

Somalia

Country programme document 2011-2015

The draft country programme document for Somalia (E/ICEF/2010/P/L.22) was presented to the Executive Board for discussion and comments at its 2010 second regular session (7-9 September 2010).

The document was subsequently revised, and this final version was approved at the 2011 first regular session of the Executive Board on 11 February 2011.

<i>Basic data</i> [†] (2008 unless otherwise stated)	
Child population (millions, under 18 years)	4.6
U5MR (per 1,000 live births)	200
Underweight (% , moderate and severe, 2006)	32
Maternal mortality ratio (per 100,000 live births, 1994-2006)	1 000 ^a
Primary school enrolment (% net, male/female, 2006)	25/21 ^b
Survival rate to last primary grade (% , 2006)	85
Use of improved drinking water sources (%)	30
Use of improved sanitation facilities (%)	23
Adult HIV prevalence rate (% , 2007)	0.5
Child labour (% , children 5-14 years old, 2006)	49
GNI per capita (US\$)	— ^c
One-year-olds immunized with DPT3 (%)	31
One-year-olds immunized with measles vaccine (%)	24

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

^a The 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 1,400 per 100,000 live births.

^b Survey data.

^c Low income (\$975 or less).

Summary of the situation of children and women

1. The children of Somalia are undoubtedly among the most vulnerable in the world. They continue to suffer from violence, displacement, loss of livelihood, exploitation and abuse. In a country that has been in conflict in large parts of its territory for the last 19 years, humanitarian and development programmes that support these highly vulnerable children are severely constrained by political factors, security and operational constraints.

2. Notwithstanding these challenges, the country programme contributed to remarkable progress. Somalia is free of polio; the country is on track to meet the tuberculosis target of Millennium Development Goal 6; malaria incidence in the high risk areas decreased, from 17 per cent to 6 per cent, among bed net users; access to clean water has improved in urban areas; and school enrolment has trebled since 2002. The introduction of Child Health Days in 2009 was a breakthrough, demonstrating that achievements can be made at scale, reaching over 1.4 million children under 5 and 1.1 million women of childbearing age with a package of essential health services and increasing immunization coverage, from roughly 30 per cent to 70 per cent, for some key antigens. Achieving results is very difficult yet not impossible in Somalia and the progress of the current country programme highlights the importance of continued international commitment to the people of Somalia.

3. While Somalia is perceived as one country, it has many co-existing realities. Politically, it is divided into three distinctive political entities: the self-declared “Somaliland”, or north-west zone, with a functional but unrecognized government; the federal state of “Puntland”, or north-east zone, with a functional subnational

government; and the central and southern zone, the seat of the internationally recognized Transitional Federal Government, which is in conflict with armed opposition groups throughout the central and southern zone. The different political realities translate into different scenarios for Somalia's children. The majority of the population lives in the central and southern zone, where civil conflict and insecurity, inter-clan and intra-clan conflict, the ascent of extremism, general criminality and the more recently emerged piracy phenomenon are the main factors contributing to a steady erosion of the remaining socio-economic and service delivery infrastructure and resulting in mass population displacement in the most challenging operating environment for UNICEF in Somalia. In the northern zones, where prolonged drought has rendered large parts of the population vulnerable, UNICEF work is facilitated by political stability and rudimentary government capacity, making it possible to address longer-term issues more effectively.

4. A total of 3.2 million people, almost half the population, are in need of external assistance representing the most vulnerable segment of society. Coping mechanisms of communities and families are weak, especially in many households headed by adolescent girls. Changes in the local and global climate are expected to worsen the impact and duration of droughts and thus exacerbate an already difficult situation. Weak social infrastructure and systems are obstacles to sustainable service provision everywhere, contributing to poor coverage of such services. Poverty is the main underlying cause of the challenges facing children and women. The value of Somalia's currency has sharply declined in recent years while, at the same time, this net food importing country must rely on trade to provide basic goods in its markets. The main export products, such as livestock, have lost value due to recurrent drought in recent years, further worsening the economic situation.

