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Country programme document for Somalia

Proposed indicative UNFPA assistance:	$44.7 million: $5.2 million from regular resources and $39.4 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Three years (2018-2020)
Cycle of assistance:	Third
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.8	13.8	15.6
Outcome 2	Adolescents and youth	0.8	5.9	6.7
Outcome 3	Gender equality and women's empowerment	0.8	7.5	8.3
Outcome 4	Population dynamics	1.6	11.8	13.4
Programme coordination and assistance		0.3	0.4	0.7
Total		5.2	39.4	44.7

I. Programme rationale

1. Somalia has seen a trend towards political stabilization since 2011, and in early 2017 Parliamentary elections were successfully held and a new President was elected. However, Somalia still struggles with fragmented and weak institutions, including poor health, statistical and legal systems. The country remains one of the largest and most complex emergencies in the world, as it experiences protracted conflict in addition to natural disasters such as drought and floods. In 2017, 6.2 million Somalis are at risk of famine due to a severe drought. This contributes to poor reproductive and maternal health outcomes, especially among the most vulnerable populations. Strengthening the resilience of communities and institutions and investing in disaster risk reduction and emergency preparedness are critical to prevent and respond to the risks faced by the population, particularly women and youth.

2. In 2014 the estimated population was 12.3 million. The total fertility rate was 6.6 children per woman in 2015. Although the maternal mortality ratio declined from 1,080 per 100,000 live births in 2000 to 732 per 100,000 live births in 2015, it remains one of the highest in the world. There has been a gradual increase in midwife-attended and/or facility-based births, from less than 10 per cent in 2011 to 36 per cent in 2016, and an increase in birth spacing/family planning, with the contraceptive prevalence rate more than doubling from less than 3 per cent in 2011 to 6 per cent in 2016. In 2015, the adolescent fertility rate was 103 births per 1,000 women aged 15-19 years, with 45.3 per cent of all women aged 20-24 years in 2006 reporting being married or in union before age 18. Obstetric fistula is widespread and available evidence points to high incidences of female genital mutilation, child marriage and early pregnancy as some of the contributing factors. The low contraceptive prevalence rate is a contributing factor to the high maternal mortality.

3. Improving maternal and reproductive health is not possible without addressing the entrenched culture and practice of gender inequality, discrimination against women and gender-based violence in its various forms. According to the *State of the World's Mothers 2015* report, Somalia is one of the worst places in the world to be a mother. This poses a challenge in addressing human rights issues including gender equality and women's empowerment in a systemic manner. The female genital mutilation prevalence is one of the highest in the world, at an estimated 98 percent. Child marriage is a culturally accepted harmful practice.

4. Over two thirds of the population are under the age of 25. The large number of young people could spur economic growth if harnessed well, or could result in tensions and unrest if young people are left unemployed and disenfranchised. As a result of the general political and economic situation in the country, youth are likely to migrate and/or seek refugee status abroad. The needs of young people cannot be fully addressed without ensuring that the new generations are healthy and able to make informed decisions. It is estimated that only about 30,000 adolescents (10-19 years of age) receive adolescent sexual and reproductive health services annually in an estimated adolescent population of 3.3 million in 2014.

5. Over 1.1 million Somalis are internally displaced, of which an estimated 568,000 have been displaced since January 2015. The inability to provide adequately for internally displaced people has led to disparities and exclusion, which have only further weakened community resilience.

6. Solid data and evidence on the size, distribution and socioeconomic, demographic and other characteristics of the country's population are needed to ensure that development and humanitarian interventions are well targeted and effective. The Somali statistical system collapsed in the late 1980s and the country has seen a data vacuum since then. Until recently, most population estimates were based on the 1975 census. The largest recent data collection effort, covering the entire country, was the 2014 Population Estimation Survey, carried out by the Somali authorities with technical and financial support from UNFPA and other partners and donors.

7. National priorities, as articulated in the National Development Plan 2017-2019, have a strong focus on tackling poverty. The implementation of the plan will be underpinned by activities that will help create an environment necessary for sustainable development. That will entail making robust yet sustained improvements to the political, security, governance, social and economic conditions of the country. In terms of strategic opportunities, UNFPA is well

positioned to contribute to Somalia's social and human development, particularly in the national plan areas of health, youth, gender and resilience capacity building.

