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Item 5 (a) of the provisional agenda*

Country programme document

Somalia

Summary

The country programme document (CPD) for Somalia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$80,840,000 from regular resources, subject to the availability of funds, and \$386,048,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2021 to December 2025.

* E/ICEF/2021/1.



Programme rationale

1. Since Somalia ratified the Convention on the Rights of the Child in 2015, progress has been made in developing policies and legislation and expanding the coverage of social services to enable the realization of child rights. While the trajectory has been positive, the past three decades of persistent periods of conflict, political instability and environmental shocks have constrained social and economic development.

2. The country has an estimated population of 12.3 million, with 46 per cent aged below 15 years.¹ Around 2.6 million Somalis are internally displaced² and an additional estimated 1 million are refugees in nearby countries.³

3. Poverty is widespread and deep, particularly for rural and nomadic households and internally displaced persons (IDPs). Sixty-nine per cent of households live below the income poverty line and 73 per cent of children below the age of 15 years are poor. Most Somali households suffer non-monetary deprivations as well.

4. Most Somalis are not covered by any social protection. While humanitarian assistance will reach some 3 million people in 2020⁴ – mostly displaced, returning and extremely poor people in rural and peri-urban areas – this assistance addresses acute needs and misses the underlying causes of vulnerability. A positive development has been the Baxnaano shock-responsive safety-net project under which 200,000 poor households in rural areas affected by chronic food insecurity will receive predictable, regular cash transfers. However, this number represents less than one-fifth of poor households. There is a need to expand social protection coverage as well as reduce fragmentation and ensure linkages to social services.

5. After several years of macroeconomic reforms and strengthened public-finance management, in 2019 Somalia reached the decision point of the Heavily Indebted Poor Country Initiative. However, public financial management systems remain weak. Domestic revenue accounts for less than 5 per cent of the nation's gross domestic product. Government spending is insufficient to deliver essential quality social services to children amid the country's demographic boom. Nonetheless, the Government's priorities within the 2020–2024 Ninth National Development Plan (NDP-9) provide an opportunity to promote renewed investment in strengthening social sectors

6. Women and girls in Somalia are structurally disempowered and subject to discrimination and marginalization. Restrictive social and cultural norms on gender and social relations in addition to weak legal and state protection mechanisms put women and girls at greater risk of gender-based violence. About 1 in 10 girls marry before the age of 15 years and about half before the age of 18 years.⁵ Ninety-nine per cent of women aged 15 to 49 years have undergone female genital mutilation (FGM), 71 per cent of them between the ages of five and nine.⁶

7. While gradually declining, the maternal mortality ratio remains high, at 692 per 100,000 live births.⁷ Thirty-two percent of births in Somalia are delivered with the

¹ United Nations Population Fund (UNFPA), Population Estimation Survey of Somalia, 2014

² Office for the Coordination of Humanitarian Affairs Somalia, Humanitarian Needs Overview 2021.

³ <https://www.unhcr.org/en-au/somalia.html>.

⁴ Somalia Humanitarian Response Plan 2020.

⁵ Directorate of National Statistics, Federal Government of Somalia, Somalia Health and Demographic Survey 2020 (SHDS).

⁶ Ibid.

⁷ Ibid.

assistance of a skilled health professional.⁸ At the current fertility rate, 1 in 20 women entering child-bearing age (15 years) today will die of pregnancy-related complications before reaching the age of 50 years.

8. The under-5 mortality rate, estimated at 121.5 per 1,000 live births, is one of the highest globally.⁹ Almost one in three child deaths occurs in the first month of life. Preventable illnesses are responsible for nearly half of deaths in children under 5 years of age: lower respiratory infections, diarrhoea and vaccine-preventable diseases. Poor infant and young child feeding and care practices, under-nutrition and Vitamin A and iron deficiency contribute to the majority of these deaths. Some 17.2 per cent of children under 5 years of age are stunted and 11 per cent wasted. Anaemia is prevalent among children under 5 years of age (43.4 per cent) and in non-pregnant women aged 15 to 49 years (49 per cent).¹⁰

9. During the 2017 drought, Somalia experienced measles and cholera outbreaks. Following repeated rounds of vaccination campaigns, measles and cholera cases have significantly decreased. Although the circulation of wild polio virus has been interrupted in Somalia since 2014, children continue to be affected by paralysis secondary to vaccine-derived polio virus, which is indicative of persistent pockets of low immunization coverage.

10. The 2019 antenatal clinic surveillance data found HIV prevalence at 0.1 per cent and the coverage of prevention of mother-to-child transmission (PMTCT) at 24 per cent.