5. Some 52 per cent of the population are children (under the age of 18), of which 23 per cent are of primary school age (6-14 years). One in six Somali children under the age of five is acutely malnourished, with rates of malnutrition in central and southern Somalia above emergency threshold levels. An under-5 mortality rate of 200 per 1,000 live births, ranking the country the fourth worst in the world, underscores the impact of the protracted crisis. If children do survive the first five years of their lives, many of them fall victim to abuse and exploitation at home or in their community. Girls are particularly vulnerable to sexual violence, early marriage, female genital mutilation and other forms of discrimination. The ninth report of the Secretary-General on children in armed conflict (A/64/742-S/2010/181) documents that more children are forcibly or through deception recruited into armed forces or groups. With a lack of educational, employment and community engagement opportunities for young people, they are highly vulnerable to such exploitation.

6. The withdrawal of the World Food Programme (WFP) from virtually all of central and southern Somalia in early 2010, following threats against its operations, introduced an additional challenge for UNICEF as one of the few remaining providers of humanitarian assistance and exposes it further as the only large United Nations agency remaining active in the southern and central parts of the country. UNICEF has, as a consequence, strengthened and diversified its operations and put in place additional measures to manage the risks of continued operation in Somalia.

Key results and lessons learned from previous cooperation, 2008-2010

Key results achieved

7. The 2008-2010 country programme has achieved results in the improvement of basic services and the protection of children in all components of the country programme. Planned results that aimed at strengthening higher-level institutional capacity were not achieved to the extent intended, mostly due to the worsening situation in the country.

8. Through the accelerated child survival and development component, the nationwide Child Health Days, introduced by UNICEF and the World Health Organization (WHO) in 2009, reached 1.4 million children under the age of five and 1.1 million women of child-bearing age with an essential package of life-saving health and nutrition services at least twice a year, doubling immunization and Vitamin A coverage, from less than 30 per cent to over 70 per cent, in many locations. This included the most vulnerable children and women in all districts of Mogadishu and in the Afgoye corridor, despite security challenges. The establishment of 500 Sphere standard nutrition centres throughout the country is a significant achievement. The coverage of water and sanitation facilities increased, reaching some 400,000 people, through a successful public-private partnership approach.

9. UNICEF contributed to a study on micronutrient deficiencies, the first of its kind in Somalia. Evidence gathered documents the high prevalence of acute malnutrition and the extent of the nutritional crisis in Somalia. This micronutrient-deficiency public health crisis, specifically iron and Vitamin A deficiency and poor young child feeding and care practices, underlines the urgent need to broaden the programme focus to cover both prevention and management of malnutrition.

10. Through the education component, enrolment in primary school increased roughly 300 per cent, from an estimated 150,000 to over 460,000 between 2000 and 2007.¹ Substantial investments were made through the 2008-2010 country programme in school facilities, teacher training, and capacity building of local education administrators. As a result, and working from the trend of this baseline data, annual enrolment gains of 20 per cent for lower primary and 10 per cent for upper primary are now considered reliable. UNICEF also supports life skills based education, including non-formal education, to target out-of-school children and young people.

11. The entry into force of the Justice for Children Bill in north-west Somalia in 2008 and the 2009 declaration by the Transitional Federal Government on its intention to complete ratification of the Convention on the Rights of the Child presents opportunities for child protection system strengthening work. A wide network of community-based structures was created and maintained to prevent and respond to child protection issues in at least 3,000 communities across Somalia; these are critical in the absence of child protection statutory services.

12. The humanitarian response supported by UNICEF and partners reached an unprecedented scale in 2008 and 2009. An estimated 2.5 million people in

¹ Primary Education Survey 2006-07.

emergency-affected areas accessed basic health care through a network of over 700 primary health-care facilities managed by partners. UNICEF, WFP and partners reached nearly 60 per cent of the total estimated severe acute malnutrition caseload. This places Somalia among only two other countries in the Eastern and Southern Africa region that have achieved such coverage rates. Over 1,130,000 displaced and drought-affected people accessed safe water through operation and maintenance of water systems.

