Somalia

Country Programme Evaluation

Final Report
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List of Acronyms

ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCG	Tuberculosis vaccine
CBO	Community Based Organisation
CDK	Clean Delivery Kit
CEC	Community Education Committee
CEDAW	Convention for the Elimination of all forms of Discrimination Against Women
CHW	Community Health Worker
CSZ	Central and Southern Zone
DPT	Diptheria, Pertussis and Tetanus
ECD	Early Childhood Development
EMIS	Education Management Information System
EPI	Expanded Programme of Immunisation
EU	European Union
FAO	United Nations Food and Agriculture Organisation
FGM	Female Genital Mutilation
FSAU	Food Security Assessment Unit
GER	General Enrolment Ratio
HMIS	Health Management Information System
HP	Health Post
IDP	Internally Displaced Persons
IEC	Information Education Communication
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
INGO	International Non-Governmental Organisation
ITN	Insecticide-Treated Net
KAP	Knowledge, Attitude, Practices
LOD	Leadership and Organisational Development
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health Centre
MICS	Multiple Indicator Cluster Survey
MLA	Measuring Learning Achievements
MMR	Maternal Mortality Rate
MPO	Master Plan of Operations
MTSP	Mid-Term Strategic Plan
NEZ	North East Zone
NER	Net Enrolment Ratio
NFE	Non-Formal Education
NGO	Non-Governmental Organisation
NID	National Immunisation Days
NPO	National Programme Officer
NWZ	North West Zone
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salt
PPA	Project Plan of Action
RPO	Resident Project Officer
SACB	Somali Aid Coordination Body

STD	Sexually Transmitted Disease
TB	Tuberculosis
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid vaccine
UNDOS	United Nations Development Office for Somalia
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Women's Fund
UNOSOM	United Nations Operations in Somalia
USSC	UNICEF Somalia Support Centre (Nairobi)
WES	Water and Environmental Sanitation
WFP	United Nations World Food Programme
WHO	World Health Organisation

Foreword

At times the best way to explain a situation is to use a comparison. Take for example, the similarities that can be drawn between school examinations and programme evaluations. Annual school exams are major milestones in a student's life. Evaluations are also major milestones for organisations. The time leading up to the exam is full of difficult learning and the exam period itself is an eclectic mix of anticipation, worry, and hard work, which are similar experiences for organisations undergoing evaluations. Few students expect perfect 100% scores on exams and students generally know what their better areas are, and where they did not do their homework, even before writing the exam. As do organisations.

However, the key difference between school examinations and evaluations is that, with regards to humanitarian aid and development, there is no textbook on how to correctly implement a programme and there is, unfortunately, no wise teacher with all the answers. Yet the importance of the *process* remains similar for two reasons. First, taking the time and effort to insightfully examine past lessons is a valuable exercise in its own right, and essential for future growth and development. Second, the outcomes of school examinations and evaluations highlight areas in need of improvement and therefore can serve as vehicles from which future improvement can be driven.

From June to October 2002, UNICEF, with the assistance of a team of external evaluators, undertook a comprehensive evaluation of interventions in Somalia covering the period from 1999 to present. An evaluation at this juncture was necessary in order to reflect upon the evolving context within Somalia and how UNICEF can best respond to and support communities as the organisation enters the planning phase of its next country programme. Somalia is slowly stabilising and an enabling environment is emerging where development agencies can begin to move into a more development oriented collaboration with partners as opposed to a strict emergency oriented response.

The evaluation revealed areas where UNICEF supported programmes and approaches have generally been successful, as well as other areas where supported programmes are in need of improvement and further strategic thinking. The evaluation has pointed out key issues under themes of recommendations that require careful attention in the next country programme. Yet the recommendations are intentionally not prescriptive and it is the responsibility of UNICEF and its partners to examine the recommendations in greater detail in the coming months as we develop concrete plans for future programme support.

An integral component of the evaluation process has been the participatory Dissemination Workshop held in Nairobi in mid-October which brought together multiple stakeholders, four senior resource persons, and UNICEF staff. The workshop not only reviewed the findings and recommendations of the evaluation, but also initiated the first steps in discussing the way forward in programme support in Somalia. On behalf of UNICEF Somalia, I would like to express my deep gratitude for all those who participated and shared with us their valuable ideas, opinions, and suggestions.

Key areas of concern arising from both the evaluation and the workshop include the need for stronger human rights based programming; strengthened partnership collaborations; increased inter-sectoral and inter-agency integration; and improved programme design such that beneficiaries can benefit to the greatest extent possible from interventions delivered in a holistic manner.

The good news is that it is clear from the evaluation report that, in general, UNICEF Somalia and its partners are on track and heading in the right direction. The important issues identified as areas in need of attention lean more towards strengthening and improving what is currently being done, as opposed to suggesting radical changes in the programme.

It is also clear that the hard work and commitment amongst partners and UNICEF to work together to deliver high quality programmes is a key ingredient to the successes so far achieved. However, as pointed out in the evaluation report, one of the most important elements needed for sustainable development is a peaceful and stable environment. There are positive signs that peace will eventually prevail in Somalia, which is long overdue, as without peace, even the "ideal" development programme will not succeed.

As UNICEF embarks on its upcoming country programme planning, the organisation looks forward to continued positive collaboration with partners, and especially with communities, in further improving programme delivery to qualitatively improve the lives of children and women in Somalia. There is much work to be done as we head to the field to do our homework exercises.

Jesper Mørch

Representative
UNICEF Somalia

Nairobi, October 2002

Acknowledgements

In the absence of adequate quantitative data available within Somalia, this evaluation relied to a great extent on a comprehensive review process that included an intensive round of interviews and field visits to arrive at its conclusions. The 'voices' and perceptions of the people met with have significantly informed the evaluation findings. Unfortunately, it is not feasible to attempt to list the hundred-plus contributors to the evaluation process in this small space. However, Annexure 3 of the report gives a detailed summary of the individuals who have contributed to the evaluation report and the evaluation team would like to take this opportunity to again express our appreciation for the time, thoughts, and insight each person has shared with us.

But it would be inadequate for the evaluation team not to express appreciation for the exceptional help and contribution received from various groups of stakeholders. First, the community members, particularly the women, with whom the evaluation team had extensive meetings and discussions with in order to understand how the UNICEF supported programmes are impacting their lives and what their priority needs are. Second, all the partners and stakeholders of UNICEF's programme in Somalia, including local and regional authority representatives, SACB members, other UN Agency representatives, international and national NGO partners, and donor representatives supporting UNICEF programmes, all of whom gave their time and opinions openly to the evaluation team. Third, all the workshop participants in the Dissemination Workshop held in Nairobi between 14th to 15th October 2002, who not only gave specific feedback on the draft evaluation report, but also carried forward many of the ideas emerging from the evaluation report. Finally, all members of the UNICEF Somalia team, both in the country office in Nairobi and the three zonal offices within Somalia, who actively participated throughout the entire evaluation process.

The evaluation team would also like to highlight the contributions of the four resource persons who enriched both the evaluation report and the workshop processes through their incisive feedback and active participation in the evaluation process. The resource persons included Mr. Hans Narula, former Director, Office of Emergency Programmes, New York Headquarters; Mr. Per-Olov Lennartsson, former Regional Operations Officer, ESARO; Mr. Richard Morgan, Deputy Director, Division of Policy and Planning, New York Headquarters; and Mr. Lucien R. Back, Senior Programme Officer, Evaluation Office, New York Headquarters.

In addition, the team wishes to especially thank the UNICEF Somalia team who ably planned, facilitated and guided the entire evaluation exercise from beginning to end. The staff ensured that all essential administrative and logistical help was efficiently provided which enabled the evaluation team to complete our work effectively and have a well-planned experience.

Evaluation Team
October 2002

Biswajit Sen
Haywood Hadfield
Christine Callahan

EXECUTIVE SUMMARY

Somalia today is a fragmented country, politically and administratively. The Ogaden war with Ethiopia, followed by several years of civil war in all parts of the country has left an unenviable heritage. Not only was much of the physical and social infrastructure destroyed, also the political, institutional and human resource base, on which sustainable development and nation building is dependent, was totally disrupted. Today, Somalia does not have a unified government. Rather it is characterised by a variety of regional government structures that are still weak on the one hand, and a variety of "local authorities" emerging to take control of different parts of the country on the other. Of the three "zones" that the country is characterised by, the North West zone ("Somaliland") has an autonomous government and relative stability and peace; the North East zone ("Puntland") also has a government structure, which however is going through a constitutional crisis currently; and the Central and Southern zone which continues to be plagued by localised, clan based, violence and a culture of the gun, leading to a closure of different locations to international staff.

In addition to this ever-continuing, sporadic violence, Somalia continues to suffer from chronic emergency situations, both human made and natural. Somalia has an estimated population of 6.4 million, spread over a wide, relatively arid and sparsely populated geographical area covering the Horn of Africa. Floods in the river valleys in the south, combine with recurring droughts in the rest of the country, caused by extensive and continuing land degradation. Widespread prevalence of tuberculosis; cholera epidemics; lack of clean drinking water; limited access to educational opportunities; and declining livelihood opportunities in the rural areas, all combine to make for unprecedented hardships for the more vulnerable groups of children, women and their families within Somalia.

Given the above scenario, it is not surprising that the key human development indicators point towards one of the worst situations in the world. One out of five children die before the age of five; only one out of six children are enrolled in primary school; one out of eight women are literate; and only one out of four families have access to clean drinking water. Somalia was ranked 161 amongst 163 countries by the Human Development Report (UNDP, 2001).

And yet, within this relatively bleak environment, there are strong reasons for hope in the rehabilitation and development of Somalia. Communities desire peace and development, and given an opportunity, actively participate in development programmes, as has been proved throughout Somalia. In spite of the absence of government, there is both a culture of dynamic private enterprise and civil society, as shown by the provision of all services through private enterprises in the towns and cities (electricity, water, pharmacies) and the large number of local NGOs. The values of mutual aid and sharing, although clan based, are still strong in Somali society and have provided some kind of social safety net to the vulnerable in times of crisis. However Somali society is also rapidly changing and it is important to grasp the programme implications of these trends within Somalia.

The Somali environment offers different kinds of opportunities and threats to social programme planning and implementation. However it needs to be highlighted that the fluid environmental context of Somalia cannot be precisely divided into these two categories and often a fine line distinguishes an opportunity from a threat. The significant opportunities include the emergence of sustained peace in the North West zone, and zonal government structures in the North West and North East zones, that allows for initiating long term development planning processes at a systemic

level; a relatively vibrant civil society sector, including women led organisations, that enables greater direct reach to communities, as well as the emergence of an indigenously led women's movement; a culture of business entrepreneurship combined with strong community level social structures that enables innovative community managed models of social services provision that are sustainable; a positive environment of inter-agency cooperation enabling synergetic programme implementation that enhances impact; and finally a receptiveness to the adoption of new ideas and practices within Somalia, that can be tapped through negotiated and consultative processes, for effective social programme development.

The significant threats, which are often the other side of the same coin that holds opportunities, include the recurring, continued, violence in many regions within Somalia, and the fragility of peace in the other regions; the absence of an unified government structure at the country level; the sparse dispersal of the population combined with extremely complex and costly logistics of reaching all regions within Somalia; the multiplicity of organisations using different approaches and methodologies often leading to both duplication and competition; the low professional skill base combined with the absence of an institutional base for training, leading to low service quality; and the short term nature of international aid which effects both the time span of international NGO involvement within Somalia and the ownership attitude of Somalis to externally aided projects.

It is in the above complex context that UNICEF Somalia has been operating and implementing a variety of programmes within Somalia, on a continuing basis, for the last decade. During this period the content, spread and implementing strategies that have characterised UNICEF's programmes in Somalia have undergone substantial shifts and additions. Its programming approach has systematically moved from purely emergency responsiveness to greater sustainable development. In addition to its core sectoral programmes of health, nutrition, basic education, and water, it has added a variety of cross-sectoral projects and functions. Amongst projects, it has added HIV/AIDS awareness towards maintaining the low prevalence rates in Somalia; eradication of female genital mutilation (FGM) towards realising the rights of women; a youth project towards providing an alternative vision and opportunities to a generation losing out to war; and mainstreaming of gender rights in an essentially patriarchal society. Amongst integrating functions it has enhanced the role of monitoring and evaluation and of programme communication and social mobilisation. Underlying all programmes is also an element of emergency preparedness, given the still unstable situation within Somalia.

Over the years UNICEF Somalia has also spread its operations and programmes of support to the majority of regions within Somalia. To maximise coverage it has zonal offices in each of the three zones within Somalia as well as four sub-zonal offices in the Central and Southern zone. The country office, currently based in Nairobi, provides support, guidance, and overall coordination for the country programme.

As windows of opportunity have opened up in different regions within Somalia through relative peace, emergence of regional government structures and entry of other development agencies, UNICEF Somalia has also started implementing its programme of support through a variety of "partnership" based strategies. These strategies have ranged from directly working with communities; implementing programmes through local and international NGOs; contracting activities through private enterprises and working in collaboration with different kinds of local authorities and zonal government structures. This in turn has led UNICEF Somalia to work on different levels of programming. While UNICEF Somalia's emphasis continues to be the delivery of services at the community level, it has increasingly looked at more systemic issues of policy formulation and system rehabilitation. UNICEF Somalia's role within the unique and active

Somalia Aid Coordination Body (SACB) in developing all these processes has also been fairly significant.

Until recent years, UNICEF Somalia was exclusively focussed on responding to the emergency situation through provision of essential services in health, nutrition, basic education and rehabilitation of water sources. However, over the last five years, it has moved rapidly to not only cover more programme areas, but also redefining its role and strategies towards sustainable development of Somalia. This has thrown up new challenges and opportunities for UNICEF Somalia and a need for a more systematic Country Programme Evaluation was felt. The enclosed report is a distillation of the evaluation exercise which included a sectoral review exercise; desk reviews of the extensive documentation carried out by UNICEF Somalia; field visits to the three zones by different members of the evaluation team; and an extensive round of interviews with a wide body of existing and potential stakeholders (staff, partners, SACB members, beneficiaries, local authorities). The exercise also included a dissemination workshop held on October 14-15, 2002 with participation from NGO partners, UN agencies, donor representatives, external resource persons, and UNICEF staff.

The objective of the evaluation has been not to do an inspection of the programmes and activities of UNICEF Somalia, but to provide a holistic picture of what UNICEF Somalia has been able to achieve or not achieve, given the environment in Somalia. Hence the evaluation exercise attempts to delineate the strengths and weaknesses of UNICEF's country programme in Somalia, given the difficult situation, and ask the question, "What more and in which way can UNICEF's country programme bring about changes within itself to enhance its impact, especially on the lives of the vulnerable groups of children and women in Somalia?"

Three perspectives have guided the evaluation's analysis. First, is the Somali environment, and the strategies that are relevant and possible in such an environment. Second, is the global mission of UNICEF and its mandates, values and programme priorities as delineated in its various programme guidance parameters. Third, is the programme planning and evaluation perspective. These three perspectives underlie the evaluation exercise together rather than being dealt with separately.

The major strengths of UNICEF Somalia's programme planning, implementation and management has been the following. UNICEF Somalia is the only international agency which has been able to actually operationalise and implement a variety of programme components in an extremely complex and security adverse environment like Somalia. This continual and widespread presence of UNICEF Somalia on the "ground" within Somalia is widely acknowledged and is a unique base for future operations. It has been successfully adapting implementation strategies, through both new types of partnerships and programme innovations, to suit the different contexts within and across the three zones. In the four core programme sectors of health, nutrition, education, and water supply, it has continuously deepened programme development concepts to cover systemic dimensions and at the same time maintained a direct link with delivering services at the community level. UNICEF Somalia's focus on programme sustainability issues has been both unique and effective, in a semi-emergency situation, and have covered areas such as training, implementation through multiple partners, system rehabilitation processes such as building up human resources, revenue generation and cost sharing, design of information systems, and setting quality standards in various kinds of services. In these processes UNICEF Somalia has been effective in marshalling the best available resources right across Somalia in a manner that is both strategic and that has created a base for further development, as stability returns to Somalia. UNICEF Somalia's programme mix, although restricted to its global mandates, have been relevant in the Somali context where water is scarce and a priority felt need, malnutrition is widespread, and health and education status extremely low. Even though the cost of implementation of programmes are high

in Somalia because of long distances, complex logistics and the adverse security environment, UNICEF Somalia has been efficient in ensuring both reach and spread of its supply chains, as well as limited human resources.

However UNICEF Somalia has been limited in its capacity to adequately capitalise on these strengths, so as to enhance the impact of its programmes, because of certain weaknesses. It has often introduced programme components and activities without adequately adjusting programme strategies and concepts to suit the Somali context, especially in themes dependent around awareness generation, social mobilisation and community partnership. Programme structuring often has a narrow sectoral orientation that is programme output based. This has resulted in a loss of opportunity of one programme piggy-backing on another, once the complex operationalisation and reach to a community is achieved. This in turn has resulted in limited impact, as a single programme does not have the ability to change the lives of children and women in its totality. A side effect of this, is that while UNICEF Somalia has achieved a wide spread, all programmes together do not address the needs of the same cohort of children and women, thereby reducing actual coverage. Exclusive focus on implementation and monitoring of programme outputs, at the expense of monitoring outcome and impact has compounded this problem.

There are certain other trends which arise from the inability to match the changing contextual realities of Somalia with UNICEF Somalia's current programme strategies. Given the rising inequalities in Somali society, an explicit focus on targeting the most vulnerable groups within Somalia is a future programme policy that needs to be emphasised. The other dimension of this is the need for UNICEF Somalia to build a more sustained link with a particular cohort of vulnerable population groups. Narrowly defining a partnership, to mean only contracting of an activity or task of UNICEF Somalia's plan to an agency, rather than a wider collaboration, has meant partners following their own agendas that distort programme results. Many of the above weaknesses arise because of the absence of an organic link that should exist, in a flexible manner, between planning and implementation processes.

The key issues and recommendations that flow from the above evaluative analysis cover the three dimensions of programme development, programme strategies and programme implementation. Underlying the specific recommendations are four areas of concern within the Somali social sector: issues on which UNICEF Somalia has worked on but needs further prioritisation and fine tuning. These are developing, at the micro-level, appropriate models for management of different social services; the need for building up potential institutional structures and human resource pools for delivering such services and strengthening their quality on a continual basis; the need to reach the more vulnerable groups and communities within the broader Somali society on a continuing basis; and the need for gender mainstreaming and realising the rights of women in the Somali context.

While the programme mix and prioritisation of UNICEF's programmes have been relevant for Somalia, the effectiveness of different programme components has varied both because of implementation of partial programme visions and difficulties in operationalising planned programme strategies. At the community level, where the situation in the three zones is similar, while the over-structuring of community management structures is not implementable, there is a need for a mechanism or medium of community facilitators who can continually link communities to all the programmes of UNICEF Somalia in an interlinked manner. At the wider systemic level, there is a need to balance cost sharing strategies with access to vulnerable groups on the one hand and the need to invest in more comprehensive training and human resource development frameworks on the other.

There are also programme needs and development possibilities in the areas of child protection and early childhood development, particularly in the urban areas. The transfer of programme vision to implementation needs greater emphasis in the areas of hygiene education, women's rights, HIV/AIDS awareness, and alternative education for out-of-school children. Above all, there is a need for interlinked implementation of all UNICEF's programmes of support to the same group of vulnerable children and women in a specific location (settlement or village) within Somalia.

1. INTRODUCTION

1.1. Background

Somalia today is a fragmented country, politically and administratively. The Ogaden war with Ethiopia, followed by several years of civil war in all parts of Somalia, has left an unenviable heritage. Not only was much of the physical and social infrastructure destroyed but also much of the political and institutional base was severely disrupted. Today, Somalia does not have a unified government. Rather it is characterised by a variety of 'local authorities' emerging to take control of different parts of the country. Sporadic, but continuing violence, continues to plague the Central and Southern regions of the country, while a constitutional crisis has recently erupted in the North East zone.

Nature too, has been unkind to Somalia. The country is constituted largely of vast stretches of desert and arid lands where people have traditionally led a nomadic pastoral life. With rapid soil erosion and land degradation, recurring drought has become common. In the south, the more densely populated Jubba and Shebelle river valleys have also faced severe flooding (especially in 1997), as a result of erosion and land degradation.

The combination of these factors has had a devastating effect on the lives of the people of Somalia. Somalia ranked 161st amongst 163 countries in the 2001 Human Development Report (UNDP). One in every five children die before the age of five (MICS 2000) and Somalia has the highest maternal mortality rate in the world of an estimated 1,600 deaths per 100,000 (1990). While Somalia is one of the most sparsely populated countries in the world (seven persons/square mile), with a relatively small population of 6.4 million, war, clan politics and nature's vagaries have led to a large, and continually expanding, population of internally displaced persons (IDPs). This 'push' factor is leading to rapid urbanisation, with most cities and towns having a number of IDP settlements. With high levels of unemployment, women have entered the workforce at the bottom end of the informal labour market and there are a large number of women headed households. The trauma of the war years has left deep scars on the collective psyche, with virtually an entire generation having lost normal life. The traditional practice of chewing the natural narcotic *khat* has become a pervasive activity that drains the national and household disposable income. Estimates in 1995 put the level of trade at US$150-200 million per year and it has been estimated that many families spend US$3-5 per day on *khat* (Situation Analysis, 1998).

However, even in this relatively bleak environment, there are strong reasons for hope in the rehabilitation and development of Somalia. One positive aspect is the introduction of peace and development by regional authorities in certain areas of the country. Amongst the three broad regions of Somalia (referred to as zones), the North West zone ("Somaliland") has an emerging democratic government structure and a quiet will for peace that pervades society. "Somaliland" has managed to maintain an exceptional level of peace since the mid-1990s, which in turn has allowed for a wide variety of developmental and rehabilitation efforts. The North East zone ("Puntland") has also made significant steps towards development of governance structures, although recent events of violence has negated some of these accomplishments. However, the Central and Southern zone, once the most developed part of Somalia, continues to have only short term, localised, stability and is the most violence-prone zone.

