworks that support UNICEF's mandate, across all divisions.**<br>For instance: | Long term |

| | | |
|---|---|---|
| | • **Education**: Support the development of a comprehensive school safety framework, in line with existing efforts to mainstream climate into the education system; Pursue advocacy for early childhood development, as key to establishing foundations to lifelong learning.<br>• **WASH.** Support the development of a National Strategic WASH Plan.<br>• **Child Protection:** Continue to support legislative reform to protect CAAFAG children, victims of GBV and harmful practices. | |
| 3.7 | **Continue to support strengthening of data collection at the national and state level.**<br>• Provide technical support and capacity building to SNBS<br>• Support the establishment of a comprehensive national database<br>• Expand digitization of key sector data management systems, such as health at the state level.<br>• Strengthen data dissemination. | Short to medium term |

### 5.2 Programme recommendations

**Recommendation** 4. Strengthen integration of cross cutting themes in the next phase of the CP.
**Priority:** MEDIUM
**Addressed to:** UNICEF Somalia, implementing partners, and the government of Somalia.

| **Action points for gender** | | |
|---|---|---|
| 4.1 | **Build capacity of UNICEF staff**<br>• To carry out gender analysis and report on the gendered impacts of interventions.<br>• To track that interventions comply with gender budget allocation targets. | Short to medium term |
| 4.2 | **Review indicators** to facilitate gender impact reporting, particularly in Health and Social Policy. | Short term |
| 4.3 | **Build capacity of government partners**<br>• Provide training to gender focal points across the sectoral ministries. | Medium to long term |
| 4.4 | **Prioritise partnerships with informal decision making power groups and religious groups,** key influencers of social norms.<br>• Carry out a mapping and analysis to establish a network of key partners.<br>• Strengthen dialogue with the Ministry of Religious Affairs,<br>• Capitalise and strengthen existing links with the National Islamic Advisory Group. | Medium to long term |
| 4.5 | **Learning and knowledge products**<br>• Conduct a gender landscape analysis to better understand gender norms within the Somalia context. | Medium term |

| | | |
|---|---|---|
| | • Plan information campaigns accordingly. | |
| 4.6 | **Lead by example,** and aim to redress the gender imbalance within the office. | Medium to long term |
| **Action points for disability inclusion** | | |
| 4.7 | **Build capacity of UNICEF staff to track disability inclusion and report on it.**<br>• Develop an office wide strategy for disability inclusion.<br>• Make reporting on disability mandatory across all teams.<br>• Provide training opportunities on disability inclusion.<br>• Allocate a set budget for disability inclusion within all interventions. | Medium term |
| 4.8 | **Build capacity of OPD network & CSOs.**<br>• Strengthen training opportunities for ODPs & CSOs across Somalia<br>• Ensure that training modules are translated into the local languages.<br>• Identify entry points for collaboration within the ODP network. | Medium to long term |
| 4.9 | **Build a national platform for Persons with Disabilities in Somalia**, linked to the African Regional Forum. Has proven effective in other African countries in mainstreaming PWD rights in national policies and ensuring advocacy for social protection. | Medium term |
| 4.10 | **Lead by example,** and leverage from these partnerships to integrate more persons with disabilities into the workforce or on the frontline of emergency response, where persons with disabilities are often excluded. | Medium to long term |
| **Action points for climate change** | | |
| 4.11 | **Build capacity of UNICEF staff**<br>• Ensure staff are trained to consistently integrate climate considerations.<br>• Establish indicators, and ensure compliance in reporting on these. | Medium term |
| 4.12 | **Identify internal and external partnerships** to further the impact of climate resilient initiatives across all divisions, and further align the CP with the nexus. | Short to medium term |
| **Overarching action points** | | |
| 4.13 | **Build capacity in the SBC division to play a key role upstream,** (not just at community level) in influencing change.<br>• Consider expanding the team, as currently its work is stretched<br>• Provide training opportunities on thematic expertise across the UNICEF sectors of intervention. | Medium term |
| 4.14 | **Develop a collaboration between SBC, communications and partnerships team** and design integrated communication strategies for each cross-cutting theme across all sectors of intervention. | Short to medium term |

| | | |
|---|---|---|
| | • Analyse the media landscape.<br>• Establish strategic partnerships with media, religious organisation, social mobiliser groups.<br>• Pursue advocacy | |

**Recommendation 5:** Increase child participation and raise the voice of children and youth across Somalia.
Priority: MEDIUM
Addressed at: UNICEF divisions, SBC.