Lessons learned

13. The role of the country programme in Somalia is different from most other countries. In the sectors addressed by the country programme, UNICEF is virtually the main provider of social services through a network of partners. In the north, this is due to limited government revenue and capacity; and in the south, due to prevailing instability. The implications are special responsibilities and additional risk, as highlighted by the effect of the WFP withdrawal, which placed additional accountabilities on the country programme and exposed UNICEF as the only United Nations agency maintaining a presence in the conflict areas. Lessons learned are the need to manage partnerships well and to apply rigorous risk management practices in maintaining them. New independent monitoring networks and more stringent yet flexible and distributed operational modalities are being employed.

14. The current programme further confirmed the importance of balancing direct humanitarian service delivery through non-governmental organizations (NGOs) with sector standard and policy formulation and capacity strengthening of government services. Different strategies are applied as appropriate, ranging from humanitarian operations in the south and centre through early recovery in the north-east to development approaches in the north-west. This has proved invaluable to maximizing results for children and women in each of these unique contexts.

15. The health services system has four tiers in Somalia: (a) the health post; (b) the maternal and child health clinic; (c) the regional hospital; and (d) the referral hospital. Yet the available facilities are insufficient to ensure coverage of preventive services and treatment. Experience has shown that investment in services without complementary institutional strengthening has its limitations. In a major effort to improve the public health system, UNICEF, health authorities and the European Commission developed an Essential Package of Hospital Services (EPHS). The EPHS establishes standards for each service tier, including the development of staffing requirements; standard payment levels for the health civil service; drug supply proposals; supervision and management systems (including referral options); standardized health facility blueprints; standard Health Management Information Systems tools and systems; and an innovative costing and human resources projection tool. The effort is essential for making the necessary cost and staff/management projections required to resuscitate the public services. The initiation of public health system reform is a necessary and complimentary strategy to the child health days which ensured much greater coverage yet cannot realize all functions of the health system, and for substantial action to redress high maternal mortality levels.

16. Through the combined participation and protection component in the current country programme, UNICEF has learned important lessons. The positive history of strong community relations has kept UNICEF staff and assets safer in Somalia,

clearly leading to a recommendation that being in Somalia and listening to people is crucial to a successful and appropriate response. The experience also highlighted that community participation should not be a stand-alone programme, but rather a cross-sectoral strategy integrated across all programme components in the new country programme.

17. The previous country programme did not have sufficient child protection capacity or resources commensurate to the deterioration in the protection environment in Somalia, particularly the systematic recruitment and use of children in the conflict. UNICEF is leading the Monitoring and Reporting Mechanism under Security Council resolution 1612 (2005) and significantly contributing to the shaping of United Nations country team (UNCT) strategies on protection of civilians while strengthening its focus on protection measures to address a range of other violence and exploitation concerns. Therefore, a designated child protection programme will be introduced in the 2011-2015 country programme.

The country programme, 2011-2015

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival	13 698	104 713	118 411
Education	3 990	35 740	39 730
Child protection	6 773	29 202	35 975
Cross-sectoral management			
Planning, monitoring and evaluation	5 029	10 345	15 374
Fund management	—	68 471	68 471
Operational management	12 835	32 529	45 364
Total	42 325	281 000	323 325

Preparation process

18. The United Nations system is operating within the framework of a United Nations Transition Plan (UNTP) in Somalia. The preparation of the UNTP was informed by the 2006 Joint Needs Assessment, jointly led by the United Nations and the World Bank, which is the basis for the national framework, the Somalia Reconstruction and Development Plan (RDP). The RDP remains valid until 2013. The successor to the UNTP, the five-year United Nations Somalia Assistance Strategy (UNSAS), will continue to work towards achieving the RDP results from 2011 to 2015.

19. The country programme was prepared within the broader UNSAS preparation process. Semiformal consultations, comprising several “strategic moments of reflection” with government and non-government partners, including Somalia experts, youth consultations and a formal donor survey, informed the country programme planning process.

Programme components results and strategies

20. The goal of the country programme is to accelerate progress towards the Millennium Development Goals by further increasing access to basic services for accelerated child survival and development, strengthening the institutional capacity of government, and enabling children and women to claim their rights.