The second positive factor is the character of Somali society. Although the society is vertically divided into clans and sub clans that continue to dictate loyalties and have been in the past the

major reason for internal strife, Somali society traditionally has been fairly egalitarian, with a strong value of sharing, especially amongst the *Diya*-paying sub clan groups. This has allowed for some kind of a social safety net to those less fortunate; a factor that has been critical in coping with crisis and displacement in the war years. An extension of this safety net has been the Somali diaspora, whose remittances have been assisting a large number of families within Somalia. In addition, there are strong elements of community participation in Somali society, which allows for wider participation by different sections of society in rehabilitation processes, both at the specific community level and at higher political and institutional levels.

The third positive factor is the survival capacity and business entrepreneurship skills within the Somali community. This has allowed for a strong, *laissez-faire*, informal, small scale, dynamic private sector to emerge in Somalia, especially where peace prevails. In the absence of government structures, most services, be it water, electricity, health or education, are often run by small-scale private businesses. However, there is a negative side to this *laissez-faire* market economy. While cost sharing is culturally feasible, because of the profit motive, often the poor are excluded from these services or have to pay dearly for them. In addition, the lack of regulatory mechanisms allows for an environment of services with questionable quality.

The fourth positive factor, and an extension and formalisation of the above two factors, is the emergence of a vibrant array of civil society organisations. The spectre of organisations spans from localised community based organisations (CBOs) to local non-governmental organisations (LNGOs) which are larger, more formal, social organisations. While the capacity and social commitment varies amongst these organisations, their existence contributes to the developing institutional base in the country. Additionally, a large number of community organisations are women based and headed, and given institutional space and resources to grow, can provide important internal pressures for social change.

These positive social and institutional factors together provide hope and opportunities for change and development in an otherwise largely negative situation. However for these environmental opportunities to be translated into programme opportunities, the precondition is peace, as clearly the move from emergency response to development programming is heavily dependent on sustainable peace.

1.2.   Rationale for the Country Programme Evaluation

UNICEF resumed its operations in Somalia soon after the civil war, as part of the United Nations' response to the emergency situation in the country. Over the years UNICEF Somalia has become the key international organisation in both directly implementing programmes to ensure the well-being of Somali children and women, as well as a lead institution within the Somali Aid Coordination Body (SACB) in the social sectors. UNICEF has one of the largest field presence throughout the three areas of the North West zone ("Somaliland"), the North East zone ("Puntland") and the Central and Southern zone. As opportunities have allowed, UNICEF has moved from emergency response to programming for rehabilitation and development.

UNICEF has completed implementation of its Country Programme 1999-2000 and is currently implementing its Country Programme for the period 2001-2003. These two country programmes have followed short duration programme cycles, structured according to global UNICEF standards, and maintain a high level of flexibility. Flexibility has been paramount given the uncertain security situation, the absence of a unified state structure, and the developing transition in the North East and North West zones from emergency response to more long term development efforts. This

dynamic environment has presented fresh challenges for UNICEF in its programme planning, project design, and programme implementation processes in Somalia. It has therefore become necessary for UNICEF Somalia to re-examine its work from the perspective of these new challenges, so that a more holistic and development oriented programming framework, that is both relevant and effective in the Somalia context, emerges, and that can be carried forward into the next country programme cycle.

An evaluation of the UNICEF's Country Programme in Somalia and its related implementation has not been conducted in the course of the last ten years, primarily because of the emergency situation. While specific sectoral evaluations, periodic internal reviews, and a large number of qualitative and quantitative studies have been carried out in recent years to inform and guide specific programme strategies and implementation processes, no attempt has been made to combine them into a more comprehensive, holistic, and synergetic approach. However as UNICEF Somalia, together with other stakeholders in Somalia's rehabilitation and development, move into development oriented programming from an emergency oriented response, the need for a more strategic and synergetic approach has become a necessity.

In light of the above, and as the country programme reaches mid-term of the present programme cycle and embarks on the next country programme planning process, the Country Office has established that it is especially critical to take stock of its achievements from the perspective of relevance, sustainability and effectiveness; to delineate and critically analyse lessons learned; and to recommend a set of actions that can begin to form the basis for the next country programme cycle. This Country Programme Evaluation exercise is an endeavour to fulfil this need.

1.3.   Country Programme Evaluation Objectives

The Country Programme Evaluation process is intended to build on an internal sectoral review process within UNICEF, which looked at specific issues and concerns in different sectors of the programme. The evaluation exercise has been designed as a holistic process that looks comprehensively at issues across sectors, towards the broader purpose, mission and goals for which UNICEF Somalia works. Towards this broader purpose, the Terms of Reference of the Country Programme Evaluation as laid out by UNICEF Somalia defines certain objectives for the evaluation, that are the following:

- ♦ To assess the relevance of UNICEF's core strategy of assistance to children and women through its programme in Somalia;
- ♦ To undertake an in-depth review of progress in order to determine the extent to which UNICEF interventions have met planned objectives, strategies and coverage as identified in the last two Master Plans of Operations (MPOs);
- ♦ To examine the experience of country programme implementation, and draw out lessons that can be used to improve programme planning and implementation in the future;
- ♦ To identify and analyse constraints to implementation and make concrete recommendations for UNICEF's future role and interventions in the next country programme;
- ♦ To assess the effectiveness, efficiency and impact of supported projects and programmes and analyse to what extent results and activities are sustainable and replicable; and,

♦ To review the linkages, relationships and integration between different sectoral programmes, cross-sectoral projects, and between programmes and operations (including finance, supply, human resources, and logistics), towards strengthening current organisational structures and processes.

The Terms of Reference furthers specifies that particular attention should be given to the following key issues:

♦ Effectiveness of the design, mix and balance of country programme strategies;
♦ Programme sustainability with particular focus on role of communities, community ownership and management structures and capacity building;
♦ Effectiveness in dealing with cross cutting issues such as gender, programme communication and social mobilisation, monitoring and evaluation and partnership;
♦ Efficiency of the country programme, including allocation of given financial and human resources, cost effectiveness and efficiency;
♦ Appropriateness of programme coverage, both in terms of geographical coverage and the mix of support;
♦ Existence and effectiveness of mechanisms for sharing experiences and lessons learned, in particular between zones and programmes; and,
♦ Linkage between emergency relief and development.

(Refer to Annexure 1: Terms of Reference for the Country Programme Evaluation for further details.)

1.4.   Scope of Country Programme Evaluation and Conceptual Framework

The objectives for the Country Programme Evaluation in Section 1.3 refer specifically to UNICEF programmes, structures and internal functioning in Somalia. However, by virtue of UNICEF being a leading actor within the SACB and the largest international organisation within Somalia, UNICEF plays a much broader role in addition to the programmes it directly implements. In a fluid context like Somalia, where basic development approaches are still emerging, UNICEF influences and advocates for development policies and approaches that involve a large number of international and local organisations working in Somalia. As such, the evaluation looks at the appropriateness of approaches relevant and feasible in Somalia currently and thereby addresses a wider body of stakeholders than UNICEF. **Accordingly, the conceptual framework for the evaluation not only looks at UNICEF programming in Somalia, but also at UNICEF's role as an advocate for Somali development.**

The conceptual framework for the evaluation was developed in light of the four categories of institutional actors involved in Somali development. First, there are numerous other UN agencies who influence different issues within Somalia, although notably with less field presence than UNICEF. Second, there are key bilateral donors, such as USAID and the European Commission (EC), who fund both UN agencies and international NGOs working within Somalia. Third, there are the emerging regional government structures within Somalia, especially "Somaliland" and more recently "Puntland". Finally, there are the numerous international and local non-governmental organisations that play a crucial role in the implementation of emergency and development activities.

The conceptual framework describes the different dimensions and levels of programming as one moves from an emergency situation to a developmental situation. The context on the ground determines to which of these levels priority should be given at a given point in time. Figure 1 diagrammatically illustrates the conceptual framework. The framework can be used to locate where different components of UNICEF's programmes are at present, where the gaps exist and where alternative focuses may be required.

The conceptual framework begins at the basic level of response in an emergency situation where the necessity is to meet the immediate needs for survival and protection of children and women in a crisis. These needs include shelter, clean drinking water, protection from disease, food security and protection against war-generated violence. Quick and efficient reach of these services to the most vulnerable is the priority. At this level, **Emergency Responsiveness** is the primary programming need.

At the next level is the need to provide a variety of services in a continuing and sustaining manner to children and women for their survival and development. This includes health, education, water and sanitation, as well as related services for growth, development, and participation. At this level, to address issues of coverage and reach, **Quality Service Delivery and Access** to services by the most vulnerable are the primary programming needs.

However for services to be continuous and sustainable over a long term (e.g. a school, water supply system, health services) there is a need to have an **Institutional System** for managing and delivering these services. Such a system could be public, private, or community owned and managed or a mix of the three. The effectiveness of such a system requires management competency. If management competency is low, **System Capacity Building and Institutional Developmen**t is required. However the effectiveness of such public service systems also demands accountability to its constituency or clientele. This accountability is only possible through active **Participation and Empowerment** of the community of users. Such participation and empowerment, which also determines access to services, does not occur automatically in society but requires **Awareness Generation** through **Social Mobilisation**. This in turn leads to **Behaviour Change** both in terms of how the family and community takes their responsibility as duty bearers as well as demanding their entitlements from the wider social system.

Social service systems however cannot function and deliver quality services without rules, norms, incentive systems, financial and human resource management, and longer term plans: this calls for **Social Policies** that guide and regulate the different institutional organs of society. Social service systems would soon breakdown without such a policy framework guiding their functioning. It is being increasingly realised that such social policy formulation should not only be the tasks of governments, but must also involve the wider society and community, as they are affected by such policies. Hence community consultation and control through democratic processes is an essential ingredient of human rights in social policy formulation.

This framework is useful in answering the question of **relevance** and evaluating whether, within a programme, the right priorities are being set in a given context. For example, is it relevant and feasible to develop policy frameworks in an emergency situation or where a social service delivery system does not exist? Yet, on the other hand, a service delivery system cannot function over the longer term without a cogent policy framework.

Figure 1

In order to evaluate whether a specific set of programmes, which may be relevant, is **effective** and having impact, a more traditional evaluation framework that looks at programme **Inputs, Outputs, Outcomes, and Impact** is useful. The connection between each of these stages in the programme cycle is often not automatic and it is necessary to examine all stages of a programme. For example, the input in a rural water system is the delivery of supplies; the output is installation; the outcome is use of the water system and the impact is how the use of the water system effects the survival and development of a child. Within UNICEF's global thinking, it is increasingly realised that in many contexts inputs and outputs (installation of water systems, opening of schools, provision of health services) do not necessarily lead to outcomes (use of water systems, schools, and MCHs) and impacts (reduction in disease, increased learning levels of children, decreased mortality rates). Table 1.1 below gives an example of one indicator at each level to illustrate the above differentiation. This framework is a tool that can be used to answer the question of programme **effectiveness** through examining the link between outputs and outcome and impact. The **efficiency** question is more concerned with inputs (e.g. timely supplies) and outputs (e.g. installation of hand pumps, opening of MCHs).

Table 1.1: Sample Evaluation Indicators

It should be noted that although outputs are directly related to inputs, correlations between output and outcomes, and especially between outcomes and impacts, need to acknowledge that indictors are influenced by many other environmental factors (positively or negatively) not directly related to UNICEF.

	INPUT	OUTPUT	OUTCOME	IMPACT
HEALTH Maternal and Child Health centres (MCHs)	Number of MCHs equipped with drugs and equipment; number of health staff trained (percent women trained)	Number of functioning MCHs with trained health staff (percent women staff)	Proportion of households in a catchment area that are using the MCH facilities	Under-5 mortality rate
EDUCATION Girls' Education	Number of textbooks distributed; number of schools rehabilitated; number of teachers trained (percent women trained)	Number of functioning primary schools with trained teachers (percent women staff)	Gross enrolment rate of girls	Learning and achievement levels for girls
WATER & SANITATION	Number of hand pumps and spare parts supplied for installation	Number of hand pumps installed	Number of hand pumps functioning and being used for drinking water	Incidence of water borne diseases

1.5.   Evaluation Methodology and Process

The Country Programme Evaluation methodology is based on the contextual reality that UNICEF works with many partners in Somalia rather than a single government to implement programmes. Keeping this reality in mind, the primary methodology used was to **conduct semi-structured interviews with as wide a constituency of stakeholders as feasible, followed by direct field visits and dialogue with community members**. It was felt that in a fluid and uncertain environment like Somalia such a methodology would be better than to have, for example, structured workshops that tried to bring the wide array of partners together for a single discussion.

The evaluation builds on the Sector Review Exercise, which took place in June 2002. The Sector Review Exercise was an internal process that provided an opportunity for the country team to reflect on the strengths, weaknesses, and constraints of their sectoral programmes and cross-sectoral projects. Although the evaluation builds on the review exercise, the documents from the review serve as one of many sources of information that the evaluation has taken into consideration.

The evaluation is organised around strategic, cross-sectoral, issues. Given the time frame for the evaluation, a sectorally-organised evaluation would not have been able to look sufficiently into each sector. In addition, it was found from the Sector Review Exercise that there are many issues of concern that are not exclusive to one sector but in fact are similarly affecting multiple sectors.

The evaluation process involved the following components:

♦ **Desk Review**
Of particular importance to the Evaluation was UNICEF's Mid Term Strategic Plan for 2002-2005; the Situation Analysis of Children and Women in Somalia 1998 and updated in 2002; the End Decade Multiple Indicator Cluster Survey (MICS), 2000; and the Education For All report, 2000. Key UNICEF Somalia documents include the Master Plans of Operations for 1999-2000 and 2001-2003; the Sector Review documents 2002; and Annual Reports and Annual Review documents for 1999-2001. In addition, UNICEF and other agencies working in Somalia have executed a large number of evaluations, reviews, surveys and studies. A list of documents reviewed and referred to is given in Annexure 2.

♦ **Stakeholder Interviews**
The second component of the evaluation process was to have an extensive round of interviews structured around the issues being probed by the evaluation. The aim was to meet as many stakeholders as possible involved in the development of Somalia and included stakeholders in Nairobi and the three zones. Interviews were held with key members of the sectoral committees of the Somali Aid Coordination Body (SACB); bilateral aid agencies funding programmes in Somalia such as USAID and European Union; international NGOs partnering and not partnering with UNICEF Somalia; other UN agencies working in Somalia; Ministers and/or Director Generals of the Water Resources, Education and Health Ministries in "Somaliland"; local NGOs and CBOs at the zonal and sub-zonal level; local authorities and ministry representatives; and beneficiaries. Details are found in Annexure 3.

♦ **Field Visits and Beneficiary Dialogues**
The impact of UNICEF's programming in Somalia can best be seen in the field and so the evaluation team aimed to visit a wide sample of activities throughout the country. However, due to security reasons, the team was limited in the number of locations that could be visited. The team was able to visit a sample of urban activities in the three zones as well as a sample of rural activities in the North West and Central and Southern zones.

In the field, the team aimed for the following: to visit service facilities in each sector such as MCHs in health, primary schools in education and urban and rural water supply systems; to interview the managers/staff of these facilities; to interview community members (members of CEC, CWC) involved in managing the facilities; and to dialogue with users and non-users of the facility in the neighbourhood. These processes were fairly unstructured and gave emphasis on participation from community members. Details are found in Annexure 3.

♦ **Dialogue with UNICEF Somalia staff**

Formal and informal dialogue with UNICEF staff also constituted an integral part of the evaluation process. This was done both at the country office and zonal levels. Dialogue was useful to understand the planning and implementation strategies being used by different programmes and cross-sectoral projects as well as to discuss implementation recommendations. Details are found in Annexure 3.

♦ **Draft Report Discussion**

Based on the findings and ideas generated through the above four processes, the draft evaluation report was prepared. The draft report was circulated to Country Team members and a two-day meeting was held in mid September to discuss the initial findings and recommendations. Comments from the discussion were incorporated into the report and a revised document was prepared.

♦ **Dissemination Workshop and Report Finalisation**

Based on the revised draft, a dissemination workshop was held in Nairobi in mid October to discuss the findings and recommendations of the evaluation. Participants at the workshop included NGO partners, UN agencies, donor representatives, external resource persons, and UNICEF staff. The dissemination workshop focused on the relevance and feasibility of the recommendations. Based on the discussions of the workshop, the final evaluation report was prepared and will be used as an input to the upcoming country programme planning process. Proceedings of the workshop have been summarised in a separate document.

1.6. Structure of the Evaluation Report

The evaluation report attempts to synthesise the findings from the evaluation process and is structured as follows:

Chapter 1 is the introductory chapter that lays out the background, rationale, and objectives of the evaluation exercise. It also delineates the broad conceptual framework that underlies the report. Finally, it points to the limitations and constraints of the evaluation process.

Chapter 2 discusses the key features of the environment in Somalia which influences programming and which need to be taken into account for arriving at feasible, appropriate and desirable programme implementation strategies. It also highlights some of the key aspects of the situation of children and women in Somalia.

Chapter 3 highlights UNICEF's global goals and corporate philosophy as delineated in the Mid Term Strategic Plan of UNICEF (2002-2005) as well as summarises the specific country goals and programme strategies of UNICEF Somalia as defined in the Master Plans of Operations 1999-2000 and 2001-2003. The chapter also discusses the achievements of the UNICEF country programme in Somalia during the previous and current country programme cycle, within the perspective of programme specific strategies pursued by UNICEF Somalia.

These three chapters provide the background canvas against which the evaluation process has been conducted.

Chapter 4 discusses the findings of the evaluation and is divided into four broad sections. The first section discusses issues related to effectiveness and efficiency of programme implementation in terms of coverage and quality. The second section discusses issues around sustainability of

programme outputs, which is particularly important to examine given the lack of a unified government counterpart in Somalia. The third section discusses cross-cutting issues centred on programme mix, development and strategies. The fourth section summarises the major strengths and weaknesses of UNICEF programme interventions in Somalia.

Chapter 5 outlines the key issues and recommendations which flow from the findings detailed in Chapter 4. The chapter provides recommendations in relation to programme mix and development as well as recommendations for strategies and implementation.

1.7. Limitations of the Evaluation

Before discussing the weaknesses of the evaluation process and output, it needs to be stressed that two overriding concerns informed the evaluation process. First, the evaluation is not an inspection of programme results. Rather the evaluation examines past programme planning and implementation processes to draw lessons for future action towards enhancing programme impact and achieving programme goals. Hence the evaluation report gives as much importance to findings as to recommendations emerging from the evaluation process.

Second, the evaluation focuses on drawing out the "big picture" within a strategic framework. Hence while drawing conclusions from observations of sectoral implementation, as a matter of design the evaluation does not make specific sectoral recommendations. The focus of the evaluation has been on analysis of the strategic direction of the country programme given that UNICEF is still in the initial stages of transition from emergency to development programming in Somalia.

Keeping in mind the above points, the specific constraints and weaknesses of the evaluation exercise are the following:

♦ **Absence of Census Data**
Population estimates of Somalia vary widely in the absence of any kind of census and are often inflated or deflated to meet the needs of different interest groups. The lack of census data leads to a situation of unknown quantification of the extent of vulnerable groups (for example IDPs, nomads, and minority groups), rural-urban population ratios, populations of different zones, and populations of different age cohorts. Not only is this a problem for programme planning, but evaluating reach and coverage becomes extremely different. Hence the evaluation was constrained to working primarily with programme output data without being able to put the figures fully in perspective of the country situation.

♦ **Absence of Information Systems in Partners**
In a semi-emergency situation, information systems and data collection is given low priority in most of Somalia. Hence it is difficult to get authentic data on budget, staffing patterns, coverage etc. from partners of UNICEF.

♦ **Consolidation of Data within UNICEF Somalia**
Given the current financial information system within UNICEF Somalia, the consolidation of data such as number and type of contracts and expenditure patterns across sectors, zones, and years is extremely difficult. Hence comprehensive cost effectiveness analysis was not feasible.

♦ **Limited Sample Size of Projects**

Even though a large number of interviews were held with a wide cross-section of stakeholders, the evaluation team could only visit a limited number of projects in the field. Given the large distances between projects, insecurity of some locations, and logistical difficulties of travel, the evaluation team could see only a small sample of projects. Given the wide geographical spread of UNICEF Somalia's work, what was covered is admittedly a small sample of all the possible locations.

As seen from the above, limitations of data and the methodological rigour feasible in a fluid environment like Somalia, are the basic weaknesses of the evaluation process.

2. THE SOMALIA CONTEXT

2.1. Key Features of the Somalia Environment

Somalia offers a unique, extremely difficult and challenging environment for programming to any international organisation wanting to work beyond emergency response. Continuing internal violence in many parts of Somalia makes programming for sustainable development extremely difficult at the best of times. Somali cultural traditions are strong and present different kinds of opportunities and challenges for structured programming. While Somali culture is well defined with its features of dialogue, participation, and clan division, the culture is also changing rapidly. No society can remain constant, least of all in a country like Somalia, which has undergone tumultuous destruction and changes over the last two decades. Change, however, makes the environment fluid and uncertain.

There are several studies and documents which describe the political, economic, and social context in Somalia today and the early chapters of the Situation Analysis of Children and Women undertaken by UNICEF in 1998 captures many of the features of Somalia. However there are two gaps in these studies. Firstly, a majority of them have a 'traditionalists''' vision of Somalia as a traditional society and do not capture the trends and changes that are occurring in Somalia today. Secondly, the implications for programming of these social features are often not clearly stated.