11. The main causes for poor maternal, neonatal, child and adolescent health and nutrition include: (a) a lack of available quality services due to insufficient human and financial resources; (b) physical and financial barriers preventing access to services; (c) a weak supply-chain system leading to the recurrent stock-out of essential drugs and commodities; (d) inadequate family knowledge and care practices; (e) weak health-sector leadership and a lack of transparency and accountability; and (f) a lack of health-systems resilience, increasing the public-health consequences of emergencies and disasters.

12. Despite increased use in the past 10 years, inadequate water, sanitation and hygiene (WASH) practices contribute to the health and nutrition challenges. In 2019, 52 per cent of people had access to safe drinking water (28 per cent rural; 83 per cent urban) compared with 20 per cent in 2010.¹¹ This increase was achieved despite continued droughts over the past two decades, which have resulted in unregulated pricing, reduced and unpredictable quantities of water and a deterioration in water quality. Some 38 per cent of households have access to basic sanitation, while the open-defecation rates have fallen from 58 to 28 per cent.¹²

13. Child protection mechanisms are minimal and the Government is only beginning to define an effective system to regulate services for the most vulnerable children. Only 3.5 per cent of births of children under 5 years of age are registered.¹³

14. Adolescents (10–19 years) account for 26 per cent of the Somali population.¹⁴ In addition to early marriage and FGM, they face gender-based violence and

⁸ Ibid.

⁹ United Nations Inter-agency Group for Child Mortality Estimation, <https://childmortality.org/data/Somalia>.

¹⁰ UNICEF/Ministry of Health, Federal Government of Somalia/Ministry of Health, Puntland/Ministry of Health, Somaliland, Somalia Micronutrient Survey 2019.

¹¹ UNICEF/World Health Programme Joint Monitoring Plan, 2019.

¹² Ibid.

¹³ SHDS 2020.

¹⁴ Ibid.

recruitment by armed groups. Despite important measures taken by the Government to reduce the recruitment of children, Somalia has the highest total number of grave violations against children in the world.

15. The current cohort of adolescents has limited educational opportunities, significantly affecting their capacity to enter into the skilled labour force. Many young people migrate away from Somalia given the absence of economic opportunities. Some 57 per cent of adolescent males and 43 per cent of females are economically active.¹⁵ The unemployment rate is higher in urban areas and IDP camps than in rural settings or among nomadic communities.

16. An estimated 3 million children are out of school in Somalia. The most excluded are rural children (particularly those from pastoral communities), children from poor and/or IDP households and those with a disability or from minority clans. The national gross enrolment rate for primary education has remained at 23 per cent at the primary level and 17 per cent at the secondary level in the southern central regions of Somaliland.¹⁶ Gender inequity in education is high, with girls' participation consistently lower than that of boys. In rural areas and among pastoral communities, gender inequities are greater, although less so among displaced communities where humanitarian actors have made concerted efforts.

17. Even for children in school, learning outcomes are poor and there has been no consistent national learning assessment. Limited early childhood education opportunities impede children's readiness to start school. A large proportion of teachers are not qualified. Only 12 to 15 per cent of primary-school teachers and between 4 to 7 per cent of secondary-school teachers are female.¹⁷

18. While the full impact of the coronavirus disease 2019 (COVID-19) pandemic in Somalia is not clear, it has weakened the fragile economy, with the disruption of value chains, increased food and other commodity prices, the loss of export revenues and the closure of businesses. The country's fragile social-service systems have been impacted, burdening health systems, disrupting education and protection services for children and disproportionately affecting poor and vulnerable people.

19. Recent lessons learned include the benefits of positioning programming closer to communities and investing in social and behavioural change to positively influence social norms. While the 2020 Somalia Health and Demographic Survey found a worsening of FGM prevalence rates, studies on the UNICEF Communities Care programme, which addresses a wide range of issues, including reducing FGM, have shown the promise and potential of that programme to be brought to scale. While the full scope of the COVID-19 pandemic's impact is still being mapped, it has already reinforced lessons around the need for flexibility and agility in linked humanitarian and development programming, the importance of investing continuously in building a more resilient health system and the imperative of working within communities towards behavioural change.

20. The country programme priorities are based on the persistent disparities among children and women and the new risks they face, along with a recognition of where UNICEF can add the greatest value to assist Somalia to fulfil children's rights and achieve the Sustainable Development Goals. The four prioritized deprivations identified are:

¹⁵ UNFPA/UKAid, "Somali Adolescents and Youth: Boom or Gloom?", p. 56 (2014 figures).

¹⁶ Ministries of Education and Higher Studies, Federal Government of Somalia, Puntland and Somaliland, Education Statistical Yearbooks 2018/2019

¹⁷ Ibid.