8. Among the key achievements of the past programme, Somalia has realized improved access to reproductive health services through enhanced reproductive health-care service delivery processes, increased family planning service uptake and increased reproductive health commodity security, obstetric fistula prevention and management, and strengthened capacities of national and local authorities. The number of midwifes trained according to international standards rose from about 250 in 2011 to about 1,000 in 2017. The number of obstetric fistula cases successfully repaired at supported sites increased from an estimated few cases in 2011 to almost 800 in 2017. The number of regions and communities that declared the abandonment of female genital mutilation went from zero in 2011 to 240 in 2017. UNFPA contributed significantly to the provision of data to guide policy formulation and planning. Among the lessons learned, partnerships between UNFPA, Government and NGOs proved to be instrumental in several areas, particularly for gender-based violence response across the country. Coordination and capacity strengthening of local level structures, including religious leadership, community-based organizations, traditional and community leaders was a key success factor of the programme.

II. Programme priorities and partnerships

9. The country programme 2018-2020 is aligned to the National Development Plan, the 2030 Agenda for Sustainable Development (particularly Goals 3, 5, 10 and 17), and the United Nations Integrated Strategic Framework. It was developed in consultation with Government, civil society, bilateral and multilateral development partners, including United Nations organizations. A strong partnership will be maintained with bilateral donors, including the Governments of Finland and Sweden, throughout the cooperation cycle. Other partnerships will be sought, including non-traditional donors, United Nations funding mechanisms and the private sector.

10. The overall goal of the programme is the reduction of maternal mortality. Women, youth, populations affected by humanitarian crisis, and key populations at risk of HIV will be the programme's primary targets. Advocacy and policy dialogue, capacity development, knowledge management and service delivery will be the main implementation strategies. UNFPA will focus on integrating development and humanitarian interventions, and building individual, community, institutional, and system resilience, maintaining at the same time a contingency fund and sufficient emergency response capacities to respond to humanitarian emergencies. UNFPA will work through its implementing partners – Government, non-governmental and faith-based organizations – to implement the country programme.

A. Outcome 1: Sexual and reproductive health

11. Output 1: Increased national capacity to deliver comprehensive maternal health services, including in humanitarian settings. The interventions will build on UNFPA priority contributions towards reducing maternal and neonatal mortality and morbidity through (a) supporting the expansion of midwifery training so that more women have access to skilled attendance at birth; (b) expansion of quality preventive as well as life-saving services for the management of complications of pregnancy and childbirth; (c) improving access to skilled care and referrals to lower the rates of obstetric fistula and strengthening social reintegration services; and (d) promoting advocacy and dialogue for elimination of harmful practices.

12. Output 2: Increased national capacity to provide sexual and reproductive health services, including in humanitarian settings. This will be achieved through: (a) supporting provision of reproductive health services and birth spacing counselling services at fixed and mobile clinics; (b) increasing accessibility of target and vulnerable populations including by engaging men; (c) ensuring continuous availability of quality, essential life-saving maternal/reproductive health medicines/commodities, including contraceptives; (d) outreach services targeting areas with poor access to health services, and areas affected by humanitarian crises; and (e) prepositioning of emergency reproductive health supplies. These interventions, combined, will target hard-to-reach populations.

B. Outcome 2: Adolescents and youth

13. Output 1: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized youth, including adolescent girls at risk of child marriage. UNFPA will achieve this by: (a) prioritizing the implementation of the Somali Youth Strategy, with a specific focus on integrating youth into national sexual and reproductive health development policies and programmes, incorporating empowerment and age-appropriate service delivery; (b) promoting youth-led interventions by engaging youth in the assessment, design, implementation, and evaluation of programmes with young people as decision makers, equal partners, and agents of social change; (c) strengthening national capacity to conduct evidence-based advocacy for incorporating human rights/needs of youth in laws and policies; and (d) developing and enhancing youth-friendly health services.

C. Outcome 3: Gender equality and women's empowerment

14. Output 1: Increased capacity of partners to provide services to survivors of gender-based violence, to prevent gender-based violence and harmful practices, and to promote reproductive rights and women's empowerment, including in humanitarian settings. UNFPA leads the gender-based violence sub-cluster in Somalia, through which it promotes strengthening gender-based violence prevention and delivery of services across a multitude of stakeholders, including Government institutions, national and international non-governmental organizations. UNFPA will focus on the following interventions: (a) supporting the Government policy and legislative reforms that aim to ensure accountability on human rights of marginalized groups, gender equality, women's reproductive rights issues and gender-based violence prevention and response; (b) promoting advocacy efforts with Government and national partners, and community-based organizations to develop, enact and implement gender-based violence-related legal frameworks, (c) supporting the continuous operation of family centres/one-stop centres, which provide medical, psychosocial, legal support and temporary shelters/safe homes to gender-based violence survivors; and (d) promoting social norm and behaviour change, particularly focusing on total abandonment of female genital mutilation and child/forced/early marriage by extensive community-led engagement, dialogues, sensitization and mobilization at various levels.