This section attempts to identify some of the key features of the current Somali environment and draw out the programmatic implications of these features. Many features would be obvious to someone working within Somalia, but sometimes contextual realities fail to be translated or utilised into programme planning and implementation strategies.

As mentioned earlier in Section 1.4, UNICEF Somalia is not only a leading actor within the SACB and the largest international organisation within Somalia, but also plays a much broader role in addition to the programmes it directly implements. In a fluid context like Somalia, where basic development approaches are still emerging, UNICEF influences and advocates for development policies and approaches that involve a large number of international and local organisations working for Somalia. Therefore the scope of the evaluation also includes a range of Somali development issues and approaches in addition to specific UNICEF programming issues.

In light of this, the following characterisations of the Somali environment and the identification of programming implications should not be viewed as a presentation of issues UNICEF alone needs to address, but instead, should be viewed as a presentation of issues affecting Somalia as a whole, and programme implications that multiple development actors in Somalia need to address. In addition, it should be noted that the following characterisations are not completely distinct from one another as there is sometimes overlap between features. Keeping in mind that the purpose of this section is to highlight the challenges and opportunities that present themselves to development programming in Somalia, the programme implications that are identified should be viewed as potential options and not prescriptive instructions without alternatives.

♦ **Recurring, localised violence and insecure and fragmented working environment**
Somalia is prone to violence by primarily clan-based groups and a culture of the gun; South and Central zone more so, North West zone less so, North East zone currently somewhere in between. In addition, the country is fragmented, characterised by locally controlled "city states", with fragile, temporary security, and varying degrees of access. For example, at the time of writing, Mogadishu,

where an estimated twenty percent of the total country population resides, was a restricted area for UN international staff.

Programming in such an environment calls for decentralised analysis of the political, economic, and clan environment as well as decentralised risk analysis, which considers both the risks and benefits of intervention. Shorter term and smaller scale projects are desirable and localised programming requires careful consideration of potentially negative effects as a result of programme implementation. Emergency response interventions are at the community and household level.

♦ **Emergency and Disaster Prone Environment**
In addition to being conflict-prone, Somalia is often susceptible to both floods and droughts, which are often exacerbated by environmental degradation. The delivery of aid can itself result in the further division of Somali society and increase competition amongst communities for resources. In addition, Somalia continues to regularly face health-related emergencies such as cholera and malaria epidemics. The programming implication is the need for appropriate contingency and emergency preparedness plans factored into all components of developmental work.

♦ **Absence of a Unified Government Structure**
In the absence of a unified government structure, programming does not allow for a single, stable counterpart, as in other countries. Hence, implementing agencies have to deal with multiple and smaller counterparts, often with multiple approaches. In terms of programming, the option may be to explore the capacities of local or international NGOs or CBOs to implement an "area based" approach. If such capacity exists, working with one counterpart for one or a few local areas would reduce the time and resources spent on working through multiple partners in the same geographic area.

♦ **Emergence of Regional Government Structures**
Although there is an absence of a unified government structure, in the North West and North East zones, regional government structures are establishing themselves and beginning to provide social services to communities. There is promising progress towards institutional development as ministries are being established and networks of regional, district, and local authorities are being designed. However, the recent events in the North East zone illustrate the fragile nature of these structures, and both structures in the North West and North East zones have limited reach given the great constraints on their resources and capacity. The programme implication is that in order for agencies to work with these developing structures, there is a need to provide institutional capacity building support to such system development.

♦ **Large Presence of Local and International NGOs**
As a complement to the emerging regional government structures, is the large presence of local and international NGOs throughout Somalia, with organisations in the North West zone tending to be more development oriented then in the other zones. There is both coordination and competition between these organisations as well as competition between agencies and local authorities in the North West and North East zones for resources and institutional space. The capacity, competency and commitment of organisations varies within the NGO sector within Somalia. A large proportion are donor driven, and many organisations are essentially programme contractors and creations of international aid availability. In many cases, the NGO sector has provided the only institutional vehicle for delivery of social services in the absence of government systems. However, the multiplicity of organisations has resulted in a multiplicity of developmental methodologies and approaches, based on the varying mandates and motivations of the organisations.

Programmatically, agencies working in partnership with NGOs need to assess the capacities of the NGOs as well as to provide institutional support to such partners in order to further develop the civil society structure emerging in Somalia.

♦ **Community Orientation of Society**
There is a strong culture of community participation in Somali society that has provided a base for the formation of nascent community organisations. This culture facilitates community mobilisation and participation. However, programmatically, mobilisation and participation need to be converted into community managed structures that can act as nucleuses for other types of development activities. The situation also suggests, however, that programmes will only be successful and sustainable if community ownership is developed through existing community structures.

♦ **Dependency and Aid**
However, paradoxically, the legacy of international aid in Somalia, as well as the heritage of an imperfect, centralised state system that was in place before the war, has led to a culture of dependency and reduced local ownership towards projects. In response, aid and development agencies often micro-manage projects and rarely encourage the participation of communities and local authorities in development projects. The question 'whose programme?' and the process of transfer of ownership of programmes have become the key issues in programme implementation and sustainability.

♦ **Weak Public Systems – Strong Private Systems**
Both culturally and in terms of actual development of systems for distribution of public goods, the concept and practice of a centralised welfare state is unlikely to take root for some time in Somalia (in spite of a Soviet style command economy for many years). On the other hand, the legitimacy and role of the private sector is well accepted in Somalia, even by the nascent government in the North East zone. The Somali diaspora, through significant remittances (estimated up to US$500 million per year, Human Development Report, UNDP, 2001), has contributed to assisting families during the war years as well as helped to establish many small scale businesses within Somalia. These small scale businesses present opportunities for programme collaboration. Further, the programme implication of this is that programmes seeking to replicate vertically structured, exclusively state managed, welfare systems are likely to fail in Somalia. The private sector therefore needs to be an integral part of public service programming.

♦ **Emergence of Private Media**
In recent years, there has been a virtual explosion of private media organisations (radio, television, and newspaper). Although access to television is limited to major urban areas, newspapers, and especially radio have a broader reach and civil society organisations are increasingly gaining access to airwaves. The programme implication is that through further institutional development of such media organisations, agencies can reach out to larger audiences with social mobilisation and behaviour change messages.

♦ **Low Population Density with Urban Magnets**
Somalia is one of the most sparsely populated countries in the world and is characterised by towns and large villages acting as the focus for economic and other activities. Given the geographic spread of the population, it is extremely difficult for any implementing agency to have universal reach at the household level. Therefore, programme activities need to be centred around larger settlements with coherent spatial planning of activities such that multi-sectoral programming takes place in one geographic area.

♦ **Rapid Process of Urbanisation**

As a result of continuing internal conflict and decreased income generation due to the export ban on livestock, there is an ongoing process of urbanisation as families search for safety and alternative employment opportunities. A key component of this urbanisation is the large number of IDP settlements attached to many larger urban areas. The programme implication of this situation is two fold. Firstly, agencies need to design and implement programmes in urban contexts, where the influence of external factors can be more than in an isolated rural hamlet. Secondly, there may be an increasing demand to address the needs of specific population groups in addition to the population as a whole, particularly if the vulnerable are to be reached. For example, in a privately run urban water system, since the poorer segments of the population often reside on the outskirts of town, the cost of water for such families will often be higher than for families who live inside the centre.

♦ **Disadvantaged Groups**

IDPs and specific ethnic groups, such as the Bantus in the Central and Southern zone, are often the most vulnerable populations within communities. Programmatically, focussed social targeting may be necessary to ensure such populations are reached. However, given the current situation in Somalia where the vast majority of the population are lacking quality services, social targeting would need to be undertaken within the overall framework of universal service provision.

♦ **Nomadic Population**

It is difficult to quantify the percentage of the population who are nomadic pastoralists. It is likely that while the percentage is still relatively high, the number is reducing as a result of threats to the nomadic pastoralist economy and livelihood base, as noted above. Whilst nomadic pastoralists can be regarded as wealthy on the basis of traditional cultural values, in the modern context they are potentially amongst the most vulnerable. The nomadic population is difficult to reach with services not only because of their mobility, but also because of their inaccessibility in the deeper rural areas. Programmatically, this implies that other than some basic self use kits, it is neither feasible nor cost-effective to plan for fixed services for the nomadic population. However, it is necessary for agencies to explore avenues by which to provide services for the nomadic population *within* fixed urban or semi-urban areas, with the aim to minimise the potentially disruptive element such service provision might have on the pastoralist community.

♦ **Rising Economic Inequality in Somali Society**

There are increasing inequalities within Somali society today. The economy, lifestyles, and livelihood patterns of the urban population is very different from the rural and nomadic population as well as the IDP population. There are two programme implications that implementing agencies need to address. Firstly, social targeting of programmes towards the poorer and more vulnerable populations will become more critical. Secondly, one approach to addressing the needs of the vulnerable may be to explore expenditure patterns of family incomes in order to ensure optimum expenditure behaviour of families.

♦ **Shrinking Livelihood and Food Security Base**

Traditionally, Somalis have depended on livestock rearing in most parts of Somalia and agriculture in the river valleys of the south. In the cities, the main livelihood avenues are through trade, construction, and service provision. However, livestock rearing in the rural areas is becoming increasingly difficult with the livestock ban, land degradation, and droughts. This situation is leading to movement of rural family members to urban areas in search of employment. Programmatically, poverty alleviation and employment generation programmes need to supplement social programmes in a synergistic way.

♦ **Low Professional Skill Base and Absence of Higher Educational Institutions**

Over the last two decades the education system in Somalia has virtually collapsed. Mogadishu, which was the educational capital for Somalia, remains virtually closed to international assistance for rebuilding the sector and much of the educated elite have fled the country. This has led to a situation whereby the technical skill base within Somalia has shrunk and is not being renewed. There is also a continuous brain drain of the remaining qualified staff from the public sector to the higher paid international NGO sector. Therefore much of the needed skilled human resources are not available for the social sector (teachers, doctors, nurses, engineers). Programmatically, development agencies need to invest in basic, technical, human resource training infrastructure if programme coverage and quality is to improve. For example, the education system cannot be expanded without trained teachers, and the primary health care system cannot by expanded without trained nursing staff.

♦ **Interlink between Somali Culture and Islamic Values**

There is often little distinction between Somali culture and Islamic values. Many sensitive issues in Somali society, such as the role of women in society, female genital mutilation, and girls' education, are often intertwined with an Islamic component. Programmatically, agencies need to ensure the careful analysis of the multi-dimensional nature of many issues. In addition, actively engaging the religious community in positive dialogue is essential for effectively addressing such interlinked issues.

♦ **Urbanisation and Vulnerable Children**

With increasing urbanisation, widespread unemployment, women entering the workforce, and division of families in search of employment, the extended family structure of Somali society is slowly breaking down. These forces in turn are creating large numbers of children entering the informal workforce, children in the street, and otherwise vulnerable and disadvantaged children. Programmatically this implies that targeted programmes for protection of such vulnerable children are becoming increasingly critical in Somalia today.

♦ **Women Headed Households and Working Women**

With increasing poverty, internally displaced families and unemployment, a majority of women from poor households have entered the workforce in urban centres. This has not only disrupted the traditional household living pattern, but working women interviewed by the evaluation team stated the problem of care of the young children when at work. Women either take their children to the work site, leave the children in the care of elder female siblings or, in the worst case, children are left unsupervised. Care for such children is emerging as a priority felt need in most urban settlements. Programmatically this implies that structured, outside of home, early childhood care is an emerging priority need in urban settlements.

♦ **Changing Role of Women and Emergence of Women's Groups**

In traditional Somali society, while social structures were patriarchal, women's rights and duties were clearly defined. Women had clear decision making powers in economic matters such as sale of livestock and property rights. However with the changes brought on by many years of instability, women entering the work force, and the Islamisation of society, women's role within society has become less clearly defined, but is also moving towards increased empowerment of women. Currently there are numerous women's community groups and beginning elements of networking between such groups. Programmatically, there are opportunities to address women's issues through these local, Somali women led organisations, keeping in mind that such organisations are only beginning to emerge and the capacities of such organisations need to be developed.

♦ **The Dominance of Water as a Priority Felt Need**

Water has always had special significance in Somalia because of its scarcity and water sources have been destroyed during inter-clan warfare given their strategic importance to communities. Water is the first service demanded by people and water is the first service that people are ready to pay for. Water has always been a priced, marketable commodity in Somalia. However, given the limited resources available to the poor, paying for services such as water, amounts to a higher percentage of their overall expenditures than those who are better off. Poorer populations often reside on the peripheries of urban centres and therefore need to consume a disproportionate portion of their disposable income accessing water that is far from their residence. In addition, the distinction between clean and unclean water, and between water for animals and water for humans is often not made. Programmatically, agencies working in Somalia need to continue giving priority to the further development of water supply and distribution. Given the historical context of conflict over water, the social implications of water development need to be fully factored into the design of water projects. In addition, the importance of water also presents entry-point opportunities to introduce other kinds of social programmes into communities.

Table 2.1: Programme Implications of the Somalia Context

	Environmental Features	Programme Implications
1	Recurring violence, insecure and fragmented working environment	♦ Decentralised analysis of political, economic and clan environment ♦ Decentralised risk analysis and localised programming ♦ Shorter term, smaller scale projects ♦ Household and community level emergency response
2	Emergency and Disaster Prone Environment	♦ Organisational contingency plans ♦ Community based preparedness activities
3	Absence of unified governmental structures	♦ If capacity exists, "area based programming" through using one partner for multi-sectoral activities in one geographic area
4	Emergence of regional government structures, but with limited reach, resources and capacity	♦ Institutional support for system development
5	Large presence of local and international NGOs (civil society institutions)	♦ Capacity assessment of NGOs (enpanelment process) ♦ Institutional support to NGOs
6	Community orientation of society	♦ Implementation of programmes through pre-existing community structures ♦ Transforming community mobilisation and participation into community ownership and management structures
7	Aid-dependency culture	♦ Methodologies for programme ownership transfer to local groups and authorities to improve sustainability
8	Weak public systems – strong private enterprise culture	♦ Public-private partnership structures for social service delivery
9	Emergence of private media	♦ Greater audience reach for social mobilisation and behaviour change messages through institutional capacity building of media organisations
10	Low population density with urban magnets	♦ Settlement based, multi-sectoral programming ♦ Spatial planning
11	Rapid process of urbanisation	♦ Urban periphery service provision ♦ Programme targeting of the most vulnerable
12	Disadvantaged groups	♦ Social targeting of services
13	Rising economic inequality	♦ Social targeting of programmes towards poor and vulnerable groups
14	Nomadic population	♦ Service provision within urban or semi-urban areas that can be accessed by the nomadic population
15	Shrinking livelihood and food security base	♦ Anti-poverty employment generation
16	Low professional skill base and absence of higher educational institutions	♦ Investment in educational infrastructure at regional level ♦ Establishment of professional training colleges and comprehensive long-term training packages
17	Interlink between Somali culture and Islamic values	♦ Dialogue process with religious leaders
18	Rise of children in vulnerable situations	♦ Child protection programme development
19	Rise in percentage of working mothers and women headed households	♦ Out of home early childhood care and education
20	Changing role of women and emergence of women's groups	♦ Working with women's groups to address women's issues ♦ Providing capacity building support to women's organisations
21	Dominance of water as priority felt need	♦ Careful design of water interventions ♦ Using water as entry point for community programming

2.2.   Summary of the Current Situation of Children and Women

The Human Development Report for Somalia (UNDP, 2001) estimates the population of Somalia to be 6.4 million, and the annual population growth rate to be 2.7%. Overall, Somalia is ranked 161 out of 163 countries.

Somalia is frequently afflicted by localised human and natural emergencies. The causes include political instability resulting in warfare or the imminent threat of warfare, drought and resultant crop failure, and floods and their destruction of homes, farms, crops and critical infrastructure such as water sources. The risk of famine and large-scale outflows of refugees to neighbouring regions and countries is ever present, particularly in the more populated central and southern parts of the country, which continue to suffer from a chronic lack of governance.

There is virtually no public health care system, except in larger urban areas. Shortages of safe water tend to increase the risk of epidemics. Kinship and clan ties do help families to cope, but in parts of the country, many families are so impoverished that prompt external assistance is crucial to mitigating the impact of localised disasters.

Infant and Child Mortality
Infant, child and maternal mortality rates in Somalia are among the highest in the world. The infant mortality rate (IMR) in 1990 was estimated to be 125 deaths per 1,000 live births. The child mortality rate in 1990 was estimated to be 211 deaths per 1,000 live births. The MICS 2000 survey estimates the current IMR to be 132 per 1,000 and child mortality to be 224 per 1,000, showing a deterioration in the situation since 1990.

Diarrhoeal disease-related dehydration, respiratory infections and malaria are the main killers of infants and young children, together accounting for more than half of all child deaths. Cholera is endemic in Somalia, with outbreaks occurring annually from December to May. The major underlying causes of diarrhoea are lack of access to safe water, poor food, water and domestic hygiene. In the MICS 2000 survey, it was found that almost 24% of under-five children had diarrhoea in the two weeks preceding the survey.

Neonatal tetanus and other birth-related problems also contribute significantly to infant mortality, while measles and its complications result in widespread illness and many child deaths when outbreaks occur. Susceptibility to measles is compounded by poor nutritional status, and transmission is rapid in crowded living conditions (as in congested urban/peri-urban and displaced persons camps). Immunisation coverage of about 30% is far from sufficient to prevent a spread of disease. Only about ten percent of children had all eight recommended vaccinations in the first twelve months of life (2001).

Malnutrition
Malnutrition is a chronic problem in Somalia, and appears in acute form in areas of drought, flood or localised conflict. Poor availability and accessibility of food, mainly due to successive droughts and conflicts, quality of dietary intake, infant feeding practices and inadequate home management practices contribute to the poor nutritional status of children. Considerable variations also exist between different areas and population groups, with the central and southern areas being the most affected. The end decade MICS reports an overall global malnutrition rate of 17.2% for Somalia.

Micronutrient deficiencies

Iron-deficiency anaemia, vitamin A deficiency, and iodine deficiency are serious health issues facing the population. In 2001, a study on the prevalence of anaemia in the North West zone found that 59% of children under-five years old were anaemic. Anaemia is also suspected to be a high amongst women and adolescents. Iodine deficiency is also a public health concern as access to iodised salt among the population is extremely low. Access to iodised salt was found to be only 1% in North West zone in 1996. In addition, sub-clinical vitamin A deficiency might be contributing to morbidity and mortality.

Reproductive Health

The maternal mortality rate (MMR) for 1990 was estimated to be 1,600 deaths per 100,000, which is significantly higher than the pre-war estimate of 1,100 deaths per 100,000, placing Somali women among the most high-risk groups in the world. Haemorrhage, prolonged and obstructed labour, infections and eclampsia are the major causes of death at childbirth. Anaemia and female genital mutilation (infibulation) have a direct impact on, and aggravate these conditions. Poor antenatal and postnatal care, with the almost complete lack of emergency obstetric referral care for birth complications further contribute to these high rates of mortality and disability.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) has a prevalence of about 95% in Somalia and is mostly performed on girls from ages 4-11. FGM adversely affects the physical, mental as well as psycho-social well being of the female population. Infibulation, or Pharaonic type, is the most extreme type of FGM in Somalia. This circumcision is disastrous for women's health, with frequent physical complications, such as chronic infection and eventual obstetric problems arising from scarring and resultant loss of elasticity of the birth canal, as well as severe and long-lasting psychological trauma. Health problems can begin immediately with severe bleeding that can be life-threatening when, as is often the case, the girl is already anaemic. Infibulation can also interrupt basic physiological processes, such as menstruation and passing urine. The most common justification for FGM is that it is a requirement of Islam. Other justifications include the need to ensure virginity until marriage, purification rites, reduction of sexual desires of women, discouragement of pre and extra-marital sexual activities, and the fear that an uncircumcised woman will remain unmarried.

Water

Access to potable water is one of the major problems in Somalia. The problem has been aggravated by the destruction and looting of water supply installations during the civil war and continuing conflicts as well as general lack of maintenance. This situation is compounded by erratic rainfall patterns, which produce both droughts and floods. The MICS 2000 survey found that overall only 23% of the population have access to safe drinking water. Slightly more than 31% of households in the North West zone have access to clean drinking water which is the same coverage found in the 1996 MICS for the North West zone. The proportion of households with clean drinking water is 26% in the North East zone, which shows an improvement from the 19% zonal access in the 1997 MICS. The 2000 survey found an access rate of 18% in Central and Southern zone. The Situation Analysis in 1998 also estimated the access to clean water in the Central and Southern zone to be less than 20%.

Environmental Sanitation

Forty eight percent of the population of Somalia are living in households with sanitary means of excreta disposal. The access in urban areas is 83%, in rural areas 25% and access is only slightly more than 2% for the nomadic population. The Central and Southern zone has a higher proportion of population with access to sanitary means of excreta disposal (51% versus 47% in the North West zone and 41% in North East zone). The North East zone has the highest proportion of households *without* any sanitary means of excreta disposal (58%) and the Central and Southern zone has the least proportion of households without any sanitary toilet facilities (49%), while the North West zone reported lack of sanitary means of excreta disposal in 52% of the households. There has been a slight increase in access to sanitation as the 1996 MICS survey for the North West zone found an access rate of 43% (versus 47% in 2000) and the 1997 MICS survey for North East zone found an access rate of 34% (versus 41% in 2000). The impact of poor environmental sanitation is particularly felt in the cities, towns and large villages or where otherwise people are living in close proximity to each other and defecation is close to dwellings and water resources. In addition, lack of garbage collection and the proliferation of plastic bags affect the urban environment and water sources.

Education

Koranic schools provide the principal source of out-of-home early childhood stimulation. Whilst these and positive traditional childcare practices can provide a good entry point for early stimulation and nurturing, more formal learning opportunities are virtually non-existent in Somalia. There are some NGO-operated pre-schools and nursery schools in a few urban centres but their number are very limited and the quality of early learning is questionable. No significant family or community based early stimulation and learning programme exists outside the Koranic schools.