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

Programme priorities and partnerships

21. The country programme vision is for improved outcomes for all children to enable Somalia to progressively realize sustainable and peaceful economic and social development.

22. The overall theory of change is 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,

then, by 2025, the rights of more children and women in Somalia, particularly the most vulnerable and at-risk, will be realized so that they survive, develop to their full potential and live in a safer and healthier environment.

23. The country programme will contribute towards the achievement of the goals of the NDP-9, the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Somalia, the Sustainable Development Goals, the UNICEF Strategic Plan, 2018–2021 and Gender Action Plan, 2018–2021 and the African Union agendas, namely Africa's Agenda 2040: Fostering an Africa fit for children and Agenda 2063: The Africa We Want.

Programme approaches and strategies

24. UNICEF will continue to pursue downstream and upstream cooperation and strengthen the people-centred and rights-based approach across humanitarian and development programming, with a greater emphasis on strengthening the capacity of the national, member state and local governments to deliver quality social services. This is consistent with strategies applied during the period 2018–2020 to reduce the reliance on service provision through non-governmental organizations (NGOs) and to move towards systems-strengthening through institutional capacity development.

25. Social and behavioural change will be a core strategy across programmes. UNICEF will use innovative approaches to promote positive behaviours, including service utilization, and challenge negative sociocultural attitudes and practices, focusing on parents, caregivers, teachers, children and adolescents.

26. UNICEF will prioritize and strengthen intersectoral approaches to early childhood development to ensure coherent, more-coordinated efforts and will place a stronger emphasis on integrated programming and services for adolescents, while contributing to the Generation Unlimited initiative.

27. UNICEF will strengthen the gender-responsiveness of the country programme to contribute towards the elimination of gender-based violence, discrimination and

inequality. This will involve embedding transformative gender-responsive and gender-sensitive approaches and protection across programming in education, child protection, health, nutrition and WASH, with due attention to the prevention of and response to sexual exploitation and abuse.

28. UNICEF will embed resilience-strengthening approaches in all programming to strengthen the resilience of individuals, communities, systems and institutions. It will conduct risk analyses to build mitigation into programme activities, laying the foundation for resilience at the community level, and will work to generate evidence on effective monitoring of resilience-building at the individual, household and community levels.

29. UNICEF will continue to strengthen bilateral and multilateral partnerships as well as partnerships with civil society organizations. Under the UNSDCF, UNICEF will pursue new and existing strategic joint programming initiatives. For example, it partners with the World Food Programme and the Food and Agriculture Organization of the United Nations on the the Joint Resilience Project, which employs a holistic approach to resilience-building.

30. The Core Commitments for Children in Humanitarian Action and the UNICEF Accountability to Affected Populations Framework will guide the upholding of the rights of children in the context of natural disasters, public-health emergencies and environmental hazards. UNICEF will respond to humanitarian needs by contributing to systems-strengthening and national ownership through: (a) the delivery of timely humanitarian assistance, including through cluster leadership and as provider of last resort; (b) the strengthening of government and community capacity to respond to crises and humanitarian needs; and (c) the systematic application of the principles of Accountability to Affected Populations.

Health

31. UNICEF will contribute to national efforts aimed at ensuring that more newborns, infants and children survive and thrive and fewer women, including adolescents, die during pregnancy or childbirth or soon after. A district health systems-strengthening approach will be taken to expand the delivery of essential facility- and community-based interventions in rural, deprived and fragile areas as well as those with IDPs to improve maternal, neonatal, child and adolescent health (MNCAH) outcomes, while maintaining an agile emergency-response capacity.

32. Programming will focus on strengthening evidence-based planning, budgeting and monitoring, improving MNCAH services and family-care practices and institutionalizing low-cost, high-impact community-health approaches. Learning from experience, including the COVID-19 response, UNICEF will focus on improving the sustainability and resilience of services, including logistics and health management information systems.

33. To sustain the positive trends in reducing maternal and newborn deaths, UNICEF will focus on providing frontline and community health workers with the expertise and resources to deliver quality services, including emergency obstetric and neonatal care. To support safer health-care delivery, UNICEF will focus on enhanced infection prevention and control in health facilities, including the provision of safe water, sanitation and waste disposal.

34. At the community and primary health-care levels, UNICEF will support the scale-up of low-cost, high-impact interventions during the first 1,000 days of life, integrating nutrition, early essential newborn care and early childhood nurturing into existing maternal health interventions. These will promote young child survival and development and mitigate the impact of non-communicable diseases.