21. **Child survival.** This programme component aims to achieve the following results:

(a) Fewer children die before the age of five because they and their mothers have access to higher-quality healthcare, water, sanitation and hygiene education (WASH) and nutrition services;

(b) Children and women access lifesaving support of the Core Commitments for Children in Humanitarian Action (CCC) as a standard in 80 per cent of all reported health, WASH and nutrition emergencies or disease outbreaks within accessible areas;

(c) Household knowledge is enhanced to enable household members to adopt a series of basic healthy behaviours;

(d) Fewer women die and are better able to care for their children;

(e) Administration ownership and leadership to promote and protect public health is enhanced.

22. **Education.** This programme component aims to achieve the following results:

(a) Equitable enrolment has increased in primary education and the gender gap is reduced;

(b) The majority of schools and learning spaces, including those in internally displaced person (IDPs) settlements, function and have foundational elements of a child-friendly school;

(c) Where a ministry of education is functional, government policies for primary formal and non-formal education explicitly prioritize quality, child-centred education and lead to increased government allocations to education.

23. **Child protection.** This programme component aims to achieve the following results:

(a) More children affected by conflict and humanitarian emergencies have access to protection services;

(b) Where government capacity exists, a minimum system of laws, policies, regulations and services protects an increased number of the most vulnerable children;

(c) Exploitation, abuse and violence against children in families and communities, especially gender-based and traditional harmful practices, are reduced.

24. **Cross-sectoral management.** This component will cover the country office's responsibility as principal recipient of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the planning, monitoring and evaluation, communication and operations functions, and aims to achieve the following results:

(a) Facilitate the achievement of all agreed results for the Global Fund grants on HIV/AIDS and Malaria by the end of the funding cycle (2014);

(b) Given the volatile security situation in large parts of the country, which poses direct threats to staff, the country office will ensure that the security, safety, and efficiency of all field operations in Somalia is improved and the work environment is made more enabling for all staff;

(c) The planning, monitoring and evaluation function and the operations function will ensure cross-sectoral support for all programmes.

25. UNICEF will ensure programme performance through a comprehensive risk management approach. Evidence-based planning based on ongoing situation analysis will ensure realistic and adaptable plans. Partner selection for cooperation in the programme has been strengthened and a system is in place to ensure knowledge about partners is sufficient to safeguard UNICEF against adverse exposure and to independently monitor and document partner performance within a broader joint United Nations risk management approach.

26. UNICEF will continue its collaboration with the Food Security and Nutrition Analysis Unit of the Food and Agriculture Organization of the United Nations (FAO), which carries out regular nutrition and market surveys across Somalia and produces detailed and accurate situation analyses as well as forecasts on livelihoods and basic economic parameters. The resulting data are the only available source of data to identify the most vulnerable children and families, and are therefore vital to planning interventions, especially for reaching the underserved with child survival programmes. This is a unique source not available in most other fragile countries.

27. The support to public-private partnerships for service delivery will be expanded beyond water supply. Support to inclusion of community development plans in local government decision-making and working with youth will continue as a practical application of the human rights-based approach to programming. Where possible, the country programme will work with an “area based programming” approach to ensure that results for the most vulnerable children are achieved through service convergence. Social policy and communication for development will be integral components across all sectors.

Relationship to national priorities and the UNDAF

28. The country programme is aligned with the UNSAS and the RDP, which expresses the national priorities, endorsed by government and all international development partners.

29. The RDP and the UNSAS both have three components: (a) governance and security; (b) social services; and (c) livelihoods. The country programme contributes to the social services part of the UNSAS, and, through it, to the social services pillar of the RDP. UNICEF covers major outcomes for the United Nations in health, nutrition, water and sanitation, education and child protection, and will lead the social services component of the UNSAS, which provides a platform for leveraging resources for the most vulnerable children in Somalia.

Relationship to international priorities

30. The Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child embody the guiding principles for the country programme. In addition, *A World Fit for Children*, the Convention on the Elimination of All Forms of Discrimination against Women, the Millennium Declaration and the Millennium Development Goals, as well as the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action, have guided the strategic focus on the priority programme components.