In terms of education, for 1999 a gross enrolment ratio of 9.0% was estimated (11.7% for males and 6.3% for girls). The estimated gross enrolment ratio for 2002 is 17%. A total of 1105 operational primary schools were identified in the survey of primary schools in Somalia in the 2001/2 academic year. There has been a 29% increase in the number of schools countrywide since the preceding primary school survey. Similarly, school enrolment has increased 28% and now includes 261,492 students. However, observed attendance is, in all areas, much lower than reported enrolment, perhaps 70%, suggesting that approximately only one child in eight actually attends primary school on a regular basis. Although there has been a substantial increase in the number of operational schools and enrolment rates, considerable disparities in quality and access to primary education continue to prevail in parts of all zones due to the socio-economic, cultural and political realities in these areas.

Gender related disparities remain an area of major concern as revealed by the 2001/2 survey showing that slightly more than one third (35%) of pupils are girls at the lower primary school levels. Since the 2000/1 school survey there has been no improvement in terms of reducing gender disparity, which increases rapidly with higher grades. In 2001/2, whilst 38% of pupils in grade 1 are girls, this proportion declines to 33% in grade 4, and further to 25% in grade 8. Results of previous school surveys reflect the same pattern. The low enrolment and high drop out rates of girls in most areas are due to a combination of traditional attitudes, economic considerations and unfavourable conditions and timing of classes for girls.

Youth

The majority of adolescents have known nothing but conflict and hardship for themselves, their families, and their friends for most of their lives. Many have suffered displacement within Somalia and/or refugee camps in neighbouring countries. In addition to observing and experiencing violent – and in some cases participating in violence – they have seen social systems and institutions collapse; some have never experienced normal, stable social relationships and systems of governance. Most never had any opportunity for education, or their education was interrupted.

HIV/AIDS

HIV/AIDS prevalence in Somalia is regarded as low despite the high prevalence of HIV/AIDS in the surrounding countries of Djibouti, Ethiopia, and Kenya. A baseline knowledge, attitude, beliefs and practices (KABP) study in the North West zone in 1999 found that the overall prevalence of HIV amongst antenatal patients in the North West zone was 0.9% which is significantly lower than the reported prevalence of HIV in Djibouti of around 10% of adults. However, the increase in the number of returnees in the north from refugee camps in Ethiopia and Djibouti is likely to change the situation unless there is enough rapid support for a carefully designed HIV/AIDS prevention and control programme. Assuming that the available figures do indeed reflect a current low prevalence of HIV infection there is a major threat that in coming years infection may well rise to epidemic levels in the absence of appropriate action. In addition, Somalia has a very high prevalence of tuberculosis (TB) and sexually transmitted diseases (STDs) (30% among women attending antenatal clinics in the North West zone), both representing common risk factors for HIV/AIDS.

The KABP study in 1999 was undertaken to describe knowledge and attitude variables as well as beliefs and practices which place some people at high risk of HIV. The study revealed that relatively high proportions of the study groups (73.6% men, 66.6% women) were aware that a healthy looking person could be infected with HIV. When asked how they can protect themselves from HIV infection, 76% of men and 88% of women in the general population mentioned "remaining faithful to one partner." However, myths about modes of HIV transmission exist as many respondents believe mosquitoes can transmit HIV and 51% of dock workers believe HIV can be transmitted through touching someone with HIV. Knowledge of condoms is low as 62.2% of adult men and 48.2% of women had heard about condoms.

Vulnerable Children

There is increasing presence of specific categories of children who are in need of special care and protection. These categories include the internally displaced, children from minority groups, children from the very poor, orphans, children of divorced parents, illegitimate children, working children, children living in the streets, militia children, child prisoners and disabled children. In most of these categories, the girl child is doubly disadvantaged.

Though the Somali tradition and culture have built-in mechanisms, largely based on Islam and customary values (including customary law, *xeer*), for the care of orphaned and destitute children at the family level, these mechanisms have largely broken down. Widespread poverty is one reason why relatives are unable to provide foster homes for children needing protection. Although in many cases where foster care is provided, there can be a tendency to mistreat the children by denying them adequate food, clothing, and affection. Foster children, especially girls, can be perceived and thus treated, as a source of unpaid or cheap labour.

Gender Discrimination

Gender discrimination is deeply rooted in the traditional socio-cultural structures of Somali society and remains a formidable barrier to women's participation in decision-making processes and access to, and control of, resources. The negative effects of religious misinterpretations have in recent times further reinforced this discrimination. Respect for women's rights in general, and their rights to governance and participation in decision-making in particular, fall short of those expressed in internationally recognised instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Beijing Declaration and Platform for Action. Despite the legal provisions established in the 1970s to accord women equal rights, those provisions were never meaningfully implemented, nor did they impact on the majority of women, due to the absence of mechanisms to execute and enforce the provisions in the face of longstanding traditions limiting women's participation.

The principle immediate causes of the problems of women and girls and of the difficulties they face in trying to improve their own situation and that of their children are of varying nature. Some are related to resources and include women's limited control over family resources and their lack of access to credit. There are also causes related to knowledge, attitudes and practices. They comprise the very low literacy rates among women, the low enrolment of girls in schools, and the poor knowledge concerning health care linked to the perception that services are not appropriate to them. Some of the immediate causes are related to service provision. This includes the lack of attention to women by extension programmes, the failure of schools to adapt teaching programmes to meet the needs of girls, the lack of non-formal education opportunities for out-of-school adolescent girls, and inadequate access for most of the female population to health care.

Table 2.2 summarises the major indicators for human development in Somalia, with data presented by zone where available.

Table 2.2: Key Indicators for Somalia based on Multiple Indicator Cluster Survey (MICS) 2000, UNICEF

Indicator	Somalia		Central and Southern zone	North East zone	North West zone
Infant mortality rate	132		137	133	113
Under-five mortality rate	224		231	225	188
Percentage of the population with access to safe drinking water	23.1		17.8	25.9	31.3
Percentage of the population with access to safe sanitation	48.5		50.8	41.5	47.4
Percentage of under-five children with acute global malnutrition	17.2		21.2	14.8	10.1
Gross enrolment ratio for primary school age children (Primary School Survey 2001/2)	17				
Percentage of children aged 12-23 months currently vaccinated against childhood diseases	BCG DPT3 OPV3 Measles All	69.3 32.6 36.9 15.6 10.6			

2.3   Opportunities and Threats

The preceding description and analysis of the programme environment in Somalia and the situation of children and women point towards certain opportunities and threats for programme implementation for an organisation like UNICEF, in the medium term of three to five years. The major opportunities and threats are briefly discussed below, but it needs to be highlighted that the environmental context of Somalia can not be precisely divided into these two categories neatly and there is often a fine line between an opportunity and a threat.

OPPORTUNITIES

1. **Emergence of sustained peace in North West zone ("Somaliland")** has allowed for an environment where longer term development processes and plans can be initiated.

2. **Emergence of zonal government structure in "Somaliland" and "Puntland"** has allowed for a social service system and policy formulation process at a broader, systemic level.

3. **Large and vibrant civil society sector, including women-led organisations** allows for experimentation with new approaches, greater reach directly to communities and a more explicit, indigenously led women's movement.

4. **Culture of community sharing and participation** within Somalia allows for greater programme sustainability at the micro-level as community management of services can be more easily negotiated through participatory planning processes.

5. **Vibrant private sector and culture of business entrepreneurship** allows for quick provision of necessary services, in the absence of government systems on the supply side, and cost sharing and willingness to pay for services on the demand side. It allows for innovative and efficient ownership and management structures in social sectors through public-private partnership development. It also allows for competition among service providers that increases efficiency and sometimes quality.

6. **Strong felt need within Somali society for critical services (water, health, and education) that have a bearing on human development** enables programmes to be quickly accepted without the need for mobilisation for demand generation.

7. **Environment of inter-agency cooperation and coordination** amongst international, national and local organisations provides an opportunity for synergetic and complementary programme implementation roles that could enhance impact.

8. **Receptiveness and openness to adopting new ideas and practises where there is a perceived advantage in doing so** allows for innovative programming provided that there has been a consultative process and that the services or processes on offer are fully in alignment with articulated and practically felt needs.

THREATS

1. **Recurring, continued violence** in many parts of Somalia, particularly the Central and Southern zone, makes long-term development programming and implementation of larger scale projects difficult.

2. **Absence of a unified government** in Somalia implies that policy development is limited to areas with emerging government structures (North West and North East zone) and that the situation prohibits coordinated planning for the country as a whole. This has major consequences for both public service provision, as well as public system development.

3. **Sparse dispersal of population, particularly nomads** makes programme implementation and universal coverage difficult to achieve within Somalia and difficult strategic choices have to be made on who to include and exclude from direct programme reach.

4. **Urbanisation, income disparities and vulnerable groups** are all new, emerging phenomenon. Cognisance of these social changes and the need for social targeting is not yet happening within Somalia. However without such targeting the most vulnerable groups may be left out of the development process and be further marginalised.

5. **Multiplicity of organisations** working in the social sphere has actually increased the need for coordination, without enhancing impact, as the situation analysis shows. While there exists coordination at a general level, difference of approaches has often led to duplication, as in training, and sometimes conflicting approaches such as in free versus cost-based services for the same sector in a specific location.

6. **Low level of Somali ownership of externally aided projects** due to a variety of factors has made many implemented projects unsustainable in the long run. Often this is compounded by international NGOs pulling out of Somalia suddenly without a clear exit policy.

7. **Low professional skill base in all sectors** within Somalia combined with a rapid expansion of projects and public systems often leads to **low quality delivery of services**. There is little sequencing of service skills training and public service units. Competency of even many international agencies, especially in areas such as training, are weak.

8. **Decline in external aid resources as stability returns**. Ironically, there is an inverse ratio of external aid to stability and as parts of Somalia return to peace and development, there is an acute shortage of resources, especially for the softer areas such as human resource development and staff salaries.

9. **Unregulated nature of private services.** This has become a major problem within the health sector where dubious quality of services can often create harm to the unaware Somali user of such services.

10. **Low levels of awareness and social will in critical human rights issues.** HIV/AIDS awareness, eradication of FGM, and protection measures for vulnerable children, are all areas where both an absences of social will and resistance to change exist in Somali society.

3. PROGRAMME STRATEGIES AND INTERVENTIONS OF UNICEF SOMALIA

3.1. Contextual Determinants of Strategies followed by UNICEF Somalia

Somalia offers a unique and challenging environment for social programming. There are four features that constantly underlie the strategic choices that UNICEF had to continuously make in all its programme planning and implementation processes. Firstly, is the virtual absence of any social infrastructure within Somalia. Absence of formal institutions and strong government structures, a low base of trained human resources and technical capacity and non-standardised, local, private initiatives are all symptoms of the above characteristic. Strategically this has implied that UNICEF has had to virtually plan and implement all its programmes from a 'zero base'.

Secondly, unlike in other countries, where an emergency situation is created temporarily by either a war or conflict, which allows for an immediate, specific, emergency response, the Somalia situation is more complex. Somalia, for the last fifteen years, has been in a state of chronic emergency, with localised armed conflict being virtually a part of the day to day environment. Combined with the feature of an absence of social infrastructure, this has implied that UNICEF has had to weave into its programme strategies both emergency responsiveness and development programming on an ongoing basis. The distinction between emergency response based programming in a crisis situation and development programming in a more stable environment does not exist within Somalia for UNICEF. This feature in turn has called for both shorter term and more flexible programme strategies.

Thirdly, is the diversity in local contexts and the unpredictability of events, specifically political and conflict situations, in different locations within Somalia. The emergence of different local authorities, the absence of a uniform currency across Somalia, the division of Somalia's political geography by the dominance of specific clans in specific regions and the fast shifting trends in growth and declines in different towns of different population groups caused by a mobile population and IDP settlements, are all features of this diversity combined with unpredictability. This has implied for UNICEF that, while the broad contours of social planning is feasible, specific strategies have had to be of a shorter term and adaptable to local situational contexts.

Finally, is the dominance of Somali social structures, which are both complex and changing, in the absence of strong state structures. While on the one hand this has meant an active and responsive civil society, it has also implied that exclusive rights based programming at the state level, in the absence of a state structure, has limited possibilities in the context of Somalia in the short term. The absence of laws and the institution of judiciary, the limited duty bearing capacity of the state for social policy making and the fluidity in social systems caused by different trends, limits the potential of a rights approach to only the family level. This in turn has implied that UNICEF cannot approach its programmes through a pre-structured framework but adapt and sequence its strategies, keeping in view ground realities.

The above four contextual realities need to be kept in mind while reviewing UNICEF Somalia's strategies and activities, as they have constantly informed and guided the strategic choices made by the organisation.

3.2.   UNICEF Global Priorities: the Mid-Term Strategic Plan 2002-2005

UNICEF has prepared a global Mid-Term Strategic Plan (MTSP) for 2002-2005 which has been supported by an Executive Directive date 22nd March 2002. The Executive Directive has important implications for UNICEF programming.   Although countries, such as Somalia, defined as 'emergencies', have greater flexibility in programming according to the contextual realities, the MTSP lays out certain universal priority themes and their rationale which are equally valid and applicable in all contexts.

While the current Master Plan of Operations (MPO) 2001-2003 predates the MTSP Executive Directive, many of the goals and strategies of the MTSP have already been incorporated in the current programme of operations. However in as much as the MTSP 2002-2005 will guide the preparation process of the next programming cycle, the current programming in Somalia my be reviewed and recommendations made for the future, keeping in view the MTSP 2002-2005. With this perspective, a very brief summary of the MTSP is given below.

The vision outlined in the MTSP states that UNICEF is committed to "promote the rights of women and children and support their full participation in the political, social and economic development of their communities".   The MTSP 2002-2005 establishes five organisational priorities through clearly defined objectives and evaluation indicators.   The five organisation priorities of UNICEF are:

- ♦ Girls' Education
- ♦ Integrated Early Childhood Development (ECD)
- ♦ Immunisation Plus
- ♦ HIV/AIDS
- ♦ Child Protection

The MTSP goes on to draw out the programme implications of these five priorities through a matrix that draws out the interlinkages between the five different priorities. Additionally UNICEF has adopted the following guiding principles based on the concept of the life cycle

- ♦ A good start to life: nurture, care and a safe environment that enables children to survive, by physically health, mentally alert, emotionally secure, socially competent and able to learn;

- ♦ Assurance that all children have access to and complete a good quality basic education; and,

- ♦ Adolescents have the opportunity to develop fully their individual capacities in safe and enabling environments that empower them to participate in, and contribute to, their societies.

The MTSP goes on to link the life cycle rights to the five organisational priorities as shown in Table 3.1 below. Some of the programme possibilities and the areas in which UNICEF Somalia has made substantial progress is shown in Figure 2 below, within the programming framework provided by the MTSP 2002-2005. While the initial processes of programme development for Integrated Early Childhood Development and Child Protection has been initiated for the next country programme; Girls' Education, Immunisation Plus and HIV/AIDS programmes are already ongoing in the current county programme.

Table 3.1: Links between the life cycle and the five organisational priorities of UNICEF's MTSP

	A Good Start to Life	Basic Education	Adolescent Development and Participation
Girls' Education	♦ School readiness (social, emotional, intellectual, nutritional, health) ♦ Educated mothers ♦ Early gender socialisation	♦ Focus on access to and completion of quality education; child friendly, gender-sensitive schools	♦ A quality basic education as the foundation of adolescent development and participation ♦ Many adolescents are in primary school
Integrated ECD	♦ Integrated ECD policies, services and practices, including early gender-sensitive socialisation, are the foundation for a good start to life	♦ School readiness (social, emotional, intellectual, nutritional, health)	♦ Integrated ECD policies, services and practices are the foundation for development and participation in later years ♦ Many adolescents, especially females, are "forced" or "non-voluntary" parents or caregivers to younger children
Immunisation "Plus"	♦ Protection from vaccine-preventable diseases and micronutrient deficiencies, with life long benefits	♦ Prevention of disabilities via immunisation and micronutrient supplementation improves learning chances ♦ Health-promoting schools	♦ Prevention of disabilities via immunisation and micronutrient supplementation improves chances for development and participation ♦ MNT immunisation for adolescent girls
HIV/AIDS	♦ Prevention of parent-to-child transmission of HIV	♦ Education for HIV prevention and coping ♦ Impact of HIV/AIDS on education systems, participation and learning	♦ Focus on 10 to 19 year olds in HIV prevention ♦ Focus on development of life skills generally ♦ Interventions with male adolescents and boys for prevention through behaviour change
Child Protection	♦ Young children, especially girls, need protection from sexual and domestic violence, and from discrimination in access to services	♦ Protection from discrimination in access to and quality of education ♦ Education that promotes rights; child-friendly, gender-sensitive schools	♦ Protection of adolescents from harmful forms of participation in community life, e.g., in worst forms of child labour, and from discrimination when they try to participate in community life

Figure 2

3.3. Country Goals and Master Plans of Operations (1999-2000 and 2001-2003)

The overarching goal of the 1999-2000 Country Programme was to contribute to the fulfilment of the rights of children and women to survival, development, protection and participation. The Country Programme goals were to:

1. Reduce infant and child morbidity and mortality;
2. Reduce maternal morbidity and mortality;
3. Reduce and prevent malnutrition among children and pregnant women;
4. Increase children's access to quality learning and improve their cognitive and psychosocial development;
5. Prevent the recurrence of widespread humanitarian emergencies through preparedness and rapid response;
6. Ensure the protection and development of disadvantaged children and youth;
7. Reduce gender disparity and promote the advancement of women, and;
8. Promote peace and reconciliation.

The 2001-2003 country programme for UNICEF Somalia aims at "the survival and the holistic development of all children and women of Somalia as full-fledged individuals capable of contributing actively to the development and the welfare of their communities and of the whole Somali society." Given the specific circumstances of Somalia, particular attention is to be focussed on the survival of children under five years of age.

The Country Programme goals for 2001-2003 are to:

1. Reduce mortality and morbidity of infants and children under five years of age;
2. Reduce maternal mortality and morbidity;
3. Increase children's access to and learning from quality basic education leading to holistic development;
4. Support the basic education, development and participation of youth;
5. Promote the welfare and advancement of women;
6. Reduce the prevalence and prevent the spread of HIV/AIDS; and,
7. Support the survival, development, and participation of children in need of special protection measures.

Programme Strategies

In order to work towards the above goals, numerous innovative approaches and strategies were developed for the 1999-2000 and 2001-2003 country programmes. Most of the strategies for the two country programmes are similar, although some new strategies for the latest country programme were added, while some previous strategies were not as emphasised.

One common feature of both country programmes is the emphasis on **flexible and adaptive programming**. In the areas with administrations (North West and North East zones), UNICEF aims to work at the development and strengthening of policy frameworks and social reform. In the zones of crisis (Central and Southern zone), UNICEF concentrates on service delivery either directly or through NGO partners and community based organisations. In all three zones, UNICEF ensures the provision of essential social services and emergency preparedness remains a built-in component of every programme. Moving from a strict sectoral approach to a more holistic

approach in which the 'whole' child is the focus of interventions through **programme integration** is another common strategy of the country programmes. Other common strategies include **increased financial sustainability** of programme interventions through cost-recovery schemes to increase user utility and empowerment, as well as exploring avenues of **public-private mix of service provision** by developing approaches of delivery and management of essential services through the existing private sector. Additionally, **ensuring gender responsiveness and mainstreaming** of programming as well as integrated and systematic **monitoring and evaluation** are also common strategies of the two country programmes.

There are several new strategies that have been incorporated into the 2001-2003 country programme. At all stages of planning, implementation, and monitoring and evaluation, activities of the current country programme are guided by basic **human rights principles**. These include the universality and indivisibility of human rights as well as the principle of participation. Additionally, the best interest of the child, the central role of the family, and respect for the local culture and traditions are forefront in all aspects of UNICEF Somalia programming. Through its daily activities, UNICEF also strives to **promote peace** and tolerance in the communities in which it works. UNICEF follows a strategy that the best approach to crisis management is **emergency preparedness and appropriate response** through the capacity building of authorities and communities to deal with threats and boost the coping mechanisms of people.

Particular focus on improved training and programme communication was outlined for the 2001-2003 programme. UNICEF Somalia looks more at comprehensive **training** strategies that include a better organised schedule of regular training sessions for selected professionals and the establishment of a referral network to provide continuous guidance and support. In terms of **programme communication**, the new strategy entails more realistic targets, more focused campaigns, more participatory methods for designing messages and the concentration around a more limited number of communication channels.

Certain strategies that were identified for the 1999-2000 programme were not emphasised for the 2001-2003 country programme. These strategies include developing a **common strategic framework** for a longer term approach and increasing **Somali participation** and ownership through local capacity building. Other strategies included focussing on **quality assurance**, **partnership with civil society organisations**, and **developing interactive communication strategies**. The previous country programme also emphasised a **child to child approach** to the promotion of child rights.

3.4. Programme Strategies and Interventions

The existing and past implementation of different programmes and projects by UNICEF Somalia has broadly been following the country goals and strategies outlined in the two MPOs. The specific strategies, interventions and achievements in each programme are outlined below. In both MPOs, a fifth "cross-sectoral" programme was outlined. Strategies and interventions for the projects within the Cross-sectoral programme are outlined in section 3.5.

3.4.1 Health

Till the mid 1990s, UNICEF Somalia focussed on both delivery of basic emergency health services and rehabilitation of the health infrastructure. Over the next five years UNICEF Somalia moved from rehabilitation to health service provision and subsequently from direct provision of services to support of other agencies working within Somalia. From 2001 onwards, increasing attention has been given to improving the quality of services through training and standard setting; making the system more sustainable through experimentation with cost sharing strategies and policy formulation; expanding EPI coverage through a more focussed strategy in urban areas; and enhancing direct reach to households through introducing household level kits.