35. In light of the concentrated HIV epidemic, diagnostic and treatment services will be targeted and combined with prioritized PMTCT actions, including the expansion of testing from selected maternal, newborn and child health facilities to other health-service sites. UNICEF will support the scale-up of early infant diagnosis to allow for the immediate commencement of antiretroviral therapy.

36. In cooperation with the national, member state and local governments, UNICEF will partner with NGOs and others to strengthen the delivery and use of high-impact child-health services. This will include the accelerated integration of the management of common childhood illnesses with routine immunization and nutrition interventions in health facilities and mobile outreach and community services. To strengthen child-health outreach and delivery, UNICEF will prioritize the building of a stronger institutionalized community health-worker programme.

37. UNICEF will continue to strengthen the supply-chain management of essential medicines and equipment, along with storage and cold-chain facilities. Support will be provided to accelerate task-shifting to frontline health workers and promote the use of innovative technology to improve quality of care and enhance higher-frequency monitoring to better understand the priority needs of vulnerable and disadvantaged populations.

Nutrition

38. UNICEF will contribute to reducing stunting, wasting and micronutrient deficiencies among children, particularly those under 5 years of age, and improving the nutritional status of women. The aim is to (a) strengthen multisectoral nutrition approaches; (b) accelerate government leadership in delivering quality services for children and women and for monitoring nutrition indicators within the health system; and (c) promote positive feeding and care practices as well as food-access initiatives, which together improve resilience to shocks.

39. Programmatic entry points for systems integration will help to address the first 1,000 days of life and include strategies to ensure that families have the skills and resources to apply appropriate infant and young child feeding (IYCF) practices. While the emphasis is on younger children, a life-cycle approach will be taken, including enhanced support to first pregnancies and the expansion of nutritional programmes for adolescent girls, initially through iron supplementation services.

40. With the improvement in the quality of services to treat wasting, UNICEF will continue to move from the direct training of implementing partners to technical and financial support to improve government-led service delivery, including the training of frontline workers. UNICEF will support the improvement of the quality and reach of such high-impact preventive activities as Vitamin A and micronutrient supplementation. Advocacy will continue with parliamentarians towards the finalization and then adoption of the Breastmilk Substitute Code and technical support will be provided to establish a national enforcement mechanism to operationalize a breastfeeding promotion policy in health facilities. UNICEF will undertake operational research to inform programme interventions and the measurement of the reach and utilization of services.

41. Building on lessons learned from its experience with COVID-19 and in line with the new National Nutrition Strategy, UNICEF will develop comprehensive communications packages, particularly for community and frontline health staff, on maternal and adolescent nutrition, while refining the IYCF content around breastfeeding and complementary feeding.

42. UNICEF will continue to be a major supplier of nutrition supplies, particularly for micronutrients and therapeutic food, in the first half of the programme, aiming to transition to government ownership of supply forecasting and logistics.

Water, sanitation and hygiene

43. UNICEF will contribute to increasing the use of affordable, sustainable, resilient and safely managed water and sanitation services and improved safe hygiene behaviours, particularly by the most vulnerable children and their families, including IDPs and host communities.

44. UNICEF will support the national and member state governments to develop urban and rural water-supply strategies and regulatory frameworks and build planning capacities. A database of key indicators will be established to provide regular information and guide priorities. UNICEF will also support the formulation of national frameworks on WASH in health-care facilities and schools.

45. To improve access to safe drinking water, UNICEF will support the drilling and rehabilitation of boreholes, the installation of solar pumping systems and improvements to shallow-well systems. Where feasible, these will be managed through arrangements with public-private partnership (PPP) water companies or linked to schools and health facilities. UNICEF will continue to ensure women's participation on rural water-supply needs assessments and urban water-supply consumer committees and in decisions related to health facilities and schools.

46. In rural areas, UNICEF will work to reduce the high levels of open defecation by scaling up community-led total-sanitation approaches implemented through a national framework. As urban settings are flash points for diarrhoeal disease outbreaks, the PPP approach will be explored with existing water-supply companies for solid and liquid waste collection and disposal and urban drainage.

47. To address the problems associated with climate change, UNICEF will continue to promote the use of renewable energy sources. Solar or hybrid systems will be used for strategic water sources, with management structures developed with local authorities, private-sector players and users. UNICEF will continue to collaborate with the United Nations Development Programme and other partners on climate-resilient WASH interventions.

48. In humanitarian situations, UNICEF will continue to serve as a provider of last resort, focusing on water provision through trucking; emergency sanitation; and the distribution of household WASH supplies and aiming to turn these investments into sustainable services. Building on the COVID-19 response, UNICEF will strengthen actions on infection prevention and control in health facilities and on communication and community engagement around risk.