Programme components

31. The design of the three major programme components — child survival, education, and child protection — builds on the lessons learned from the current country programme and provides more focus on essential services for Somalia's children while maintaining specific actions that support sustainable development, where possible. The three components are supported by a cross-cutting component on HIV/AIDS and malaria, and will employ successfully established practices of a community-driven participatory approach and, where applicable, through public-private partnerships.

32. **Child survival.** In Somalia, under-5 child mortality and acute malnutrition remain high, and access to water and health services low. The child survival programme component will support services in child and maternal health, nutrition and water and sanitation, seeking to reduce the common causes of infant, under-5 child and maternal mortality and to reduce malnutrition levels.

33. This programme component will work towards the following results: (a) under-5 child mortality will be addressed through the Child Health Day campaigns, to maintain high coverage of basic health and nutrition services across the country; (b) routine immunization, health facilities, and water and sanitation systems will be strengthened; (c) emergency response will be implemented, in line with the CCCs; (d) family and individual practices will be targeted through support to hygiene and nutrition behaviour change campaigns; (e) maternal health will be specifically targeted through Child Health Days and facility-based support; and (f) the Government will be supported to invest more in public health programmes.

34. UNICEF will remain the nutrition cluster lead. The focus on treating severe and moderate acute malnutrition will be maintained to reduce mortality and morbidity. The nutrition response will be expanded to include the entire population, utilizing new delivery channels for enhanced maternal nutrition during pregnancy, breastfeeding and complementary feeding, as well as improved hygiene practices and better consumption of micronutrients. This is expected to improve the long-term nutritional status of the population and is part of a joint nutrition strategy among key partners.

35. UNICEF will remain the WASH cluster lead. UNICEF will support the Government in developing and implementing sector-wide plans, use its influence to advocate increased public funding allocations, and support improved policy and legal frameworks in the relevant sectors. Key strategies are the introduction of environment-friendly water systems, to reduce running costs and water-retaining structures, to increase water availability; promotion of low-cost high-impact interventions, such as household water treatment, to reduce waterborne diseases;

and introduction of groundwater management. A community-led total sanitation approach, which involves full community commitment, will be introduced, and safe hygiene behaviour, including hand washing with soap, will be promoted. Particular priority will be given to areas with high malnutrition rates and to WASH in schools.

36. Major partners for this programme include the Ministries of Health and Water, national and international NGOs, the private sector (including pharmacies), FAO, WFP, WHO and the United Nations Population Fund (UNFPA). The UNICEF and WHO joint programme on child survival will remain the programming framework. UNICEF will continue to play a key role in the Health Sector Coordination Committee and will support WHO in the humanitarian health cluster coordination.

37. **Education.** This component will address the underlying problems of access, retention, and quality of education through direct support to school construction, curriculum development, teacher training, and school supplies, and by assisting the strengthening of sector policies and advocacy for an increase in revenue allocation to the sector, especially to ensure teacher's salaries. In emergency-affected areas of the country, the component aims to maintain existing services, prioritizing the most vulnerable children and those displaced by conflict or natural disaster. Support to improved quality of non-formal and Koranic education is an additional gateway to reaching previously un-reached children.

38. Major partners for this programme include the Ministries of Education, national and international NGOs, community education committees and the United Nations Educational, Scientific and Cultural Organization. The Integrated Capacity Development for Somali Education Administrations programme with the European Commission and the strategic partnership with the United Kingdom Department for International Development will remain the basis for institutional support to the Ministries of Education and for increasing enrolment and retention in primary education. UNICEF will continue to play a major role in the Education Sector Coordination Committee and will support Save the Children in chairing the humanitarian education cluster.

39. **Child protection.** This component aims to pro-actively prevent the recruitment of children into armed groups, protect children from abuse and exploitation in their communities, reduce harmful traditional practices and support the creation of sustainable, nationally led child-protection systems in the more stable northern areas of Somalia.

40. Through a combination of advocacy against harmful practices and violations and the provision of services for their victims, including preventive interventions targeting at-risk children and young people to reduce their vulnerability to protection threats, the component aims to achieve a stronger protective environment for children in Somalia. In areas of protracted emergency, the component will support remedial services for victims of violence and conflict, advocate the release of children from armed forces and armed groups and support their reintegration, guided by the CCCs and the 2007 Paris Principles. In stable areas, the component will work closely with national authorities to put in place child-friendly legislation, policy and service delivery, with the goal of a full domestication of the Convention on the Rights of the Child.