Broadly, the health programme has been following an interlinked set of strategies that has included the following:

- ♦ Combining emergency preparedness and disease control through widespread distribution of a standardised drug kit (that includes drugs for epidemics like malaria and cholera, as well as micro nutrient supplements) to all regions within Somalia.

- ♦ Making the standardised drug kit as part of a wider mother and child health (MCH) package that includes distribution of both supplies, as well as services, for regular immunisation, safe motherhood practices, ORS, micro nutrient supplements, common disease identification and control and, through a health information system, disease surveillance and monitoring system.

- ♦ Focussing on improving the quality of services through extensive training of health workers has been a key strategic intervention throughout the period. Its significance has been crucial given that no formal training institutions exists in Somalia currently for over the last two decades.

- ♦ The above MCH package has been strategically spread through a wide network of multiple partners, including regional government health directorates (in North West zone) and international and local NGOs (in Central and Southern and North East zones), for delivery of health and nutrition services. Health and nutritional services have been integrated in this package.

- ♦ Towards further developing the public health system, the programme has supported the formulation of a set of public health policies that covers rational drug use, guidelines for standardisation of the health sector, and participation of the private sector. Integrated within these policies are epidemic disease control measures and emergency preparedness.

♦ Given the imperfections in the health services delivery system within Somalia, attempts have also been made to reach the household level directly through developing simple preventive kits, such as a clean delivery kit and insecticide treated mosquito nets. These have both become an integral part of the MCH package, as well as standalone, priced (but subsidised), kits, enabling a stronger link between the health system and the user household.

♦ In the strategies for EPI, several changes have been made to enhance reach and coverage. The sub-national measles immunisation campaign was replaced by an acceleration drive focussing on the more accessible urban areas with all antigens plus micro nutrients. This would help in raising overall immunisation coverage both per child and across the total population of children. Similarly the strategy to link the extensively implemented polio National Immunisation Days (NIDs) with Vitamin A supplementation has assisted in enhancing the latter's intake. A campaign methodology has been used, including a strong social mobilisation component, for expanding EPI coverage to counter the fear of immunisation within Somalia.

♦ Towards greater financial sustainability of health services, certain cost sharing strategies (especially for drugs) have been introduced in selected MCHs that both enhance the possibility of continuing health services at the unit level and increase the perceived value of necessary health measures to a population used to paying for health services.

All the above programme strategies have the rationale of standardisation first and then widespread dissemination to maximise reach. The choice of partner implementing agencies however has often had to be dictated by their presence in a particular geographical area, which has implied uneven quality and an increased monitoring burden. The strategies have also attempted to take into account the need to directly reach the household level in a cost effective and sustainable manner given the system imperfections; the need to link programme components together to expand coverage; and the need for sustainable system reforms.

The above set of strategies underlies the various activities and interventions by UNICEF Somalia in the health sector. The specific interventions in the health sector made by UNICEF in Somalia can be categorised into five main areas: health sector reform; strengthening of health services; expanding the programme of immunisation (EPI) and national immunisation days (NIDs) for polio eradication; disease and epidemic control; and reproductive health and safe motherhood. The details of the specific interventions in these five areas are described below.

Health Sector Reform

From 1999 onwards, systematic efforts began to be made by UNICEF Somalia towards building up and expanding a sustainable public health system within Somalia. A Health Sector strategic framework to guide external assistance to the health sector was developed within the SACB with support from UNICEF and other agencies. UNICEF Somalia, through its active participation in the SACB, health sector committee, has played a key role in ensuring that the strategic framework has been used for guiding new interventions and rationalising resource use by donors within Somalia.

In the North East and North West zones, UNICEF Somalia began working closely with local authorities and emerging regional government structures at expanding basic health care facilities and improving their quality and sustainability. This was achieved through the introduction of agreed standards and procedures, more accountable management systems and the participation of

users in the management and financing of services. Costs and responsibility sharing norms were developed between the local authorities and user communities. These changes have been able to bring about improvements in drug availability and increased working hours at the facilities. Cost sharing strategies for selected drugs were also introduced in selected MCH facilities from 1999. Initially this was tested in seven sites in 1999 and have been slowly increased to 23 sites in 2000, and up to 34 sites by 2002, but is still restricted to the North West zone. Funds generated are primarily used for infrastructure maintenance and staff incentive.

Another dimension of the health system reform process has been the formulation and adoption of a national health policy and five year strategy health plan, in the North West zone, which is overseen by a professional health council. Decentralised public health management structures at the regional and district level is one of the key features of this policy. Towards implementing this policy, UNICEF Somalia supported four regional health planning workshops and training programmes for the four regional health boards established.

The regional health board structure was expanded in "Somaliland" to six boards in 2001, thereby covering all the regions in the zone. UNICEF has continued supporting and building the institutional capacity of this nascent management structures. As peace and stability returns to this zone, UNICEF has been identifying and working on supporting key policy areas in the health sector, that includes a national drug policy, a three year investment plan for the public health sector, guidelines for drug donations and support for a draft constitution for the Pharmaceutical Association of "Somaliland".

A similar process of health sector reform was started in the North East zone in 1999. A health policy aimed at the rationalisation of public health services, recovery of cost and the development of a legal framework was adopted together with the local zonal authorities. A process led strategy involving the formation and participation of various committees constituted of representatives from local authorities, professionals, international and other local agencies was adopted to ensure smooth development and implementation of policies formulated. However this sector reform process has been stalled since mid 2001 as a result of political uncertainties surrounding government formation.

An adjunct to the above policy and system reform processes has been the development and adoption of a standardised health information system throughout Somalia. A standard format developed by WHO and all SACB members has been adopted across all the three zones since early 2000. This has enabled the comparison of health related data across zones and regions within Somalia and has become an useful tool for monitoring the health situation by UNICEF and other agencies.

Strengthening the Delivery of Health Services

Towards expanding the coverage of basic health services to the vulnerable population, UNICEF Somalia has adopted a strategy of extended partnerships with a variety of NGOs in all the zones, as well as with the zonal government structures in the North East and North West zones. The MCH 'package' including medical supplies of drugs and equipment, training of health facility personnel and TBAs and specialised kits has been spread widely through an effective system coordinated by UNICEF. By 2001, over 400 health facilities were being reached by the organisation and its partners.

Training has been an integral component of the above approach to service delivery for improving the quality of services. Since as early as 1995, UNICEF has been the major provider of training to the Somali health sector. Short term, in-service, training courses have been provided to all types of health personnel and health workers. Topics covered have included nutrition and family planning, cholera and malaria treatment, identification and control of polio and STDs, safe delivery and antenatal care practices, vaccination skills and management of cold chains, rationale use of drugs and related issues.

The emphasis in the above interventions has been both to expand coverage and ensure a minimum standard of quality in services.

Expanded Programme of Immunisation (EPI)

Given the unpredictable security situation with Somalia, strategies for EPI and NIDs for polio eradication have had to be periodically modified and continuously monitored, to suit prevailing conditions in different regions. A mix of strategies combining short duration campaigns with routine immunisation have been used that has included immunisation through all health facilities, mobile teams, focussing on urban settlements and specific days for accelerated coverage.

One of UNICEF's major contributions has been the establishment of a regular supply of vaccines through a complex supply and logistical network. A strategy of supporting partner agencies with cold chain equipment, supplies, vaccines and related training has proved to be successful in achieving improvements in immunisation rates in a very difficult setting. However strategies for continuously enhancing coverage is proving increasingly difficult given the absence of stable institutional structures and widely dispersed population groups.

National Immunisation Days (NIDs) for polio eradication has been a key feature of UNICEF's intervention throughout this period and on an average four rounds are carried out each year on different days in different regions. Such a phased approach, as compared to a simultaneous one, has been useful in ensuring a focussing of technical capacities in a specific region. The coverage rates achieved in both EPI and NID is shown in Section 2.3.

Disease Control

In emergency situations caused by outbreaks of cholera and malaria, UNICEF Somalia has shown the capacity to mobilise supplies, resources, and staff within 48 hours. UNICEF has maintained appropriately planned stockpiles of needed materials and protocols to combat cholera and malaria outbreaks when they are most prevalent.

Cholera supplies and chlorine for water purification have been made available by UNICEF to all health centres treating cholera patients between 1999 and 2002. Drums of chlorine, oral rehydration salt (ORS), cholera kits and other medical supplies were pre-positioned by UNICEF for use during the cholera season. Cholera task forces were activated in ten locations during the period January to June 2001 to improve case management, raise awareness and ensure water source chlorination. In the past three years, UNICEF has also supported intensive social mobilisation campaigns against cholera and cholera prevention and control training workshops are organised by WHO and UNICEF for health workers on a regular basis.

Since the 1997-1998 floods there has been a large increase of malaria cases. To combat the disease, which is mesoendemic in most rain-fed areas of Somalia, UNICEF Somalia has been distributing Insecticide-Treated Nets (ITNs), malaria kits (with anti-malaria drugs and consumables) and supporting on-going malaria training workshops for different cadres of health workers.

In line with the approach adopted in collaboration with national and international NGOs, Insecticide-Treated Nets are available for sale through ten health units in central and southern Somalia. These nets are treated at local health centres and sold at subsidised rates. To date, approximately 20,000 nets have been sold. The collected revenues are kept at the health centre and managed by a health committee, to enable provision of staff incentives, repairs and maintenance of smaller health facilities. In "Somaliland", the potential for private sector involvement is under review, with the aim of further expanding the access to, and availability of these nets.

Reproductive Health

In 1999, UNICEF Somalia supported the development of a comprehensive set of guidelines based on community studies for planners and programmers to develop viable interventions to reduce maternal and neonatal mortality and morbidity. As a consequence, health policies and strategy frameworks were developed in "Somaliland" and "Puntland" for reduction of maternal mortality and morbidity.

A National Reproductive Health Planning Meeting was held in November 1999 in Hargeisa with health workers, youth/women groups, local NGOs, international organisations, and UN agencies attending the meeting. The adoption of an integrated and holistic approach to reproductive health programme activities was clearly identified as a key to improved impact.

In 2000, two national workshops were conducted to come up with specific interventions for the overall improvement of the reproductive health sector, focussing on safe motherhood. Priority was given to the development of a new curriculum for midwives, intended to have long term impact on service provision. A clean delivery kit (CDK) was designed and samples were pre-tested throughout the three zones. Available at a nominal price, the delivery kits are sold to pregnant women attending antenatal care (ANC) facilities. The kits are intended for use by the person assisting the delivery (either traditional birth attendant or any other person). Kits are now available in all zones.

Interventions since 2001 have taken a two-pronged approach: assistance to home deliveries, and support to obstetric care through health facilities. Priority was given to the development of curriculum for midwives, and subsequent training carried out in conjunction with WHO.

Other support to reproductive health includes the distribution of emergency obstetric equipment to hospitals, support to maternity hospitals (where available), distribution of iron and folic acid tablets, low dose vitamin A, tetanus toxoid immunisation, anaemia screening, intermittent preventive treatment (IPT) against malaria, and referral system for obstetric emergencies. In Hargeisa in the North West zone, this referral system is funded through the revenues from CDKs.

3.4.2   Nutrition

The focus of UNICEF's support in the area of nutrition has been on the reduction of mortality and morbidity among children under five years of age and their mothers, and on seeking sustainable solutions to the problems of malnutrition through improved caring and feeding practices.

In 2000, UNICEF assisted the authorities in "Somaliland" with the formulation and implementation of an inter-sectoral nutrition programme aimed at addressing the underlying causes of malnutrition. The focus was on seeking sustainable solutions to the problems of malnutrition through the strengthening of families' child caring and feeding practices, as opposed to addressing only the symptoms through supplementary and therapeutic feeding.

Nutritional surveillance

Since 2000, close collaboration at all levels between the Food Security Assessment Unit (FSAU) and UNICEF has been in place.   The two agencies fulfill the vice-chair and chair roles, respectively, in the SACB Nutrition Working Group.   Through this improved collaboration, nutritional surveys were better planned and were carried out using the same methodologies.   In addition, clearer linkages were established between the surveillance data and the distribution of food items. Surveys have provided vital information to the international community for improved targeting of general and supplementary food distribution to vulnerable areas, as well as serve as baseline data for future interventions.   A series of nutrition surveys were carried out in 2001 in conjunction with various partners.   In total, three areas each in Central and Southern and North East zones and one area in North West zone were covered.

Supplementary and therapeutic feeding

Malnutrition among children under five years of age is a chronic problem in the central and southern parts of Somalia, notably among internally displaced persons (IDPs) and other disadvantaged groups.   Since 1999, UNICEF Somalia has been providing Supermix and other supplementary food items to affected children through implementing partners.

In 2001, 12 MCHs, two hospitals and two therapeutic feeding centres in the Central and Southern zone acted as implementing partners.   An outreach clinic strategy was put into place in Bakool region in the second half of the year in response to escalating numbers of malnourished children at MCHs in drought affected areas and as an effort to prevent mass population displacement.   Over 32,400 malnourished children were supported with the health and nutrition packages provided through this approach, which was complemented by distribution of family rations by WFP.   Also supplied through the feeding programme are measuring tools (scales, height and length boards), guidelines for dietary supplementation (with related training for MCH staff) and introduction of supplementary programme registers to improve overall programme management.

Micronutrient supplementation

In 1999 and 2000, close to 1.5 million children between the ages of six months and five years were provided vitamin A supplements during sub-National Immunisation Days against Polio, in addition to the distribution through routine EPI activities.   Vitamin A distribution continued in 2001 and approximately 1 million under-five children were reached.

Vitamin A supplementation was included in the end decade MICS, and showed that UNICEF Somalia has made substantial progress in the implementation of this intervention by combining it with NIDs. In the North West zone, the 1996 MICS found that only 4% of children under-five had received Vitamin A supplements in the months prior to the survey. This was increased to 50.5% percent by the end decade MICS. For the North East zone, the coverage was 7% in the 1998 MICS and 35.6% in the end decade MICS. In the Central and Southern zone, (for which there is no baseline), the end decade MICS was 35.1%. For the nomadic population the coverage rates went from 1% to 28.2%. These results are the consequence of UNICEF's decision to 'piggy-back' Vitamin A distribution on the immunisation programme.

In 2000 and 2001, iron and folic acid was provided through basic health units (MCHs) and via traditional birth attendants.

3.4.3 Clean Water Supply and Environmental Sanitation

In a naturally arid country like Somalia, water has a very strong felt need and a priority that UNICEF has been addressing continuously in its programming. In the early nineties all agencies, including UNICEF, were focussing on the immediate emergency response of rehabilitation of the borewells destroyed and poisoned during the civil war. While this strategy was successful in the short run, because of diffused ownership structures, a highly mobile population; and absence of reinvestment in maintenance, sustainability of such water systems became a major issue. Hence by 1999 rehabilitating and building **sustainable** clean water systems became a strategic priority for UNICEF in Somalia. Water being always a priced good in Somalia, cost sharing strategies became both feasible and desirable.

UNICEF has focussed in its water and sanitation programme during the period under review, on direct implementation of sustainable water supply systems through rehabilitation of existing underground water sources and wells by the following intervention strategies.

♦ Developing and directly implementing a series of revenue generation and cost sharing based clean water supply systems, that is privately owned and managed, but monitored by communities/local authorities. This has allowed for both financial and institutional sustainability of all the systems developed and implemented by UNICEF in both urban and rural areas.

♦ Promoting and enabling a private-public (local authority or community) partnership model of management wherever feasible, to ensure both sustainability and monitoring, and promoting such models at the policy level in the North West and North East zones where government structures are emerging.

♦ Focussing on setting quality standards in installation, and contracting out the hardware installation to local private contractors. At the same time, directly enabling appropriate local management structures to maintain and manage these systems. These range from private companies in large urban systems to women's groups in hand pumps.

♦ Wherever feasible, integrating sanitation programmes with water supply systems, such as in school sanitation and urban waste disposal systems.

Based on these strategic priorities, the specific interventions in the WES programme have included the following.

In both the North West and North East zones, UNICEF has been working closely with government water authorities on strategy and policy framework development. This has been in the form of designing water resources management structures, water supply planning, as well as in bringing agencies involved in water together with local authorities to plan and prioritise interventions. The setting up of a water database system on existing and potential water source information was introduced in both the northern zones. UNICEF continues to support capacity building for formulating regulations and policies on all domestic and related water supply sources, enabling administrations to improve the quality of both planning and supervision.

In 1999, eleven water supply systems were successfully completed in central Somalia in villages from which people had migrated due to lack of water. This intervention facilitated the return of IDPs to their home villages, saved precious time spent on fetching water from distant sources, and drastically reduced the cost of one drum of water from US$ 3 to 15 cents. The provision of safe water acted as an entry point and established a strong base for other programmes and agencies to accelerate implementation of activities in the communities concerned. In addition, for the first time, the rehabilitation of bore wells that had been filled with stones and labelled as beyond repair, proved to be possible and successful.

The success of the privately managed Bossaso water system continues to be an example for forward movement in assisting authorities in more efficient and sustainable management of urban water systems. The "Puntland" administration agreed to set up a similar scheme of water system management in both Gardo and Galkayo, where UNICEF is supporting the development of new urban water systems and is encouraging private sector investment. In "Somaliland", where urban water developments are ongoing, authorities have also agreed to introduce this system of management.

In 1999, a total of 92 water supply sources were rehabilitated/constructed, reaching a total number of 133,000 beneficiaries. In 2000, the rehabilitation of 53 borewells and mini water systems in the rural areas were completed, in addition to the rehabilitation of 163 hand-dug wells and fitted with hand-pumps, improving the access and quality of water supply for 148,000 beneficiaries. Although the focus of the programme in 2001 shifted towards support to the management of water systems, support with materials for urban water extensions, and upgrading and extension of rural water systems were afforded equal importance. The rehabilitation of 21 borewells and mini water systems in rural areas was completed, while 128 hand dug wells were rehabilitated and fitted with hand-pumps, improving access and quality of water supply for a total of 104,000 beneficiaries.

Government involvement in managing rural water supplies is limited and individuals and community water committees are operating most of the water systems. UNICEF continues to support management and maintenance training to communities and individuals in all the three zones.

The focus of the water programme in the Central and Southern zone is on the rehabilitation of village and rural water supplies and mini water systems using a cost sharing scheme for rehabilitation activities. In the North East zone the focus is on upgrading and building new water systems for urban centres and major rural towns. In rural areas, upgrading of water system infrastructure was carried out along with management and training in maintenance to enhance sustainability of facilities. Similar activities are undertaken in the North West zone including support to water extensions, upgrading and construction of rural/town water systems.

The programme of **environmental sanitation** interlinks not only with water but also with health, education, and programme communication, in order to promote behaviour change and improve personal hygiene and environmental sanitation. The focus is on strengthening sanitation and hygiene in schools where sanitation tools are provided and latrines are constructed in all zones. Together with the building of sanitation facilities in schools, teachers are trained in hygiene education. At the household level, UNICEF Somalia supported the promotion of separate storage and use of drinking water, and proper hand washing practices. In IDP camps and urban and semi-urban centres, sanitation tools were distributed to assist communities in cleaning up their environment. Training in chlorination of water sources and stored water at community level is also undertaken as part of cholera prevention and control, along with the pre-positioning of chlorine in all areas.

3.4.4   Education

Even before the civil war, the formal education system was not extensive within Somalia, given that a large percentage of the population led a rural based nomadic life. The civil war led to a complete collapse of the school system. Hence UNICEF's education programme in Somalia had to virtually begin from a zero base. Given the near complete collapse of the formal education system, combined with the absence of any kind of standardisation across schools (even in a particular town), there was a great need to establish standardisation among Somali primary schools, in terms of curriculum, materials and methodology. The strategy for programming in education therefore took a longer term perspective than just responding to an emergency situation and focussed on investing resources to ensure the development of high quality 'software' packages (in curriculum, textbooks, and teacher training), as a first step in programme implementation. The sequencing of the strategic set of first developing knowledge based software (curriculum), followed by training for capacity building for human resource development and then only rehabilitation and expansion, has ensured that, even in a context like Somalia, UNICEF Somalia has been able to significantly contribute to setting standards for quality education. The sequence of strategies followed for education programming over the last five years has included the following :

♦ Preparation of a set of 48 textbooks, for Grades 1 to 4 in six subjects in Somali language, through an extensive Somali owned process. Educational personnel from all three zones participated in this process.

♦ Training a pool of 60 local trainers for teachers in both the textbook contents and teacher training methodologies. This enabled a local pool of human resources (for academic support) to be built up within Somalia.

♦ Subsequent training of 6,500 primary school teachers (covering nearly all operational primary schools) in the three zones, along with supervisors in the use of these new textbooks and syllabi.

♦ Selection of a cadre of 84 school supervisors from the educational directorates, local authorities and communities who could provide the non-academic support system for information management, education supplies and textbook distribution, maintenance, and community ownership strategies. Supervisors were trained in education and school system management. This has provided a pool of "managers" for the education system.

- ♦ Creation of guidelines, standards and related manuals for school construction, teacher training and teachers' guidebooks.

- ♦ Establishment and training of community education committees for each school (with mandatory women representation).

- ♦ Design and implementation of a standardised education management information system that provides gender disaggregated data to track trends on a continuing basis.

The above set of programme development components and their implementation together in a logical sequence enabled the re-establishment of a formal primary education system within Somalia.

Using the above comprehensive "software" package for basic education as a basis, several modular software packages have been developed in the area of alternative education for different groups. A software package for non-formal education of adolescents has been developed and is now ready for implementation. Similarly, software packages for satellite community schools for out-of-school children in inaccessible locations is proposed to be established in the future.

With the above strategic set, the specific interventions and activities in the three programme areas of primary formal education, non-formal education and youth based interventions has been the following.