| Action points | | |
|---|---|---|
| 5.1 | **Engage with and enhance the capacity of youth led organisations**<br>• Map the existing youth led, youth focused initiatives in Somalia, to capture a diverse coalition of young people (urban, rural, marginalised, vulnerable etc.)<br>• Provide support to youth led initiatives, to build leadership skills through experiential learning.<br>• Identify entry points for youth to engage meaningfully at federal and state level, claim their rights and hold governments accountable.<br>• Identify partnerships (e.g., government, private sector, civil society) to improve youth participation in national efforts towards peace, development and resilience. | Medium to long term |
| 5.2 | **Youth participation in the cross-cutting themes of gender, disability and climate change** should be emphasised. This will lead to deeper impacts, and scale transformative outcomes.<br>• Engage with existing youth networks and build their capacity to engage on these topics.<br>• Design targeted interventions to promote the voice of vulnerable groups of children, including girls, children with disabilities, CAAFAG children, IDPs, out of school children.<br>• Mobilise youth in climate related emergencies. | Medium to long term |
| 5.3 | **Support youth to engage in peacebuilding activities**, in areas where relative stability has been achieved.<br>• Engage youth in intergenerational dialogue<br>• Build youth capacity to report on challenges and good practices of peacebuilding.<br>• Support training on conflict resolution.<br>• Promote activities that support social cohesion, such as sporting or cultural activities. | Medium to long term |

### 5.3 Operational recommendations

**Recommendation** 6. In light of the increasingly challenging funding landscape, adopt a two-pronged approach: 1. Diversify donor base and financial mechanisms; and 2. Prioritise high impact and multiplier effect interventions (links back to other recommendations – i.e., nexus, systems strengthening, cross sectoral work).
**Priority:** HIGH
**Addressed to:** UNICEF Somalia management, Heads of divisions, Resource mobilisation unit.

| **Action points** | | |
|---|---|---|
| 6.1 | **Capitalise on the growth of the private sector in Somalia, as well as on the diaspora**<br>• Develop strategic partnerships with the private sector, for instance in telecommunications, importers, and smaller local businesses to contribute to aid response. These are not only service providers, but can also be brought in to innovate and conceptualise joint sustainable projects.<br>• Explore zakat funding, as a potential source of sustainable funding. UN agencies, including UNICEF globally are pursuing this and can share lessons learnt.<br>• Explore innovative financing mechanisms with the private sector with a focus, for instance on peace finance - investments which contribute to reducing the negative impacts on conflict, violence and instability, and possibly contribute to peace.<br>• The private sector also represents a key donor and partner for climate initiatives, providing expertise, resources and innovations. UNICEF is well positioned to pursue blended climate financing. | Short to medium term |
| 6.2 | **Pursue donors with a focus on development**<br>• Advocate to showcase that in many areas, the government is ready for this. Somaliland and Puntland stand out as areas that show both stability and capacity.<br>• Draw strong links between investment in development, and how this contributes to stability, poverty alleviation, and resilience. | Short to medium term |
| 6.3 | **Leverage climate finance to help build longer term resilience in Somalia.**<br>• Design programmes for the Green Climate Fund (GCF) that build on UNICEF's existing portfolio in areas that are strongly linked to climate change (e.g. the WASH sector)<br>• Include flexible funding arrangements in this design, to deviate resources during times of crisis (e.g. crisis modifiers, which allow up to 20% of programme resources to be re-directed to affected populations). | Short to medium term |
| 6.4 | **Advocate for flexible and multi-year funds, to rapidly respond to evolving needs.** | Short to medium term |

| | | |
|---|---|---|
| | (Top 5 contributing donors to flexible funds: Germany, Netherlands, Sweden, the UK Committee for UNICEF and the private sector)<br>Leverage from the experience of UNICEF CP that are major recipients of these types of funds (e.g. Sudan, Liban) | |
| 6.5 | **Pursue blended finance**, as a way of incentivising private investments that can benefit sustainable development, where donor funds are low. The International Finance Corporation, The Netherlands Development Finance Company and the African Development Bank are key investors in blended finance in Africa. | Short to medium term |
| **Closely linked action points** | | |
| 6.6 | **Better managed donor relationships**<br>• Establish clear, regular and open communication.<br>• Ensure timely reporting, and if not possible communicate delays well in advance.<br>• Include donor partners in lessons learning exercises<br>• Provide regular context analysis, so that donor partners understand the ever changing and demanding context in which UNICEF operates. | Short to medium term |
| 6.7 | **In the absence of funds, leverage from the success of the PPP model under the WASH section, and expand this model** to other divisions, such as Education and Health.<br>PPP models could be considered for instance to run mobile ECE initiatives. | Short to medium term |

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