Education

49. UNICEF will contribute to improved access to early childhood and basic education and improved learning outcomes for children, especially girls and vulnerable children, while engaging in the development of the education sector plan. Building on lessons learned from the response to the pandemic-related nationwide closure of schools and disruption to learning, UNICEF will invest in return-to-school initiatives and blended-learning approaches to improve teaching and learning and facilitate the access of more children to quality education. Greater efforts will be made to encourage children from socially excluded groups to attend school, including those with disabilities, girls from poor households and children from displaced families and pastoral communities.

50. As a critical step towards school readiness, UNICEF will collaborate with the national and member state ministries of education to expand pre-primary education and will support initiatives to improve the quality and quantity of early childhood education teachers.

51. UNICEF will support improved learning outcomes through teacher-training programmes that include integrated content on school health and nutrition, child protection, WASH and life skills, including social cohesion. UNICEF will also support the national and member state governments to scale-up a continuous-assessment system.

52. To work towards preventing student dropout, UNICEF will strengthen the capacity of principals and teachers to better monitor attendance and performance and identify at-risk students. UNICEF will support the national and member state governments and Community Education Committees to develop strategies to improve school governance and parental support in children's learning.

53. UNICEF will assist the national and member state governments to develop appropriate education pathways for pastoral and nomadic communities, which include the largest numbers of out-of-school children. Other key actions for more-equitable education will include support to scale up alternative education programmes to bring children to school, particularly marginalized girls.

54. UNICEF will support the expansion of innovative education-delivery methods, including digital platforms for students to access lessons and for teachers and education officials to monitor student and teacher performance.

55. Collaborating with the national and member state governments and other education stakeholders, UNICEF will support the improvement of education budgeting and expenditure, including stronger safeguards and accountability for school grants and cash-transfer delivery to poor children.

56. UNICEF will strengthen the national and member state governments' ownership of education-in-emergencies programming and pursue the integration of displaced children into local schools, while promoting schools as integrated platforms for basic social services. UNICEF will pre-position education materials for emergencies and continue to act as a provider of last resort.

Protective environment

57. UNICEF will contribute to actions aimed at better protecting children and women, especially the most vulnerable, from violence, exploitation, abuse and harmful practices. The dual-track strategy encompasses (a) increasing the availability and quality of systems that protect and respond to vulnerable children, women and their families; and (b) promoting practices that ensure a safe childhood and eliminate such harmful practices as FGM, child marriage and corporal punishment.

58. UNICEF will provide technical support to the Ministry of Women and Human Rights Development and the Ministry of Justice along with their counterparts in member states to develop an effective child protection system. UNICEF will support the Government in accelerating the domestication of the Convention on the Rights of the Child through building a stronger legislative and policy environment, a national case management system and a qualified social welfare workforce, including providing support for tertiary training programmes. The Child Protection Information Management System will be rolled out nationwide, providing case management tools that reinforce accountable services and follow-up.

59. The Government will be supported to ensure minimum standards of care for gender-based violence survivors through a network of civil society partners and

hospital-based One Stop Centres. Advocacy will continue for the enactment of a child-rights bill and removal of the reservation to article 20 of the Convention on the Rights of the Child to pave the way for a national community-based care system for children without parental or guardian support. UNICEF will support the development of civil registration and vital statistics legislation and accelerate actions to increase birth registration.

60. UNICEF will use social norms-change programmes, such as Communities Care, to promote protective norms and reduce FGM, child marriage, corporal punishment and child recruitment.

61. Adolescents, including survivors of violence and those in conflict with the law or formerly associated with armed forces or groups and vulnerable to such harmful practices as FGM and child marriage, will be empowered through evidence-driven programmes to confront harmful practices and reinforce prosocial behaviours.

62. In humanitarian situations, UNICEF will support community-based child protection mechanisms, including child- and women-friendly spaces, services for the identification and tracing of unaccompanied and separated children, psychosocial support and case management. As part of the United Nations country task force of the monitoring and reporting mechanism, UNICEF will support reporting on grave child-rights violations and contribute to the implementation of the Somalia-United Nations road map on the prevention of recruitment and actions to reintegrate children associated with armed forces and groups.

Social policy

63. UNICEF will contribute to the efforts of Somalia to reduce income and multidimensional child poverty and build family resilience to shocks and stresses. An emphasis will be placed on promoting the principle of leaving no one behind, especially rural families, nomadic populations, IDPs, those from minority clans and children with disabilities.