Primary Formal Education

In the past three years, UNICEF Somalia has made significant contribution to the development, and especially the standardisation, of numerous components within the education sector. These achievements become particularly significant when taken in light of the fact that essentially the programme was working to rebuild the sector almost from a blank slate and that only within the last year has adequate funding been secured.

Standardisation has been a particularly difficult process given the lack of a central authority through which to coordinate activities. Throughout the development process of all materials, negotiations have had to take place with multiple authorities in order to ensure that all stakeholders had ownership of the process. Even given the multiplicity of stakeholders involved, all materials and training sessions are standard throughout Somalia today in large part due to UNICEF's supported interventions.

Additionally, in the North East and North West zones, UNICEF has supported authorities in the drafting of gender responsive education policies that are currently being finalised for adoption by local parliaments. Notably, all education materials that have been developed explicitly incorporate positive gender dimensions and all training sessions include a significant component on gender in education.

Throughout the development of materials and training sessions, a concomitant result has been the capacity building of UNICEF staff. Not only have staff been involved in the technical development of material, but staff have built programme development capacities through planning and review processes, as well as attending and participating in many of the training sessions that have been carried out.

The reform process for the new Somali primary school curriculum, syllabus and textbooks has steadily progressed. Curriculum standards and syllabuses for primary grades 1-4 for six subjects have been completed and distributed. Two sets of twenty-four textbooks each were developed for a total of six subjects. A standardised in-service training programme in the methodologies and pedagogical aspects of the new textbooks has been completed in 2002 for approximately 6,500 teachers covering all operational schools, along with the development of teacher's guidebook. The textbook development process was a Somali-owned initiative that yielded substantial results including the development of technical skills for over 150 Somali education specialists. The introduction of the textbooks is expected to lead to an additional increase in school enrolment, retention, participation and learning at the primary level.

Prior to the completion of the textbooks, training continued on the pre-existing modules. In 2000, approximately 1000 teachers were trained on these modules as well as 500 teachers trained in 1999. In addition, approximately 5000 teachers (90%), head teachers, supervisors, key local authorities and NGOs representatives undertook two rounds of in-service training in 2000 in three areas (EMIS tools, school improvement, and local replenishment of education kits). In 1999, UNICEF Somalia supported the process of re-establishment of a multipurpose cadre of 84 school supervisors with training in EMIS, education supplies and school improvement. Supervisors were also trained in community ownership, data management, training and supervision.

In addition to textbook development and teacher training, UNICEF supported a dual strategy of capacity building for both Community Education Committees (CECs) and education authorities as a way to increase the efficiency and sustainability of community-based school management. CECs have been organised and trained at nearly all operational schools. Education authorities at district, regional, and zonal levels have been provided with basic infrastructure and technical support.

A standardised EMIS has been introduced in almost all primary schools across Somalia and has started to provide regular and reliable data. Schools have received the class registers, school registers, and pupil cards, and have initiated their systematic utilisation. The standardised EMIS software has been finalised and key partners have been trained in its use.

In terms of monitoring and evaluation, four primary school surveys have been carried out for the academic years 1997/8, 1998/9, 2000/1, and 2001/2, as well as the EFA report in 2000. As the only reliable source of data currently available in Somalia, data from the surveys is used extensively by all partners for programming purposes. UNICEF has also supported the adaptation, pre-testing and finalisation of Monitoring Learning Achievements (MLA) global tools for Somalia. MLA will contribute to the establishment of a baseline assessment of current learning levels in the country. This will provide a basis for measuring, on a periodic basis, the quality of system reforms.

Almost all schools have received the standardised school improvement manual which, accompanied by training of functionaries, is leading to the gradual improvement of the school environment. Ideas for improvement are locally generated and refined, culturally appropriate, low cost and sustainable mainly utilising local human and material resources. By the end of 2001 over 100 schools had implemented the programme, improving the learning environment and physical quality of these schools.

UNICEF Somalia has also contributed to increased access to education through the support of low cost rehabilitation of primary schools (1999-2002) as well as distribution of school kits. In 2000, 60 small community schools were supported. School kits were distributed in 1999/00 and are currently being distributed for the 2002/3 school year. Kits were not distributed for the 2000/1 and 2001/2 school years due to a review of the quality of materials and procurement processes.

Standardised guidelines for school construction that specifies site selection norms, community contribution norms, and construction standards have also been established for the future.

Primary Alternate Education

For the period under review, the Primary Alternate Education project has suffered from severe shortage of funding. In 2000, a study of learning centres offering a multitude of courses (for example, computer, English, accountancy) was undertaken. These centres are managed by individual entrepreneurs on a fee basis. The study was undertaken to examine the possibility of cooperation with the learning centres to 'add on' primary education through the introduction of the new curriculum to these institutions. In 2001, a study on nomadic populations was completed and will form the basis for adaptation of educational resources for nomadic children.

Youth Education and Development

For the period under review, considerable time and effort has been spent developing an appropriate holistic framework for the youth programme. Until the framework, and the tools to be used for the programme, were developed and tested, the youth programme supported sport and recreation initiatives in order to develop an entry point for the programme.

In 1999, 30 youth groups were established, 15 sport grounds and seven libraries/resource centres were rehabilitated, and sports/recreational material distributed to the youth groups. Several inter regional sports tournaments and millennium peace tournaments and other sporting events such as marathons were organised in all zones generating enthusiasm around issues of team building and peace.

In 2000, over 35 sport grounds were rehabilitated/constructed across Somalia. In addition, sports equipment and training were provided for youth groups, while tournaments, matches and other cultural programmes were organised around the theme of peace. Work on drafting the non-formal education package was initiated in 2000 to be added on to sports and recreation activities and ten resource centres and libraries were established and strengthened to provide opportunities for indoor games, reading and continued learning.

For the establishment of organised youth groups, UNICEF Somalia supported leadership development activities in 2000 for youth groups and intermediate organisations (mainly NGOs). This training helped to support the establishment of 100 community-based youth groups in 2001. Across Somalia, young people participated in tournaments, matches and cultural programmes organised around the themes of peace, prevention of HIV/AIDS and eradication of FGM and 15 sport grounds were rehabilitated and equipped for the youth to use.

In 2001, the drafting of non-formal education modules and programme for out-of-school youth was finalised. The modules include curriculum, syllabus, learner modules and teachers' guides for numeracy, literacy, science, social studies and life skills. The package will offer learning opportunities for semiliterate and illiterate out-of-school youth with learning levels equivalent to formal primary education and (with adaptation) will also be used for functional adult literacy programmes. Trainers' training for Non-Formal Education (NFE) and Leadership and Organisational Development (LOD) modules for youth are now underway.

3.5. Cross-Sectoral Projects: Strategies and Interventions

For both the MPO in 1999-2000 and the MPO for 2001-2003, a Cross-sectoral programme was designed to give programming space for inter-sectoral functions. As the MPO between the two years has changed slightly, the following section is organised similarly to the current MPO. In addition, although the current country programme includes Children in Need of Special Protection Measures as a cross-sectoral project, due to funding constraints few activities have been implemented, and thus the project has not been included in this section.

3.5.1 Communication for Community Participation, Advocacy and External Relations

Given the nature of communication activities, comprehensive coordination with other sectors and offices is crucial. The parameters of the communication project's collaboration with sectoral programmes were set out in a *Strategic Framework for Communication Support* to the country programme over the 2001-2003 period. In this framework the three components of the project: community participation (social mobilisation and programme communication), advocacy, and external relations are defined. The strategic framework sets out to provide an integrated service to the country programme as a whole, on a three year time frame.

Prior to setting the communication plan for the 2002 programme, there was a review of the role of the project and the mix of key competencies and choice of media to be used to address the objectives within the country programme. At that time it was agreed that the setting of five priority issues would clarify the specifics of the communication project's cross-cutting and cross-sectoral support service.

For the 2001-2003 country programme, overall the priority areas delineated are hygiene promotion; cholera control and prevention; HIV/AIDS awareness; malaria and the use of insecticide treated mosquito nets; and immunisation and provision of vitamin A. Subsequently, the appropriate tools and instruments for each priority area were identified.

Limited professional and technical capacity of local authorities, partners, and media personnel has to be taken into consideration as a primary factor in deciding strategy and tactics, including taking cognisance of the limited English language skills of partners - which hinders UNICEF training as well as their access to UNICEF English language resources. Local print outlets are increasing but generally, the print industry is currently only functional in the North West zone.

Utilising radio is however, the strategy of choice for reaching audiences to communicate programme objectives and disseminate health messages with a view to achieving behaviour modification or change. Strong partnership with the BBC Somali Service, and all functional local radio stations has been maintained throughout, through the continued use of the stations for broadcasting public service announcements within community mobilisation campaigns. These relationships are particularly useful during the implementation of the polio eradication and cholera control and prevention campaigns, while topics covered also now include EPI. These interventions are backed by IEC materials (flyers and posters) promoting prevention messages.

Additionally, personnel from selected radio stations are involved in the development of IEC materials, and in training initiatives. Through this technical training, the skills development of local journalists is being enhanced as part of an overall strategy of local capacity building.

Training a youth cadre to work with the media and utilise opportunities to make their voices heard is a development currently under way, leading towards a series of youth-produced radio programmes that will be aired in the lead-up to the International Children's Day of Broadcasting in December. It follows a media initiative to capture youth testimony whereby children and youth were interviewed on their responses to the Global Movement for Children issues during 2001. In the 2002 programme the process has moved focus so that children and youth themselves have access to the airwaves, and determine the tone and nature of the programming.

Community Participation - Social Mobilisation and Programme Communication

There is an absence of specialised field-level communication partners for UNICEF to work with in Somalia. Few partners have communication or dissemination capacity, affecting the ability to deliver and utilise IEC materials and tools. Amongst partner agencies within the UN system there is a general recognition of UNICEF as the lead agency for communication and social mobilisation and UNICEF has taken a lead in coordination and information sharing. UNICEF has also provided the lead in IEC development, and has been the largest supplier of materials. UNICEF consults with partner agencies through the SACB when IEC materials are in preparation, and has carefully integrated with more knowledgeable existing actors when entering new areas (for example, mines awareness).

In the 2001-2003 programme a more participatory and comprehensive approach to material development has been adopted to ensure higher quality and greater social acceptance of materials. Activities include producing IEC material packages for community mobilisation and family empowerment on the priorities established for cross-sectoral issues. IEC materials have been produced and made available on these issues to country wide standards, with the opportunity for zonal-specific adaptation of materials to be undertaken. Regarding the use of materials, there have been clear strategies developed on how materials are to be used and zonal staff have been trained on material use and dissemination. Currently, one strategy being tried to expand outreach and more effectively reach women is interpersonal communication, such as the house-to-house strategy for cholera prevention, through promotion of improved water use.

Through the communication channel study, UNICEF knows that verbal communication is the best mode of communication for Somalia, and knowledge of audience segmentation allows for the most appropriate channels to be used for the various target audiences.

Social mobilisation activities have been coordinated with local partners, for example the annual occasion of the Day of the African Child. In certain instances such as NIDs, and in emergency interventions, an informal system within the community already exists and with limited technical inputs from UNICEF these networks are able to carry out social mobilisation activities. Through working with community groups in a concerted way to adapt UNICEF global themes, it has been possible to help focus and 'steer' community groups to explore issues. For such social mobilisation, around campaigns for "Days", the base has been established with active partners (women's groups, youth groups, Sheikhs) at the community level for future work.

During 1999, drama and music performances, public rallies, and meetings with community leaders were held in regional capitals with the objective of community sensitisation. Public service announcements on local radio and the two international, BBC Somali Service and Radio Voice of Peace, were also broadcast. Information, education, and communication (IEC) materials such as posters, pamphlets, and brochures were used to sensitise groups such as school children, religious and community development groups.

In 1999 zonal IEC committees with membership drawn from national and international organisations and local community groups, oriented to plan and execute community mobilisation and education activities, were formed to address the needs of local participation and capacity building. An intersectoral communication working group at the national level was maintained and its operations monitored through monthly meetings. Through this collaboration, there was improved sharing of available resources and easier harmonisation of messages. To follow this, training in communication techniques and attendance at international experience exchanges for media practitioners was facilitated in 2000 and continued in 2001.

In recognition of the strong oral traditions of Somali society, crucial linkages with local folk media groups were established in 1999, contributing to the promotion of interpersonal communication and use of folk media in community mobilisation and education. A data bank on existing local folk media groups, artists and movie parlours was also established in 1999.

In 2000, a qualitative study was carried out of communication channels in Somalia, assessing urban, rural, and nomadic population groups, of mixed sex and age. Information obtained from the research reinforced the perception of Somalia as an oral society, with its people more receptive to oral and other traditional interpersonal channels than to print forms of communication.

There are currently nine radio stations with which UNICEF works; the number of stations increasing across the country all the time, with an especially rapid increase in the number of stations in Mogadishu. In 2000, continued technical assistance to community radio led to enhanced capacity in information-giving – through the development of editorial programme content - on child-related concerns for media partners. In order to increase radio broadcasting of messages for behaviour change, while also providing a thorough orientation to development news, a specially designed training was undertaken in 2001.   The training was carried out by the Thomson Foundation, a UK based institute, through a residential programme in Hargeisa for 12 Somali trainees from local and community radio stations.

Developing community partner relationships and utilising their willingness to work with UNICEF and receive social mobilisation training are opportunities being built on. Women's and youth groups have been mobilised to work with other sections of the community in support of activities. Drama and puppetry groups, predominantly made up of youth, are also key actors for community mobilisation, notably for EPI and cholera. Religious leaders, such as Sheikhs and Imams, have also been orientated so that they provide leadership for mobilisation as well as add a religious dimension to community education on health matters.

Some local partners have recognised the role of IEC in service delivery and have appointed staff to be focal points for IEC, such as the two IEC officers within the Ministry of Social Affairs in the North East Zone. There are positive possibilities of institutional sustainability presented through the Social Mobilisation and Advocacy Office in the Ministry of Information (North West Zone) recently set up. Such partnership-building, training and capacity-building activities are being based on structures that are emerging from communities, and skills and knowledge that have been gained through previous UNICEF supported training.

Advocacy

Advocacy is a continuing component within communication activities nationally and zonally and this has entailed maintaining consistent contact with donors and all partners on child rights issues, utilising events, "Days" and launches of relevant publications, as appropriate. Advocacy based activities include increasing information exchange on human rights at all levels through fostering closer IEC collaboration with partners and collaborators, in addition to increasing documentation of human rights in relation to the status of children and women.

In terms of community relations, UNICEF has been working with a few already established (and strong) community groups to help support and 'steer' their activities and initiatives. A strong relationship with these community groups is leading to demand for new materials to support IEC initiatives. Women have been involved in pre-testing of materials, and issues identified by women's groups are focussed on in the development of these. Opportunities for further cooperation can be optimised through the increasing awareness and interest in communication and advocacy amongst partners (although these groups are often financially constrained), the increasing willingness of communities to be reported on, and the relatively easy accessibility of many donors and institutions based in Nairobi. In addition, there is increasing interest in other agencies to get involved in advocacy issues, focussing around human rights concepts. As a leader in advocacy UNICEF's role is to actively reach out to bring the various parties together, in order to guide the human rights dialogue.

External Relations

In terms of media relations, continued proactive contact has sustained interest and coverage on the situation of women and children in Somalia. International media relations have been maintained through facilitating field visits. In terms of materials, the production of materials in light of women's and children's perspectives is ongoing and UNICEF is seen as the authority on child related data in relation to emergencies.

With local media, awareness-creation has been undertaken through consistent sensitisation of journalists on the need to be more pro-active in including social (and more specifically children and women's) issues in their programming. To the extent possible, training sessions include women, although this is quite difficult given the severe limitation of the number of women in media professions. Increased awareness of gender concerns amongst journalists is indirectly being achieved through setting by example 'gender specific' products, such as documents and school textbooks.

3.5.2 HIV/AIDS and Female Genital Mutilation

HIV/AIDS prevention

It is estimated that Somalia has an HIV/AIDS prevalence rate of less than one percent. However given the return of refugees back to Somalia from neighbouring countries with high prevalence rates, the high prevalence of STDs within Somalia, and the volatile nature of the pandemic, UNICEF has initiated an HIV/AIDS awareness project. Given the low awareness level on HIV/AIDS in Somalia, the project has focussed its strategy on raising the awareness levels of different groups on the issue of HIV/AIDS.

Since late 1998, UNICEF initiated HIV/AIDS programme planning with zonal authorities in Somalia. With UNICEF support, "Somaliland" and "Puntland" have recently formulated and adopted national health policies including STD and HIV/AIDS prevention and control as top priorities.

In 1999, a Knowledge, Attitude, Behaviour, and Practice (KABP) study and zero prevalence study was carried out in "Somaliland" in addition to awareness seminars. Following the national seminars, awareness building and sensitisation sessions were conducted for different sectors of the community, including religious leaders, elders, women and youth groups, and secondary school pupils and teachers. The main objective of these sessions was to provide these groups with proper information and factual data about STDs and HIV/AIDS in order to allow them to raise awareness in their communities.

In 2000, UNICEF gave priority to control of STDs as an entry point to the control of HIV/AIDS. Training in syndromic management of STDs was organised for 110 doctors and senior midwives for the three zones, of which 28 were also trained as trainers. This series of training was conducted in collaboration with the Department of Microbiology, University of Nairobi. In collaboration with WHO, UNFPA and the SACB HIV/AIDS working group, 12 pilot sentinel sites were identified throughout Somalia and kits and drugs were provided to these sites by WHO and UNICEF. In 2001, an additional 342 doctors and midwives were trained and another 28 were trained as trainers in Nairobi. Also in 2001, an information package was developed and translated in Somali to complement ongoing training programmes. In collaboration with the Kenya Association for Professional Counsellors (KAPC), training in counselling skills was carried out for health workers at the sentinel sites. A total of 50 health and community social workers participated in the intensive course, and 15 workers were further supported in undertaking a trainer's course. Zonal coordination bodies have been established to oversee further training and follow up activities.

Awareness building activities were conducted in almost all regions of Somalia in 2000. In addition, given the absence of a central government and the resultant exclusion from global and regional HIV/AIDS initiatives, mainstreaming Somalia into the UNAIDS Country Theme Group and Technical HIV/AIDS Working Group was a priority. UNICEF also facilitated representatives from "Puntland" to participate at the Durban AIDS 2000 International Conference and a study tour of nine national staff to Uganda. In addition, a situation and response analysis study was conducted throughout the country, providing the data required to develop strategies and policies for the control of HIV/AIDS.

In 2001, baseline surveys were conducted to build on the situation and response study as well as work began on drafting of policy frameworks for interventions in control and prevention of HIV/AIDS. Also in 2001, a youth and HIV/AIDS seminar was conducted with local authorities in the North West zone. Participants discussed the role of youth in Somali society – both as agents of change and as the most vulnerable groups. Awareness building and sensitisation sessions continued for the different sectors of the community which made use of newly developed and tested information, education, and communication (IEC) materials.

Eradication of Female Genital Mutilation

Female genital mutilation is widely prevalent within Somalia and focussing on this issue as a separate project by UNICEF Somalia shows the critical importance given to the realisation of women's rights by the country programme. However FGM is a complex social issue, interlinked

with religion in Somalia, and a creative set of strategies and activities, sensitive to the local context, has had to be adopted by UNICEF Somalia to intervene around this issue.

Since 1996, UNICEF Somalia has been supporting a series of awareness raising seminars on female genital mutilation (FGM) attended by women's groups, politicians, religious leaders, health professionals, opinion leaders and the general public. The local authorities in the North West zone have established an inter-sectoral committee at the national level and several regional committees to develop policies to eradicate FGM. In late 1999, the local authorities in the North East zone unanimously approved legislation for the total eradication of FGM in "Puntland".

In 1999, UNICEF Somalia supported a KAP study and organisation of a National FGM Eradication Consultative Meeting in the North West zone to develop a plan of action for the total eradication of FGM.

In 2000, further workshops were conducted. In addition, UNICEF Somalia organised a one week study tour on FGM, Islam and reproductive health for nine Sheikhs from the three zones to the International Centre for Islamic Studies, Al Azhar University in Cairo, Egypt. As follow-up, a consultant scholar in Islamic Studies and gynaecologist came from Al Azhar University to the three zones in Somalia, during which consultative meetings were conducted with elders, sheikhs, women's groups, leaders, health workers, programmers, and educators. In 2000 another national consultative seminar was organised which resulted in one of the six regions declaring total eradication of FGM as its goal.

In 2001 in collaboration with the Al Azhar University in Egypt and local authorities, a training of trainers was conducted for participants from different regional FGM working groups in Somalia. The FGM working groups are operational in all three zones, and comprise members from a cross-sector of society, including women's groups, elders and sheikhs, youth, health and community workers, and teachers. The working groups raise awareness at regional, district and village level, reaching out to share experiences, exchange best practices and mobilise families and communities on the total eradication of FGM.

Earlier workshops with community groups had reinforced the knowledge that FGM was not a requirement of Islam. In order to strengthen this argument, UNICEF Somalia facilitated a first consultative meeting for religious leaders and elders to deliberate on the linkages between FGM, Islam and the Somali cultural context. The meeting enabled a highly influential group within the social structure to come together for open and frank discussion on the issue.

Religious leaders and elders generally agreed that social norms, such as purification rites, discouragement of pre and extra-marital sexual activities and the fear that uncircumcised women will remain unmarried, have a more direct effect on the extent and practice of FGM than the religious decrees of Islam. As a follow-up to the consultations, participants recommended a national seminar be held under the guidance of an Imam from Medina and other selected religious scholars, to enable national consensus on declaring total eradication.

Simultaneously, two different curricula are being developed, one for the Koranic schools and another for other schools. Work on the non-formal modules has been completed and will be integrated into the programmes of school and communities. To complement the curricula, detailed materials are being developed, one on verses on the Koran is support for the argument for total eradication of FGM, and another on all the medical complications which result from its practice.