D. Outcome 4: Population dynamics

15. Output 1: Strengthened national capacity for production, dissemination, and use of high-quality disaggregated data on population, development, and sexual and reproductive health issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings. UNFPA will work with the Government to strengthen the capacity of the Somali statistical system at the federal and state levels to generate, disseminate, and analyse quality statistical information. This will include (a) providing technical support for the development of tools, manuals and guidelines for the generation of population data to inform policy and programmes, including through South-South cooperation; (b) providing technical assistance in conducting a population census as part of the 2020 round and strengthening the civil registration and vital statistics systems; (c) providing capacity development of national institutions to enhance tracking of the Sustainable Development Goals and national and state development plans; and (d) promoting the use of evidence for decision-making to improve public accountability.

III. Programme and risk management

16. UNFPA and the Government will manage and monitor the programme, following UNFPA policies and procedures, using results-based management and accountability frameworks. UNFPA will primarily use national execution led by the Government and non-governmental organizations and will collaborate with other United Nations organizations.

17. The UNFPA Representative together with responsible Ministries will direct and oversee the programme. UNFPA will earmark programme funds for staff to provide technical and programme expertise. Funding for staff will come from different sources including non-core resources. UNFPA staff will be based in three offices in Somalia, in Mogadishu, Garowe and Hargeisa, plus a liaison office in Nairobi. Investment in staff capacity and development will be made throughout the cooperation cycle. UNFPA will apply the United Nations standard

operating procedures and implement the harmonized approach to cash transfers, incorporating preventive and risk mitigation measures.

18. UNFPA will actively pursue avenues for resource mobilization from both traditional and non-traditional donors in support of the country programme. In the event of an emergency, UNFPA may, in consultation with the government, re-programme activities and adopt implementation arrangements to ensure the delivery of life-saving and humanitarian interventions that respond to emerging needs and programme criticality.

19. Major programmatic risks include protracted conflict and climate phenomena such as droughts and floods. Conflict prevents access to many parts of the country for the delivery of needed services by implementing partners. Climate change poses a serious threat to peoples' livelihoods and survival, and exacerbates the difficulty of operating in an already very challenging working environment, causing recurrent emergencies.

20. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit 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 country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

21. The Government and UNFPA will develop and implement resource mobilization and communication strategies and results-based monitoring and evaluation. Results will be captured through corporate online databases and made available to all stakeholders. The UNFPA country office and line ministries will be responsible for the joint supervision and for an independent, end-of-cycle evaluation. All activities related to monitoring and evaluation will be undertaken in accordance with UNFPA policies and procedures.

22. UNFPA will continuously monitor the performance of implementing partners, adjusting implementation arrangements, as necessary. Staff dedicated to the monitoring and evaluation function will be in place to ensure rigorous monitoring and reporting of results.

23. An end-of-programme evaluation is scheduled to take place in June 2020 to capture key results and lessons learned, and to serve as the basis for the design of the next country programme.

RESULTS AND RESOURCES FRAMEWORK FOR SOMALIA (2018-2020)