41. Major partners for this programme component include the three Ministries of Family and Social Affairs, Religion and Justice, national and international NGOs,

the United Nations Development Programme (UNDP) on justice for children, UNFPA on FGM/C, and UNHCR on protection of civilians and monitoring and response to protection violations.. UNICEF will continue to play a key role in the humanitarian protection cluster.

42. **Cross-sectoral management.** This component reflects the planning, monitoring and evaluation, communication and operations functions, and the fund management role of UNICEF as principal recipient of the Global Fund grants for malaria and HIV/AIDS. UNICEF disburses these allocations to subrecipients and provides oversight to ensure timeliness and quality of reporting. Recent evidence indicates that the documented decrease in malaria prevalence is a reflection of the impact of predictable multi-year financing. UNICEF aims to facilitate the achievement of all agreed results by the end of the funding cycle in 2014.

43. UNICEF will raise its public communication profile, both in Somalia and internationally, as such a clear profile is expected to facilitate UNICEF humanitarian access negotiations and resource mobilization efforts alike. Strengthened media relations and a communication for development strategy, tapping into new communication channels, will support behaviour changes to improve health and nutrition and prevention of violence.

44. This component further provides operational support to facilitate an enabling environment for staff in field operations in Somalia, including the provision of safety and security, information technology architecture, and appropriate standards in the working environment.

45. Given the deteriorating security and access limitations in large parts of the country, the Somalia country office has introduced an operational risk management approach within a broader UNCT risk management framework, which – in follow-up to the joint UN inter-agency risk assessment mission – includes development by the UNCT of a shared database on partners and contractors.

Major partnerships

46. The UNICEF country programme will be supported through a number of strategic partnerships with the Global Fund, particularly as the principal recipient of HIV/AIDS and Malaria grants; an existing collaboration with WHO on child survival; and a Memorandum of Understanding with WFP. Two United Nations joint programmes, one on IDPs in “Puntland” and another on local governance for decentralized service delivery, serve as the framework for the UNICEF strategy to ensure inclusion of community priorities and those of IDPs into development plans. A well-established relationship with UNDP on justice for children will be further enhanced through the new child protection programme and multi-year donor partnerships that have been forged for education, ensuring more sustainable support to the sector, will be further developed.

Monitoring, evaluation and programme management

47. The country programme document provides the strategic framework for the specific two-year work plans that will be developed, taking into account the continuously evolving situation on the ground in Somalia. The work plans will include specific programme plans for the three programming contexts. These plans will allow for sufficient flexibility to introduce any necessary adjustments in the

event of deterioration or improvement in the situation on the ground. The country programme provides the broader five-year framework that allows these two-year zone-specific work plans to contribute towards common medium-term results, a crucial cohesion that would otherwise be lost.

48. With the RDP ending in 2013, a midterm review of the UNICEF country programme and the United Nations Somalia Assistance Strategy will be undertaken in the same year.

49. Monitoring programme implementation in Somalia is increasingly difficult, due to insecurity in the central and southern regions. UNICEF has started to work with a network of independent monitors who can access programmes where staff has no access. This network will be further expanded.

50. The use of mobile phones for monitoring has been tested; this mobile monitoring system will be further expanded geographically, allowing for more direct feedback from beneficiaries on the services received under the UNICEF-supported programme.

51. Managing the country programme in the current situation in Somalia is challenging and relies on a high level of flexibility. While main offices will be maintained in two locations in the north of Somalia, operations for the Central South will be managed from a number of optional locations where UNICEF has sub-offices or uses working spaces in installations of other agencies. This distribution of assets is grounded in the experience of having to repeatedly close and re-open offices in southern Somalia. The new approach will safeguard UNICEF against this risk.

52. The operational challenges incur higher costs for security measures and risk management systems, and make it difficult to attract qualified staff to work in Somalia. UNICEF is actively addressing these challenges.

53. These are the risks and the cost of helping the world's most vulnerable children, a designation that regrettably remains valid for the children of Somalia.