64. Programming will include:

(a) Enhancing the capacity of the national and member state governments to generate and use evidence on child deprivations to design, monitor and evaluate social policies, programmes and budgets;

(b) Strengthening the capacity of the national and member state governments to mobilize, equitably allocate and effectively utilize domestic and external resources to improve child well-being;

(c) Strengthening the national and member state governments' capacities to deliver inclusive, shock-responsive social protection programmes;

(d) Advancing decentralization and supporting the capacities of member state and local government authorities to deliver quality basic social services.

65. UNICEF will strengthen its support to the Office of the Prime Minister, the National Bureau of Statistics and the Ministry of Planning, Investment and Economic Development and other key ministries for the routine measurement of child monetary and multidimensional poverty and the monitoring of the NDP-9 and the child-related Sustainable Development Goals. This will include UNICEF support to a Multidimensional Overlapping Deprivation Analysis (MODA) and a multiple indicator cluster survey (MICS). UNICEF will help to strengthen the institutional capacities of the Government to analyse and use data and research to prioritize child rights, particularly for development of the National Development Plan 2025–2029.

66. In collaboration with the Ministry of Finance, international financial institutions and others, UNICEF will leverage the opportunity of the Heavily Indebted Poor Countries Initiative to promote increased investment in children through a four-pronged approach: (a) strengthening public financial management policies and the capacities of relevant government ministries and departments; (b) promoting budget transparency and accountability; (c) advocating for increased spending in social sectors; and (d) supporting mechanisms for coordination between local, member state and national levels.

67. UNICEF will continue to support the institutional strengthening of the Ministry of Labour and Social Affairs and counterpart authorities in member state ministries to develop integrated child-sensitive social protection. The organization will support the implementation of the national social protection policy, including building a more shock-responsive social protection system, with a social protection registry, the scale-up of existing programmes and the piloting of a national cash-transfer programme. UNICEF will support the improved targeting and data management of cash transfers, including generating evidence on the impact on child outcomes.

68. UNICEF will continue as a key partner of the Ministry of Interior and Federal Affairs and member state ministries in the United Nations Joint Programme on Local Governance and Decentralized Service Delivery. This involves supporting decentralization efforts by strengthening public finance, local governance and planning capabilities to deliver quality social services.

Programme effectiveness

69. Measures to enhance the effective implementation and management of the country programme will involve programme coordination, strategic communication, social- and behavioural-change communication, resource mobilization and partnership development along with the coordination of research, monitoring and evaluation. This will include efforts to strengthen disaster risk reduction and emergency preparedness and response and the application of gender-responsive approaches across all programmes. It will emphasize systematic cross-sectoral work, particularly in early childhood and adolescent programming, along with evidence-generation to support service delivery scale-up.

Summary budget table^a

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health	10 510	139 193	149 703
Nutrition	10 510	29 039	39 549
Water, sanitation and hygiene	10 510	46 952	57 462
Education	8 890	85 870	94 760
Protective environment	8 890	20 729	29 619
Social policy	7 280	20 775	28 055
Programme effectiveness	24 250	43 489	67 739
Total	80 840	386 048	466 888

^a An additional \$83 million is anticipated to be raised in other resources-emergency funding annually.

Programme and risk management

70. This CPD outlines UNICEF contributions to national results and serves as the primary instrument of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to the country programme are described in the organization's programme and operations policies and procedures.

71. The country programme will be coordinated through the UNSDCF 2021–2025 and implemented under the leadership of the Ministry of Planning, Investment and Economic Development in collaboration with member state line ministries and others.

72. Potential risks to the country programme include political instability; strained relationships between the national and member state governments; the vulnerability of Somalia to natural disasters, primarily droughts and epidemics; insecurity and conflict leading to constrained access to populations in need; the limited capacity and accountability of partners; the resistance of some religious leaders to the protection of children and women; and a failure to mobilize sufficient resources. UNICEF will mitigate risks through partnerships with non-traditional donors and funding sources; the implementation of the harmonized approach to cash transfers; the systematic staff and third-party field monitoring of programmes; support for the security of partners; and strengthened engagement with key traditional leaders. UNICEF will maintain field offices in Mogadishu, Baidoa, Garowe and Hargeisa for programme planning, implementation and monitoring, backstopped by the UNICEF Somalia Support Centre in Nairobi.

Monitoring and evaluation

73. UNICEF will monitor results through annual reviews with the Government and implementing partners to assess progress, identify key strategic, programmatic, operational and financial risks and define appropriate mitigation measures; these will inform annual work planning.

74. Progress towards planned results will be monitored on the basis of the results and resources framework of the CPD and annual workplans through the tracking of annual milestones, information and data generated by the sector-specific information management systems, regular field visits and third-party monitors in inaccessible areas.