National priority: Reduce maternal and child mortalities and improve quality of life through improved access to essential health services of acceptable quality and through prevention and control of communicable and non-communicable diseases **ISF outcome**: Increase the delivery of equitable, affordable, and sustainable services that promote national peace and reconciliation among Somalia's regions and citizens and enhance transparent and accountable revenue generation and equitable distribution and sharing of public resources **Indicator**: Contraceptive prevalence rate. Baseline: 6%; Target: 15%.				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): Contraceptive prevalence rate (total) *Baseline: 6%; Target: 15%* Percentage of live births attended by skilled health personnel *Baseline: 33%; Target: 60%*	Output 1: Increased national capacity to deliver comprehensive maternal health services including in humanitarian settings	• Number of midwives graduating from training that is in accordance to ICM-WHO standards *Baseline: 979 (2011-2017); Target: 1,479 (2011-2020)* • Number of facilities with all the signal functions to provide skilled delivery *Baseline: 69; Target: 89* • Number of fistula repair surgeries *Baseline: 779 (2016); Target: 1,429*	Ministries of Health; Action for Relief and Development; American Refugee Committee; Organization for Somalis Protection and Development; Salama Medical Agency; Somalia Birth Attendants Cooperation; SWISSO Kalmo; WARDI	$15.6 million ($1.8 million from regular resources and $13.8 million from other resources)
	Output 2: Increased national capacity to provide sexual and reproductive health services, including in humanitarian settings	• The country has humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women, adolescents and youth, including services for survivors of sexual violence in crises *Baseline: No; Target: Yes* • Number of national counterparts with the capacity to implement MISP at the onset of crisis *Baseline: 120; Target: 200* • Percentage of health facilities with personnel with the capacity to implement the new family planning human rights protocol *Baseline: <60%; Target: 85%* • The country is using a functional electronic logistics management information systems for forecasting and monitoring reproductive health commodities *Baseline: No; Target: Yes*		
National priority: Enhance the participation of the youth in the development of the nation through effective mobilization, empowerment, training and sports to foster national cohesion, enhance peace and improve quality of life **ISF outcome:** Expand opportunities for youth employment through job creation and skills development **Indicator**: Provision of vocational and/or entrepreneurship training for young Somalis (at least 20% women). *Baseline:* 1,000*; Target:* 10,000				
Outcome 2: Adolescents and youth Outcome indicator(s): Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male) *Baseline 41%; Target: 60%*	Output 1: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized youth, especially adolescent girls, including those at risk of child marriage	• Number of health, social and economic asset building programmes that reach out to adolescent girls at risk of child marriage *Baseline: 1; Target: 3* • Number of girl centres established to provide adolescents with reproductive health services *Baseline: 0; Target: 3* • Number of health care providers with the capacity to provide youth friendly services *Baseline: 0; Target: 120*	Ministry of Youth and Sport; Y-PEER; IRADA	$6.7 million ($0.8 million from core resources and $5.9 million from other resources)

National priority: Ensure a society that upholds gender equality, dignity, respect and fairness for all women and men **ISF outcome:** Increase the delivery of equitable, affordable, and sustainable services that promote national peace and reconciliation amongst Somalia's regions and citizens and enhance transparent and accountable revenue generation and equitable distribution and sharing of public resources. **Indicator**: FGM prevalence Baseline 98% Target 88%				
Outcome 3: Gender equality and women's empowerment Outcome indicator(s): Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances *Baseline: 44%; Target: 20%*	Output 1: Increased capacity of partners to provide services to survivors of gender-based violence, to prevent gender based violence, harmful practices, and to promote reproductive rights and women's empowerment, including in humanitarian settings	• Number of communities supported by UNFPA that declare the abandonment of female genital mutilation *Baseline: 180; Target: 400* • Number of policies that aim to ensure accountability on human rights of marginalized groups, gender equality, women's reproductive rights issues and gender-based violence prevention and response *Baseline: 3; Target: 6* • Number of religious leaders trained to advocate against gender-based violence and FGM/C *Baseline: 50; Target: 200* • Number of gender-based violence one stop centres with the capacity to provide medical and psychosocial support to survivors of gender-based violence *Baseline: 12; Target: 20*	Ministries of Women and Human Rights Development; Justice and Religious Affairs; Initiative for Research; Save Somali Women and Children; INTERSOS Somalia	$0.8 million from core resources and $7.5 million from other resources
National priority: N/A **ISF outcome:** Strengthen basic sectoral and core government functions in support of the establishment of a responsive, inclusive and accountable public sector				
Outcome 4: Population dynamics Outcome indicator(s): Existence of collected, analysed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years) *Baseline: 0; Target: 1*	Output 1: Strengthened national capacity for production and dissemination of high-quality disaggregated data on population, development and sexual and reproductive health issues that allow for mapping of demographic disparities and socio-economic and health inequalities, and for programming in humanitarian settings	• Number of government statistical departments that have the capacity to analyse and use disaggregated data for mapping of demographic disparities and socioeconomic inequalities *Baseline: 0; Target: 3* • Number of population situation analysis reports undertaken by national government to identify priorities and formulate policies and programmes *Baseline: 0; Target: 3*	Ministries of Health; Planning and National Development; academic institutions	$1.6 million from regular resources and $11.8 million from other resources