3.5.3 Advancement and Welfare of Women

Equal rights to women, as enshrined in the CEDAW, is a basic crosscutting value in all UNICEF Somalia's programme strategies. However in a patriarchal society, as in Somalia, and given the absence of government and legal structures, UNICEF has had to sensitively introduce issues related to gender in its programmes. In addition to taking certain independent initiatives, UNICEF Somalia has been systematically supporting the integration of gender perspectives in all its sectoral programmes. Some of the specific interventions made by UNICEF around the realisation of the rights of women have included the following.

In 1998, UNIFEM and UNICEF launched the Joint Project on Promoting Women's participation in Civil Governance. Based on an assessment conducted in 1998, efforts were undertaken by the Joint Project to bring women's organisations and national authorities together to define a common approach and advocacy strategy. At the national level, a Somali version of the CEDAW kit and a simplified version of CEDAW was drafted and is currently being field tested. In the framework of Beijing + 5, the Joint Project coordinated the compilation of the Somali Women Progress Report, "*Women at the Crossroads*". Several workshops were organised through local Somali women's NGOs to review the status of women.   The Joint Project facilitated the participation of a delegation of ten Somali women to the Sixth Regional African Conference on Women in Addis Ababa with the support of UNIFEM, UNDP, UNHCR, and WFP.

In the North West zone, the consultative meeting on women in decision making was held in Hargeisa in April 1999. Various actors worked together to develop an Action Plan with a view to promoting women in decision-making, highlighting activities by key women's organisations. In the North East zone, given the very few women in decision making at the parliamentary level, the Joint Project strategically opted to work in collaboration with women parliamentarians. A consultative meeting on women in decision-making was conducted, followed by a series of training workshops. The workshops and meeting were followed by an outreach campaign by women parliamentarians for Nugal, Mudug, and Bari regions. In the Central-South zone, a women's empowerment workshop was organised in Jowhar in June 1999. Representatives from women's groups from the ten regions were trained in the areas of human rights, women's rights, child rights, governance, small scale enterprise development, organisational development, counselling and psychological assistance. Participants established a 'cooperative network' to enable women from the zone to strengthen their economic security and to network around common issues.

In October 2000, UNICEF supported an institutional development training workshop for women representatives from all ten districts of the Central-South zone. At the workshop, participants defined a common vision, committed to establishing women development committees at village, district, and regional levels, and developed a plan of action for the short and medium term.

A two-day gender analysis and planning orientation workshop was organised for 42 UNICEF staff in September 2000. The objective of the workshop was to build the capacity of staff members for improved gender oriented planning and greater equity in Somalia. In 2001, gender task forces in all UNICEF zonal offices were established. The task forces have contributed to increased gender orientation of programmes in all sectors.

In the North East zone the gender task force initiated a pilot literacy project in Asker camp, one of the main IDP camps in Bossaso. The pilot project will support 100 women and young girls in the camp through education by providing them with opportunities for basic literacy and life skills. The project, which is implemented by a non-governmental women's network, builds on traditional practices and uses non-formal education developed by the UNICEF education programme. In the

North West zone the gender task force organised consultations with the main women's NGO umbrella organisation, leading to the identification of key areas of programming in which women can play a significant role.

The above initial initiatives, combined with integrating gender issues in UNICEF's sectoral programmes, especially education, has laid the foundation for future programming and created an environment within Somalia for realisation of the rights of women in Somali society.

3.5.4   Planning, Monitoring and Evaluation

The planning, monitoring and evaluation function within UNICEF's programming in Somalia has been given due importance and a separate section within the country office structure has been created to further strengthen this function. This section has been instrumental in both carrying out a large number of studies that analyse the situation within Somalia, as well as contributing to integrating the planning and monitoring function within different programmes. The specific roles and tasks achieved by UNICEF within this function are described below.

In 1999, a framework for the assessment, analysis and evaluation of programme and project impact indicators was developed in light of the Convention on the Rights of the Child. The studies and surveys conducted or finalised during 1999 included: KABP on HIV/AIDS in the North West zone, MICS 2000, finalisation of KAP in the North West zone, EFA 2000, finalisation of the primary school survey (1998), Children in Need of Special Protection Measures Assessment, and a survey of water sources in the three zones.

In 2000, in order to increase in-house understanding of the role of monitoring and evaluation and how it fits into the planning cycle, a monitoring and evaluation workshop was carried out in the three zonal offices. In collaboration with the education and health and nutrition programmes, the zonal Education Management Information System and the Health Information System were introduced. Since then, the regular updating of the Integrated Monitoring and Evaluation Plan (IMEP) has continued to represent an important aspect of the linkage between the M&E unit and ongoing planning processes. Studies or surveys that were undertaken or finalised during 2000 included the Communication Channels study, finalisation of the MICS 2000, Learning Centres Assessment, and finalisation of CNSP assessment. In addition, there was a Land Mines and UXO assessment and study, eight nutritional surveys, EPI coverage survey for the Central-South zone, malaria study in the Central-South zone, and an HIV/AIDS situation analysis in the North East and Central-South zones.

In 2001, regular updating of the IMEP continued. Quarterly, mid-year and annual reviews were held at zonal and national levels, contributing to a systematic analysis of achievements and constraints, as well as future planning. Enhanced human resource capacity at zonal levels positively contributed to the ability of the programme team to respond to evolving situations, carrying out rapid assessments and providing timely support to emergencies during the year. Studies or surveys that were undertaken or finalised during 2001 included a primary school survey, baseline study on classroom practices, evaluation of the health and nutrition programme, a study on nomadic groups, and participation in a study on juvenile justice in post-conflict situations.

3.5.5 Crisis Preparedness and Emergency Response

UNICEF continues to be the major emergency response agency in Somalia. Engagement by the international community in 1992 was initially prompted by a humanitarian crisis – a food entitlement crisis brought on by insecurity and drought. Since that time Somalia has lurched from crisis to crisis and ten years later many still consider much of Somalia to be in a state of ongoing chronic emergency, brought about by insecurity. The apex of the international community's emergency response in Somalia in recent years was the 1997 "Somalia Inter-Agency Flood Response Operation". Since 1997, emergency interventions have been more localised in nature.

Both the 1999-2000 and 2001-2003 MPOs contain sections relating to emergencies. In the former MPO "Emergency Preparedness and Response" is a separate programme providing support to all sectoral programmes. In the current MPO, the cross-sectoral support role has become more explicit and the programme has become "Crisis Preparedness and Emergency Response", a project of the Cross-Sectoral Programme.

Objectives for the Emergency Preparedness and Rapid Response project for the 1999-2000 MPO were to:

♦ Increase preparedness for disasters in Somalia, reducing the costs of response when a disaster strikes;
♦ Facilitate timely, effective and well-coordinated responses to humanitarian crises;
♦ Ensure that non-emergency interventions are not disrupted during crises situation.

These elements were further reflected in the programme strategy, which was three pronged:

♦ Prevention: through UNICEF Somalia's health, nutrition, and WES sectoral project activities, such as immunisation, chlorination and hygiene education.
♦ Preparedness: information collection and monitoring, stockpiling non-food emergency commodities and enhancing local response capacity and coordination mechanisms.
♦ Rapid response: through UNICEF Somalia's field presence, the SACB and United Nations Coordination Unit.

The approach has since been further decentralised and it is intended to promote the involvement of Somali communities.

Hence for the 2001-2003 MPO the overall programme objective has been to develop local capacity for adequate and timely response to possible emergencies (cholera, malaria, measles outbreaks, drought, floods, food shortage) based on past experience.

The strategies include training of local partners; facilitation and coordination through logistical support; facilitation of procurement and distribution of emergency commodities; and assisting in fund raising. Throughout the period under review UNICEF has retained its capacity to respond to emergencies directly through partners or as part of a major coordinated emergency operation.

Since 1999, several specific activities have been implemented around emergency preparedness. These include basic training in emergency assessment and response, with an emphasis on nutrition and health, which was given to national officers and support staff from all sub-offices in the Central and Southern zone. UNICEF staff also have good local knowledge and contacts which

enable rapid response to emergencies and are able to overcome (or at least minimise) bureaucratic or clan interference. UNICEF has also established a good supply network within Somalia.

UNICEF has pre-positioned stocks in Somalia. These include emergency kits, blankets, shelter material, chlorine, cholera kits, resettlement kits, BP5 biscuits and unimix/supermix stock, positioned in various quantities in Hargeisa, Bossaso, Jamaame, Jowhar, Baidoa, Mogadishu and Kismayu.   UNICEF has good knowledge of transporters, especially those able to access areas otherwise inaccessible to other agencies.   Health and nutritional surveillance is an ongoing monitoring and evaluation based activity in Somalia that has been instrumental in regularly collecting data. Surveys have been jointly implemented with partners, and with local authorities. UNICEF's Health and Nutrition teams contribute to the Health Management Information System in close collaboration with partners and under the overall coordination of WHO. Early warning and surveillance information is available from a range of surveillance activities carried out be the collective efforts of the UN Food Security Assessment Unit (FAO), FEWS, WFP, WHO, key partner NGOs, and UNICEF. Furthermore, zonal offices send daily sitreps through to the country office, allowing for specific situations to be monitored and where necessary, immediate response to be triggered.

UNICEF Somalia's zonal RPOs have the mandate to make initial emergency interventions in the field. This has allows for making quick, localised, appropriate responses utilising pre-positioned stocks. However, unlike other cross-sectoral projects the Emergency project does not have field-based zonal focal points.

UNICEF Somalia also regularly participates as a proactive agency on SACB sectoral committees, regularly liaises with donors such as USAID, European Union and its humanitarian body, ECHO, as well as participates in coordination and review meetings relating to specific emergency issues. In coordination with colleagues and partners from the SACB Health Sector Committee, intervention strategies include pre-positioning of cholera kits and chlorine; assisting local partners in the chlorination of water sources such as wells through the development of chlorination plans; establishing supervision and monitoring modalities; and planning and establishing the modalities of cholera treatment centres.

During the cholera outbreaks in 2001 and 2002, UNICEF Somalia and partners implemented mobile cholera response teams and task forces in the Central and Southern zone. Other emergency interventions have included: ongoing nutritional support through therapeutic and supplementary feeding programmes implemented by international NGO partners in Gedo and Bakool Regions; localised flood assistance; and the distribution of shelter materials and resettlement kits, as exemplified recently in Bossaso when part of one of the IDP camps burned down in September 2002. In this case, a health, nutrition, and WES team made an immediate joint needs assessment before coordinating a response. Generally it is these three programmes, with the facilitation and support of the emergencies project, which coordinate most closely in emergency response activities.

3.6.   Strategic Lessons from Programme Interventions of UNICEF Somalia

The complex, and often unpredictable, nature of the Somali environment has not only meant that UNICEF Somalia has had to keep programme implementation strategies flexible, but also certain strategic choices have had to be made along the way as UNICEF has developed and implemented its country programmes. Some of the specific, but significant, lessons learned in the process of planning and implementation of programmes by UNICEF in Somalia has included the following:

♦   In the absence of a viable social infrastructure, programme development has had to give priority to what is sustainable in the implementation phase of a programme. The clean water supply programme's focus on sustainable maintenance of water systems is an example of this strategy.

♦   In the absence of a government structure, that provides a viable service delivery system and staffing structure, programme development has had to virtually create an alternative system from scratch. The primary formal education programme of UNICEF investing in a supervisory, academic support and teacher training system building, before implementation of an expanded primary school system is an example of this strategy.

♦   In the absence of a social service delivery system that is uniform and widespread, programme development by UNICEF has had to consider alternatives on how to reach the household level directly through innovative usable kits distributed through multiple channels. Some of the components of the health programme is an example of this strategy.

♦   In the context of chronic and repeated emergencies over several years, the need to make emergency responsiveness an integral part of all programme components and strategies has had to be considered by UNICEF.   The weaving in of emergency measures for epidemic control in the MCH package is an example of this strategy.

♦   In the absence of a state structure, the focus of all programme development and implementation has had to retain a strong community and family orientation. This includes both programmes components involving service delivery as well as social mobilisation. Both the strategies adopted in the WES programme and EPI project are examples.

♦   Given the high costs and complex logistics of implementing any programme widely over Somalia, strategic choices have had to be made as to what strategy can increase coverage, in a cost effective manner. An example is the focus of the EPI programme to maximise coverage in the urban areas first and then move to the rural regions.

♦   UNICEF Somalia's approach has creatively attempted to position its programming within the rights perspective wherever feasible. An example is to make the issue of FGM a women's rights centred programme theme.

♦   In the absence of pre-service training institutions and a low technical base of skilled personnel, investment in creating a pool of trained personnel at the systemic level before programme implementation has been a core strategic choice.   Both the health and education programmes have adopted this strategy.

The above are some examples of the constraints and opportunities that have been creatively used by UNICEF to strategically position its programmes and their components within the Somali context, and form the lessons from the past experience that can be used for refining programme strategies in the future.

4.   EVALUATION FINDINGS

This chapter is a synthesis and distillation of the data and perceptional inputs generated through the sector review exercise, interviews with different stakeholders in Nairobi and the three zones, field visit observations, and dialogue with programme beneficiaries. The evaluation uses as its reference points the analysis of the Somali context, UNICEF's global priorities, and the programme and project objectives detailed in the Master Plans of Operations (MPO) 1999-2000 and 2001-2003.

At the onset, certain clarifications need to be made concerning the different conclusions arrived at in this chapter.

First, evaluations are partially subjective and depend on the viewpoint of the evaluation team. Even though validation for a conclusion has been attempted through cross-checking data from different sources, a certain amount of subjectivity remains.

Second, in the absence of quantifiable, published, and verifiable data in many cases, which is difficult to generate in any emergency situation such as Somalia, reliance had to be placed on perceptions and oral interviews and their interpretation.

Thirdly, in a holistic exercise like a Country Programme Evaluation, a specific conclusion will always have examples to the contrary. The attempt therefore has been not to do an inspection but to bring out issues for future remedial action. Hence it is possible that recommendations are already in place, but actions need further prioritisation and strengthening.

Fourthly, the contexts, and hence the programme implementation methodologies in the three different zones are distinct from each other and although the evaluation findings have tried to synthesise these issues within a common framework, the differences are notable. It is therefore likely that a specific conclusion may not be valid in all the zonal locations.

Finally, it is often difficult to distinguish explicitly whether a specific problem is one of "planning" or "implementation" as often plans have had to be changed with rapid changes in the environment in specific locations. Attempt has been made to distinguish these dimensions, but a particular issue will always have implications for both and needs to be seen as interlinked at some level.

4.1. PROGRAMME IMPLEMENTATION: COVERAGE AND QUALITY

4.1.1 Programme Coverage

Somalia provides a complex and challenging environment to any development agency for programme implementation. Recurring violence leading to closure of specific locations to international staff and stoppage of programme implementation; widely dispersed and often mobile population groups; a particular view of international aid organisations and their programmes by local stakeholders within Somalia; and a sense of unstructuredness and absence of institutions and systems all combine to hinder stable, long term development processes.

In spite of these odds, UNICEF has attempted to support all regions, population groups and work at all levels from policy and system reform to service delivery, through a variety of programmes targeting women and children. Since quantifiable coverage trends of UNICEF supported programmes are not uniformly available for all programmes, it is therefore difficult to make an uniform evaluation of coverage. However, in general it can be said that impact on key indicators has been limited at the country level, in spite of the efforts of UNICEF and other agencies involved in Somalia.

An issue related to objective setting, is that unless all or at least several of the programmes cover the same cohort of children and women, then impact is likely to be limited. For example, even if immunisation coverage is high, if the same children do not have safe drinking water or do not have access to childcare and health services on a continuing basis, then the impact of immunisation by itself will be limited. Given the inter-linked nature of programme impact, coverage is important, but coverage of different programmes to the same population group is equally important in achieving impact. Although, having said this, it is notable to mention that in the case of Somalia, implementing agencies such as UNICEF need to carefully balance the distribution of projects (such as water and education activities) such that one community (clan) does not feel disadvantaged in comparison to another community.

Section 3.3 gives an overview of the various interventions made by UNICEF, which shows the width and breadth of its programming. However, the summary of interventions also reveals an unevenness in both programme scope and coverage between different programme components. Part of this unevenness is due to weaker programme development in certain components (such as software oriented interventions), and part of this unevenness is a function of the time period in which programmes were initiated with UNICEF. Over time, as programmes develop and are implemented, it is likely that this unevenness, which is one of the reasons for limited impact, is reduced. In the emergency-oriented years, UNICEF began with Health, Nutrition and Water Supply programmes and these have now achieved significant coverage. In the 1999-2000 and 2001-2003 programming cycles, UNICEF programme support has "gone to scale" with Primary Formal Education to all operational schools, and has newly introduced several cross-sectoral projects.

Without underestimating the difficulty of achieving impact in a country like Somalia, greater focussing of programmes to specific population groups/settlements within Somalia, and better integration of programme implementation in the same location to the same groups of children and women, could contribute to improved impact of interventions. Planning for increased integration would need to be done in light of a comprehensive risk analysis that takes into consideration clan rivalries. Increased integration does not mean that UNICEF Somalia should shift resources from one community to another. Rather, integration refers to coordinated spatial planning of interventions. For example, if there is a decision to be made as to where a health post could be

expanded into an MCH, to the extent possible, a health post in a community that has had a water or education intervention would be better suited than in a community that is completely new to UNICEF.

By reviewing specific indicators related to children, it is clear that there are certain unacceptable situations that must be changed and need to continue to be given high priority. First, are the infant and under-five child mortality rates of 132 and 224, respectively. Second, is the primary gross enrolment rate of seventeen percent, which has increased slightly since 1999. Continued programme prioritisation towards improving these indicators of child survival and development is necessary. The focus of coverage objectives therefore need to continue to be on consolidating and expanding EPI coverage, integrating child disease control, early childhood development, and primary level education. Water is a critical priority need in the Somali context. However, because of the nature of water projects (longer term, larger), and the uneven impact water has on child survival, unless closely linked to hygiene and clean consumption, impact on child survival is limited by itself and thus further emphasis on hygiene education is necessary.

4.1.2   Access of Vulnerable Groups to Social Services

The analysis of the Somali environment shows rising inequalities in society and emerging unevenness in access and utilisation of services by the poor and more vulnerable groups within the country.   Vulnerable groups include ethnic minorities, internally displaced persons, and inaccessible rural groups, including nomads. Trends also show migration to urban areas of the rural poor in search of employment.

In the peripheral settlements of cities where the poor reside, residents continue to rely on purchasing water at high costs, go to the nearest pharmacy for health care, and often have no school nearby to send their children to. The issue of access to services for the nomad pastoralists is a very complex issue because they are mobile and inaccessible to traditional, static, services. However, many of the poorest are migrating to urban centres for safety and employment. Given this scenario, the question of social targeting of programmes to poorer households is raised.

For the previous and current MPOs, UNICEF has not specifically targeted vulnerable populations, but instead interventions have been focused on the population as a whole given the extremely low quality of life for the vast majority of Somalis. Field visits by the evaluation team confirmed that social targeting is not an explicit policy of UNICEF Somalia. Rather social targeting is implicit by locating many interventions in rural areas (mini water systems and MCHs) where, in general, the level of poverty is often higher than in urban areas.

There is little quantitative data establishing the precise economic divisions amongst the Somali population. Through observation, it appears that income inequalities are rising in Somalia and groups of "vulnerable within the vulnerable" are forming. In light of this, it is necessary for UNICEF Somalia to consider social targeting of programme components to specifically identified vulnerable groups. This however, does not mean for UNICEF Somalia to abandon its primary objective of universal access and utilisation. However, to achieve universal coverage and access, programmes need to go beyond existing structures to cover the entire population, given the fact that the present social infrastructures reach only a limited segment of the population. What is required is that *within* the framework of universal coverage, explicit attention is given to vulnerable groups. Applicability of such a policy would vary across the zones, as for example, in the Central and Southern zone, where the general level of poverty is higher than other zones, and the

implementation context much more difficult, such specific targeting may not be feasible and a continued focus solely on settled villages may remain the best option.

4.1.3   Quality of Services

UNICEF Somalia has given substantial attention to the quality of services in all programmes that have service delivery as a major component. In programmes where UNICEF is directly involved in implementation, such as water supply systems, both quality of equipment installation and maintenance system design, is of high quality. In services related to health and nutrition, through MCHs and health posts, adequate attention has been given to detailed quality standards. In primary education, quality standards have been set for textbooks, curriculum, and teacher and supervisor training.

As UNICEF has moved from direct implementation to indirect implementation through a variety of contracting partnerships, the quality of services has become more uneven, depending on the quality orientation of the partner. Often while the standards have been set, there has been little monitoring of such standards. Therefore, as indirect implementation increases, standard setting, and more importantly, monitoring of standards by UNICEF, need to be further enhanced. However, standard setting should not be confused with rigid, pre-packaged guidelines that are not flexible and adaptable to a variety of conditions. It is possible to design *minimum quality standards* without at the same time developing prescriptive instructions that do not take account of local realities.

In input areas for services such as training and the non-service delivery programme areas requiring social mobilisation, such as hygiene education and breastfeeding promotion, a fairly large number of small contracts have been given out for workshops, awareness raising, and communication campaigns at local levels. The quality of such interventions has been uneven as a result of limited availability of skilled partners and resource persons, as well as an absence of clear quality indicators and follow-up mechanisms. As with service delivery interventions, minimum standards and monitoring mechanisms for "software" areas also need to be developed in order to ensure quality and utility, eventually leading to tangible impact.