75. UNICEF will work with the Directorate of National Statistics in the Ministry of Planning, Investment and Economic Development and with other United Nations agencies in line with the UNSDCF to monitor progress towards national goals and the Sustainable Development Goals and track inequities. A priority will be to update and fill data gaps on the situation of children and women, including through the MODA and MICS. The data will inform evidence-based advocacy, policy dialogue and planning, including for the Tenth National Development Plan.

76. UNICEF will evaluate programme relevance, effectiveness, efficiency and impact as detailed in the costed evaluation plan.

Annex

Results and resources framework

Somalia – UNICEF country programme of cooperation, March 2021–December 2025

Convention on the Rights of the Child: 1–3, 6, 7, 9, 12, 13, 17, 19, 20, 22, 24, 26–30, 32, 34 and 36–40

Sustainable Development Goals: 1–6, 9–11, 16 and 17

National priorities: Ninth National Development Plan 2020–2024 pillars 1–4

United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:

Outcome 1.1: Formal federal system strengthened, and state powers and service delivery effectively decentralized.

Outcome 2.2: Accessibility and responsiveness of institutions in empowering communities to address underlying causes of insecurity and conflict, as well as endemic violations of human rights and marginalisation ensured by efficient civilian oversight of security and rule of law institutions.

Outcome 3.1: Economic governance institutions are strengthened and an enabling environment established for inclusive, sustainable and broad-based economic growth driven by the emerging small and medium sized enterprise sector.

Outcome 3.3: An integrated national programme for human capital development is established, increasing access to market-based skills for women, youth, IDPs and people with disabilities and safeguarding their rights at work.

Outcome 4.1: More people in Somalia, especially the most vulnerable and marginalized, benefit from equitable and affordable access to government-led and regulated quality basic social services at different state levels.

Outcome 4.2: By 2025, the number of people impacted by climate change, natural disasters and environmental degradation is reduced.

Outcome 4.3: The proportion of vulnerable Somalis with scaled-up and sustained resilience against environmental and conflict related shocks is increased based on better management of life cycle risk, food security and better nutrition outcomes.

Outcome 4.4: The capacities of local, national, and customary institutions and communities are strengthened to achieve durable solutions and increase the resilience, self-reliance and social cohesion of urban communities affected by displacement.

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
1. Health More newborns, infants and children survive and thrive, and fewer women and girls die during pregnancy and childbirth.	Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities B: 92% T: 95%	District Health Information Software version 2 (DHIS2)	Ministries of Health at the national and member state levels and implementing partners have strengthened capacity and to plan, deliver, monitor and report on quality maternal, neonatal, child and adolescent health and HIV services.	Ministry of Health, World Health Organization, United Nations Population Fund (UNFPA), Gavi, the Vaccine Alliance, Global Fund to Fight AIDS, Tuberculosis, and Malaria, non-governmental organizations (NGOs), civil society organizations (CSOs)	10 510	139 193	149 703
	Percentage of live births attended by skilled health personnel B: 44% T: 54%	DHIS2	Ministries of Health at the national and member state levels and implementing partners have strengthened capacity to deliver quality immunization services.				
	Percentage of children under 1 year of age receiving measles-containing vaccine B: 73% T: 83%	DHIS2	Parents, caregivers, children and pregnant women benefit from strengthened, evidence-based communication approaches to improve their health-care practices.				
	Percentage of pregnant women living with HIV with lifelong access to antiretroviral therapy for the prevention of mother-to-child transmission of HIV and for their own health B: 24% T:30%	Spectrum Reports	Children and their families access timely and quality health services in humanitarian situations through improved national and subnational capacities for responding to public-health emergencies.				
2. Nutrition Fewer children, particularly those under the age of 5 years, and women suffer from under-nutrition: stunting, acute malnutrition and micronutrient deficiencies.	Percentage of children under the age of 5 years who are wasted B:11.6% T: 9%	Food Security and Nutrition Analysis Unit (Food and Agricultural Organization of the United Nations (FAO)	Somalia has a strengthened institutional and administrative framework to accelerate quality multisectoral nutrition approaches. Ministries of Health at the national and member state levels and implementing partners have an enhanced capacity to deliver, monitor and report on quality	Ministry of Health, Scaling up Nutrition, World Food Programme (WFP), FAO, World Bank, NGOs, CSOs	10 510	29 039	39 549
	Percentage of children aged 0 to 6 months who are exclusively breastfed	Somalia Health and Demographic Survey (SHDS)/multiple					

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					RR	OR	Total
	B: 34% T: 45%	indicator cluster survey (MICS)	nutrition programmes and services.				
	Prevalence of anaemia among women of reproductive age B: 40% T: 35%	SHDS	Parents, caregivers, children and pregnant women benefit from strengthened evidence-based approaches to improve their nutrition and care practices. More children and pregnant women, including internally displaced persons and those in humanitarian situations, access integrated quality basic nutrition services.				
3. Water, sanitation and hygiene 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.	Percentage of population using basic drinking water services ¹⁸ B: 52% T: 72%	SHDS	Government authorities at the national and member state levels are better able to plan, coordinate and monitor the delivery of adequate, equitable and affordable water, sanitation and hygiene (WASH) services.	Ministries of Energy and Water Resources; Health; and Education, United Nations Development Programme, private sector, NGOs, CSOs	10 510	46 952	57 462
	Percentage of population using basic sanitation services B: 38% T: 50%	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	More people in targeted rural and poor urban areas access sustainable, affordable and safely managed WASH services. More children in schools and people visiting health facilities use safely managed WASH services.				
	Percentage of the population practising open defecation B: 28% T: 18%	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	Children and their families access timely, sufficient and safe WASH services in humanitarian situations.				

¹⁸ Once baseline data is available for safely managed water and sanitation, targets will be established, and indicators adjusted. Until then, basic water and sanitation indicators will be used to monitor progress.

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					RR	OR	Total
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.	Primary school gross enrolment rate B: 23% T: 45%	Educational Management Information System (EMIS)	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. Children have increased access to inclusive, quality pre-primary and primary education, particularly in remote areas and formal and informal settlements. The education system is better able to deliver improved-quality pre-primary and primary education. Children access timely, quality education in humanitarian situations and crises within more-resilient local education structures.	Ministry of Education, Global Partnership for Education, WFP, United Nations Educational, Scientific and Cultural Organization, World Bank, NGOs, CSOs	8 890	85 870	94 760
	Survival rate to Grade 5 B: 66.7% T: 75%	EMIS					
	Gender parity index ranking in primary school B: 0.82 T: 0.9	EMIS					
5. Protective environment Children and women are safer and better protected from violence, exploitation, abuse and harm.	Percentage of girls and women (15–49 years) who have undergone female genital mutilation B: 99.2% T: 90%	SHDS/MICS	Families and communities demonstrate strengthened capacity and commitment to protect children and women from violence, exploitation and harmful practices. Somalia has a strengthened child protection system with enhanced institutional capacities. Women and children in humanitarian situations and crises are safer and access better quality protection services. More adolescents are agents in making Somalia safer for themselves and other children.	Ministry of Women and Human Rights Development, Ministry of Justice, NGOs, CSOs	8 890	20 729	29 619
	Percentage of children under the age of 5 years whose births are registered B: 3.5% T: 15%	SHDS/MICS					
	Proportion of ever-married women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a	SHDS					

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	<p>current or former husband in the previous 12 months</p> <p>Physical violence B: 11.9% T: 8%</p> <p>Psychological violence B: 4.2% T: 3%</p> <p>Sexual violence B: 3.7% T: 2.7%</p>						
<p>6. Social policy</p> <p>Fewer children live in income and multidimensional poverty and more have an adequate standard of living to enable them to reach their full potential.</p>	<p>Percentage of children living in multidimensional poverty</p> <p>B: 79% T: 70%</p>	SHDS/MICS	<p>Government institutions at the national and member state levels have improved capacities to generate and use evidence on child poverty to design, monitor and evaluate inclusive social policies and programmes.</p> <p>National authorities are better able to mobilize, equitably allocate and effectively utilize domestic and external resources to improve child well-being.</p> <p>The national and member state Governments are better able to deliver shock-responsive social protection programmes that reach the most deprived.</p> <p>Local government authorities are better able to develop, coordinate, implement and monitor evidence-based multisectoral plans to improve children's well-being.</p>	<p>Office of the Prime Minister, ministries of Planning, Investment and Economic Development; Labour and Social Affairs; and Finance, National Bureau of Statistics, World Bank, United Nations agencies</p>	7 280	20 775	28 055
	<p>Percentage of children living in poor households covered by government social protection programmes</p> <p>B: 10% T: 20%</p>	SCOPE beneficiary information and transfer management platform					
	<p>Share of the government budget spent on health, education and social protection</p> <p>B: 7.1% T: 15%</p>	Annual Budget Act					

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
7. Programme effectiveness The country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of key performance indicators meeting scorecard benchmarks B: 92% T: 100%	inSight	Planning, monitoring and reporting Communication and partnerships Cross-sectoral approaches Evaluations	United Nations country team, media, donors	24 250	43 489	67 739
	Percentage of programme outputs on track or achieved B: 90% T: 100%	inSight					
	Percentage of other-resources ceiling funded B: 100% T: 100%	inSight					
Total resources					80 840	386 048	466 888