4.1.4   Women's Rights and Gender Mainstreaming

While certain programmes like Health currently target women at the welfare of women level (reproductive health, MCH), a beginning has been made by UNICEF to bring forward and further integrate gender dimensions throughout the country programme in Somalia. In the education programme, curriculum, textbooks and the youth module, as well as all training sessions within the primary formal and youth projects include gender related issues. In WES, especially handpump installation, women are an important part in the consultative process, as well as in some cases maintenance mechanisms. Both the WES committees and the Community Education Committees (CEC) have set up norms for female membership. The FGM awareness programme is based on a Somali issue concerning the health rights of women. Further, in all information systems and studies, gender disaggregated data is collected.

However, UNICEF needs to go beyond collecting disaggregated data to fully analysing the data from a gender perspective. For example, the annual primary school surveys document the gender gap between girls' and boys' enrolment rates. But there is a need to further analyse the situation to understand the reasons why girls do not go to school, in order to better inform programming decisions. Comprehensive gender analysis of data has not taken place to date due to limited

internal time and knowledge constraints. Thus internal capacity building on gender analysis is required.

In a patriarchal society like Somalia, gender mainstreaming and women's rights are complex and difficult issues requiring sensitive handling. If real change is to be made and women rights realised in all its dimensions, UNICEF needs to do much more than at present. Although to an extent, mainstreaming is occurring at the country office planning level, practical implementation at the field level is missing, possibly as a result of a lack of comprehensive vision and action plan for mainstreaming. For example, minimum standards have been set for women's membership in WES and CEC committees. However, aside from a few notable exceptions where individual women play tangible decision making roles, to a large extent, inclusion of women on committees has been a result of male members satisfying "conditionalities" and actual participation by women in these committees has been minimal. Without the practical tools to empower the women on the committees, their inclusion has essentially amounted to tokenism.

If UNICEF is going to seriously contribute to the empowerment of Somali women, a comprehensive vision with practical, implementable tools needs to be developed. There are numerous women's groups throughout the country that UNICEF can work with. Further, UNICEF needs to broaden its current coalition building activities to include women's groups and support the formation of grassroots women's groups. However, it needs to be explicitly recognised in future planning the current limited capacities of such women's groups so that not only are unrealistic goals not set, but that institutional support to women's groups is part of future programmes.

4.1.5   Inter-sectoral Coordination

The zonal Project Plan of Action (PPA) is the primary instrument used by UNICEF Somalia to guide the implementation of programmes as well as the monitoring of programme inputs and outputs. The PPA is structured at the first level into programmes, then into projects, and finally into activities.

Prior to 2001, the PPA was primarily sector based, and achievements were measured based on the outputs defined by the PPAs. The consequence was that inter-sectoral coordination was discouraged as each section was focussed on implementing its own activities. Hence it was often the case that although multiple sectors were implementing in the same geographic area, there was little inter-connection between the sectors.

Since 2001, the PPA has been used as a tool by UNICEF to strengthen inter-sectoral coordination. Activities that are organically linked between programme areas, for example school sanitation, are explicitly detailed in the PPA as having dual accountability for the respective sectors, in this case, Education and WES.

Inter-sectoral detailing of activities through the PPA has contributed to enhanced inter-sectoral coordination. However, the PPA as a coordinating tool has not been followed as diligently as it could be. The PPA is defined at the zonal level to give the maximum amount of opportunity for coordination at the implementation level. Thus, it is the zonal RPOs who have the most influence in ensuring activities are carried out with maximum inter-sectoral coordination. Using the zonal PPA as a guideline to encourage inter-sectoral coordination is a positive initiative and needs to be further strengthened such that what is included in the PPA is implemented in reality.

4.1.6 Communication, Social Mobilisation, and Behavioural Change

In addition to service delivery based interventions, UNICEF Somalia has supported a number of interventions with the aim of awareness generation, social mobilisation and eventually behavioural change. In many ways, hygiene education, youth mobilisation, breastfeeding promotion, HIV/AIDS awareness, promotion of girls' education, and eradication of FGM all fall into this category. For the current county programme, five priority themes were chosen; personal hygiene; cholera control and prevention; HIV/AIDS awareness; malaria and insecticide treated nets; immunisation and Vitamin A. All these issues have a strong rationale within UNICEF's mission.

A major issue for such interventions has been that they have not been sustained at the community level. Behavioural change and awareness raising is a long-term process and requires sustained household/community level processes. A three-day breastfeeding promotion programme is unlikely to produce results by itself and would require close working at the household level on a continuing basis. UNICEF currently does not have a structure or mechanism to do this at the community level.

Strengthening these initiatives at the community level requires developing a strategic framework for implementation. The difficulty in strategising and implementing these programmes in an emergency context, where there is little priority felt need and where there is little political will for their implementation, cannot be understated. Lack of funds has also been a problem. Specific events have been organised successfully with UNICEF, such as workshops around FGM, radio programmes around specific messages, and large scale events around HIV/AIDS awareness. Together, these events are not adding up to sustained interventions that are being continually and strategically implemented, especially at the community level, and thus the impact of such interventions is limited. Notably, activities that have been focussed on more sustained interventions (such as regional workshops for EPI mobilisation) have met with more success. Mechanisms to integrate such activities with mainstream sectoral programmes also need to be strengthened. The specific campaign based initiatives around immunisation and cholera and malaria prevention, have benefited from greater inter-sectoral coordination.

4.1.7 Research Studies and Monitoring and Evaluation

In the absence of census data, micro studies, surveys of cross sectoral situational indicators (such as the MICS 2000 survey), surveys of basic social sector facilities (such as the Primary School survey), qualitative studies (such as the child protection study) have informed and contributed to UNICEF Somalia's programme planning and implementation processes. The Planning, Monitoring and Evaluation section has been instrumental in integrating the results of these studies into the different sectoral and cross-sectoral programmes.

The country office has integrated all monitoring and evaluation functions into the Planning, Monitoring and Evaluation section. However this has led to an undesirable consequence. While the monitoring of the Somali situation, through various surveys and studies, has been effective, due to inadequate number of staff, the monitoring of UNICEF supported programme outcomes in a systematic manner has not been sufficiently executed. Although the monitoring of outcomes for Education (primary school surveys) and Nutrition (nutrition surveillance studies) programmes is regular, other programmes and projects focus mainly on output monitoring. This has resulted in outcome monitoring not receiving the necessary attention across all programming areas.

Further, monitoring and evaluation cannot be separated from the programme planning and implementation cycle in each programme and project, but must be an integral part of it. Outputs are monitored, but the monitoring of outcome and impact indicators is not institutionalised for all programming areas, and is therefore not providing the comprehensive information required for responsive programme planning and implementation.

An integrated system of programme input, output, outcome and impact monitoring of UNICEF's programmes in Somalia, and identification of clear responsibility and accountability for these related issues, need to be further developed into the country programme planning and implementation processes.

4.1.8   Unintended Consequences of Programme Implementation: "Do No Harm" policy

Often development interventions by international development agencies have unintended consequences that sometimes have a net negative impact on the population that the interventions were intended to assist. For example, the previous interventions of UNOSOM had several negative consequences. While not reducing the level of internal violence, the unregulated money flows promoted a culture of aid dependency and "kidnapping for ransom" by different sections of Somali society. Current programme interventions, like UNICEF's, have been fighting against this kind of cultural distortion that has emerged, over the last decade, within Somalia.

UNICEF's programme implementation processes and operation styles have not only been successful in trying to reverse these cultural distortions within Somalia, but have been extremely sensitive to ensuring that such distortions do no arise through their own implementation processes. Notably, one of UNICEF's main strengths has been that it *has not* caused any negative impact on the Somali community. Balancing clan interests and conflicts; evaluating the absorption capacity for finances by local partners before awarding contracts so that money flows are not diverted; and reducing risks of negative impact through smaller contracts, are all operational strategies that UNICEF continuously uses in its implementation processes. In all the three zones, but particularly in the Central and Southern zone, UNICEF's operational strategy to reduce risk of harm, and balance different interest groups, have been very successful and effective.   The Somali environment can be a minefield of such unintended consequences and the political management of the environment is a critical prerequisite for development interventions.   UNICEF, with its relatively large programme size, is one of the few international agencies working in Somalia who have been successful in understanding the socio-political nuances of working within Somalia and effectively reaching the benefits of programmes to the communities within Somalia, without distortions or negative consequences. This understanding is critical in the Somalia context where often provision of services and awarding of contracts and related financial flows to only one group can lead to conflict situations.

4.1.9   Programme Implementation Processes and Strategies: Impact of Zonal Differences

The three zones within Somalia have similar underlying social contexts and felt needs at the community and household level, but they are quite different in the political and "stability" factors that characterise them. While the North West zone has some stability and peace, with an emerging government structure, the Central and Southern zone is much more conflict prone, volatile and unstable. The North East zone of "Puntland" falls somewhere in between. However, all three environments are fragile, as recent events in Central and Southern and North East zones have shown.

The above fragile nature of stability implies that the environment within which programmes are being implemented by UNICEF Somalia often vary between purely emergency situations to more stable environmental situations where longer term development can take place, at least at the community level. This calls for flexibility in programme implementation processes or what the MPO calls "a flexible and adaptable" strategy.

One of UNICEF Somalia's major strengths has been the ability to operationalise programme implementation processes in such unstable environments, and to do so sensitively and creatively, without getting swallowed up by the environment. In spite of this instability, UNICEF has been supporting fairly structured programmes in the four programmes of Health, Nutrition, Water and Education on a large scale, and other smaller scale projects in different locations, with a fairly successful rate of project completion. Further, UNICEF has retained, and in fact raised, the general quality of programme implementation outputs, be it in setting standards for civil construction and hardware quality or even more difficult service standards, be it in health services or quality of schools. To achieve this, UNICEF has had to creatively and objectively use locally available resources, as well as innovate a variety of operational mechanisms for project implementation and service management structures.

While the Master Plan of Operations, and more importantly PPAs, are quite similar in the three zones in programme content and scope, the implementation processes and strategies being adopted in the three zones are quite distinct. In the North West zone of "Somaliland", the emergence of some regional government structures, as well as peace, has led to UNICEF working more with these structures, both at the policy and system reform level, as well as through NGOs. In the North East zone, where there are both limited numbers of NGOs and a weaker government structure, UNICEF has worked more at the local authority level and the community level. In the Central and Southern zone, which is more of an emergency situation, UNICEF has supported programmes using whatever institutional mechanisms are available ranging from working directly with communities to private contractors to international NGOs.

There have also been differences in implementation strategies across the four sectoral programmes (often defined by sectoral perspectives on what type of partners can deliver). While the water supply projects have relied more on direct implementation at the community level, with only the hardware installation contracted out; the health and nutrition programmes have relied on management of MCH based services through INGOs/LNGOs in the south and regional government structures in the north; and primary education has relied more on the regional structures of government in the north and communities in other zones. Because of these variations in sectoral strategies, the coverage of different sectoral programmes also varies across zones.

In all the above implementation strategies and processes, UNICEF has been effective in marshalling the opportunities available in the local context in the core sectoral programmes, and has invested in improving the context of implementation. What is interesting is that while the context and implementation strategies have varied, the core programme design and number and types of programmes, and activities within them, have remained essentially the same within all the three zones. It is to these two issues that we now turn to: issues of programme sustainability and issues of programme development.

4.1.10 Interagency Coordination

The Somalia Aid Coordination Body (SACB) is a unique and active body for coordination of programmes, information sharing, and formulation of guidelines for programme implementation. UNICEF is a key participant of the SACB for all sectors and is the chair or vice-chair for the core Health, Nutrition, and Water sectors.

As can be seen from the overview of activities (Section 3.3), UNICEF Somalia's contribution to interagency contribution has been substantive and effective. In Health, the health sector reform strategies and health policies, supported by UNICEF, have been developed under the umbrella of the SACB. In Water, the private-public model of water system development has been supported by most other agencies. In primary education, strategic collaboration between UNICEF Somalia and UNESCO has been a key factor in the standardisation of curriculum and printing and distribution of textbooks.

The wide membership of the SACB of all UN agencies, bilateral donors, and international NGOs has also assisted in the development of common approaches towards many issues as well as facilitating interagency partnerships and collaborative mechanisms. UNICEF Somalia has been effective in both raising resources from donors and forging partnerships with international NGOs within the SACB.

However the evaluation team observed that the interagency coordination, in an institutionalised manner, weakens substantially by the time it reaches the zones within Somalia. Much of what is agreed upon at the Nairobi level either breaks down through lack of communication, or is felt to be not as relevant to the field. Agencies in their implementation mode follow their own approaches with limited coordination. Finally, the limited membership and involvement of Somali organisations in the SACB, implies little commonality in approaches to specific issues between SACB decisions and Somali view points. All these factors severely limit the relevance and effectiveness of an essentially well designed interagency collaborative mechanism when it comes to implementation strategies.

4.2. PROGRAMME SUSTAINABILITY: STRATEGIES AND OPPORTUNITIES

As regions and locations within Somalia have moved towards stability and the negative consequences of providing programme inputs, through international aid, without looking at the issue of sustainability came to the fore, UNICEF, as well as all other institutional members of the SACB, have started seriously addressing the need for programme sustainability. UNICEF Somalia has addressed this issue at multiple levels from the community to policy formulation and system reform levels and from different dimensions of financial sustainability and institutional sustainability. The section on UNICEF programme implementation (Section 3.3) highlights endeavours undertaken to make programmes more sustainable within Somalia.

At the onset it needs to be stated that programme sustainability is not easy in Somalia because of several factors. Firstly, sustainability requires a number of longer term processes that in turn requires a stable environment, often not available within Somalia. Secondly, the culture of dependency created by international aid, especially in the UNOSOM days when resources were poured in, is detrimental to a culture of self reliance that is required for sustainability. Thirdly, sustainable development often requires processes linked to software inputs like training and creating effective management structures, which is not compatible to short term and time bound implementation of projects focused on delivering services and hardware inputs. Finally, sustainable development requires a fine balance between structuring programme outputs and leaving them flexible to match context on the one hand, and standardising guidelines for quality control and letting local capacities manage programme outputs, even though they are of a lower quality, on the other hand.

However, there are also opportunities for sustainability that exist in the Somali context as brought out in the environmental analysis. Important amongst these opportunities is a high degree of and desire for participation by communities, given an opportunity, at the grassroots level. Although technical and financial capacities of communities are currently limited, institutional capacity building could positively strengthen them. In addition, the culture of business entrepreneurship that dominates Somali society; a large number of local NGOs, including women's groups, within Somalia; and movement away from a culture of dependency and towards increased responsibility for their own problems and solutions by different sections of Somali society, are all opportunities that can contribute to sustainability.

It is with this backdrop that UNICEF Somalia has been increasingly giving importance to the process of sustainability in both programme development and programme implementation processes in the country programme.

4.2.1 Training

In all programmes, a strong training component has been integrated. A large number and variety of training programmes, involving local personnel of all programme partners (international INGOs, regional government, LNGOs, and community members) have been trained in the specific project needs of many interventions implemented by the organisation. In fact, UNICEF is currently the largest training organisation for Somali human resources in the social sectors and the evaluation team found that partners recognised and appreciated this training role that UNICEF supports.

Training courses supported by UNICEF have been guided by the perspective to improve the quality of services and service management by increasing technical know how; to enhance the

management and maintenance of community assets (e.g. in the case of school supervisory systems and water supply system maintenance); or to create awareness and initiate processes for behaviour change. The efficacy of each has differed depending on the complexity of the training task and how much training *per se* (especially as a discrete activity) can achieve in actually meeting the programme objectives.

In the case of technical training on specific topics, training sessions have been effective in providing a minimum level of knowledge and skills to manage specific tasks (e.g. vaccination training, maintenance of mini water systems). However there was a general perception both within UNICEF and outside, that training sessions were discrete and one-time and a more comprehensive training framework in each sector was required. Such frameworks should integrate various ongoing training programmes within a programme and reduce overlaps, as was also recommended within the sector reviews.

The second type of training sessions have been given to community members (CEC, WES committees) and local authorities on supervisory and management roles. These training sessions have been essentially short duration sessions on roles and responsibilities. Field observations by the evaluation team showed that these training sessions have had a mixed outcome and have often been vehicles for earning per diem. Also, the utility of training as an instrument to enhance capacity in such roles is limited in the Somali context.

The third type of training coordinated by UNICEF Somalia have been training sessions and workshops that seek to raise awareness (e.g. HIV/AIDS workshops) or change behaviour (e.g. training of local breastfeeding promotion committees). Such training sessions are not linked to any service. Whether such discrete, short term, one-time, training can actually change behaviour or even raise awareness in a context like Somalia is questionable, unless sessions are integrated as part of a longer term process of change through other mechanisms.

The second issue in training has been the quality of training and trainers. Given that locally available human resources of competent trainers within Somalia is limited, UNICEF has been very effective in marshalling the best resources available, within the complexity of clan loyalties and need for livelihoods amongst different educated groups. UNICEF has also supported a **"training of trainers"** strategy, as in teacher training, by using experts who train local trainers. While the above strategies *per se* are the only feasible one available if coverage is to be enhanced, given the current low base level of social service human resources, just a single round of training to local trainers is unlikely to improve local training capacities. UNICEF needs to undertake more multiple training sessions to the same group of people keeping in mind the need to balance budget priorities between new and repeat training sessions. In addition, a key aspect of training interventions that needs to be strengthened is the follow-up of trainees.

Thirdly, given the fact that UNICEF is investing considerable resources into training, a special focus on evaluating the results of such training is required. The absence of monitoring the effectiveness of training programmes was pointed out as a major weakness by all the sectoral reviews and a common methodology for evaluating whether all these training programmes are being effective in the field is a need that requires urgent attention.

To conclude, UNICEF is investing substantial financial and human resources into training implementation partners and communities within Somalia. There is an urgent need to look into the effectiveness of these training initiatives. In addition, formulation of a more comprehensive and strategic training frameworks so that training programmes are carried out within a broader plan is also needed.

4.2.2 Community Management Structures

Another strategy towards programme sustainability undertaken by UNICEF Somalia has been to invest in community management structures for supervision and management of community assets and services like schools and rural water supply systems. The two programmes where this has been institutionalised is the Community Education Committee (CECs) for primary schools and the WES committees for water supply systems.

The effectiveness of the strategy has varied widely across projects and locations for several reasons. Firstly, when a community project is opened, while there is widespread participation, it is amorphous, with different interest groups within the community jockeying to play a role (and thereby enhance power, authority, and possibly income). These community management structures in practice come to represent specific interest groups rather than being truly representative. Under such conditions, pre-structuring a workable community management structure within a programme's design without investing adequate time within the community to understand all the dynamics often leads to membership of committees that may not be the most efficient, but instead are the most powerful. Secondly, the exact role of these committees, even if clear to UNICEF, is not clear to the committee members and often such committee members are either passive or interfering in the day to day functioning of an asset or service. Thirdly, while women membership has been mandatory in such committees, they are frequently "invisible" in the actual functioning of these committees. Finally, when there are two such projects within a village, the committees have overlapping memberships and are usually constituted of the same groups of elders.

To conclude, the principle of integrating community based committees to take ownership of a community asset or system is an effective strategy for sustainability of programme outputs and programme monitoring. However, the actual efficacy and structuring of such committees and the actual role they can play in managing such assets is highly contextual and extremely complex in Somalia and needs to be tailor made to the specific situation rather than pre-structured. This will allow the field level implementor to decide the structure and constituency of each committee. It is possible, that depending on the location, a school with a good principal is better run than with a CEC or that a private entrepreneur is a better manager of a water system than a WES committee.

4.2.3 Public-Private Partnerships

The idea of public-private partnership to manage larger service systems was first introduced by UNICEF Somalia through the establishment of urban water systems. Regional government structures are now also adopting this partnership style as a way for moving forward in development endeavours. Within UNICEF, the WES sector has carried this concept the furthest both in terms of concept and implementation. Essentially a Board is set up with representatives from the local authorities and private sector and some kind of revenue sharing arrangement established, along with a management system. In practice, it is a contracting system to a private firm by a local municipality, with certain conditionalities. For instance in Bossaso (North East zone), a company, GUMCO, was created with eleven investors, which in turn was awarded a contract to manage the city water supply system for ten years from the local water authority. Within two years this company has provided water supply to 8000 families directly and seven water kiosks for other users. Similar arrangements are being made in other locations, particularly urban areas, as well as for garbage collection. Cost sharing and revenue generation, is built into the system.

In the education sector in "Somaliland", the regional directorates have established a system of community managed, government aided, primary school system where part of teacher salaries are

paid by the regional government and part through school fees, with other inputs like textbooks and teacher training supported by UNICEF.

Given the general absence of available social sector resources in the local authorities, the willingness of the community to pay for water and other services as a priced good, and the dynamism of the private sector, the above models being put in place do ensure greater sustainability both at the systemic level and at the unit level. However, if such models are being implemented at the systemic level, a certain amount of fine tuning is required that include norms to guide community contribution, salary structures, revenue use and allocation. Currently, except for the formal agreements in urban water supply projects, such norms are not clear. Establishment of norms should be clear enough to provide the parameters for models, yet remain flexible enough to be adaptable to local circumstances. In all instances of project implementation, whether the model is a public or a private-public collaboration, UNICEF needs to be able to monitor that the project continues to provide services that are accessible by the most vulnerable within a community.

4.2.4   Cost Sharing

In both the above systems of private-public partnership and the community-government primary school system, either full costs (in the case of water) or part costs (in the case of schools) are being recovered from all users, whether the user is poor or better-off. Experiments at cost sharing have also been introduced in selected MCHs for drugs. All these have been helpful in taking forward the principle of financial sustainability through cost sharing.

But there are several issues that need to be addressed if these cost sharing systems are to be fully operational and equitable.

First, is the issue of ability to pay and the related issue of reach to vulnerable groups. If through the cost sharing system vulnerable groups are being denied access to essential services (potentially in the case of private school fees) or having to pay a large percentage of income for scarce resources (potentially in the case of water) then such a strategy is actually adverse to achieving UNICEF's goals. For example, in urban water supply systems, the poor who reside in peripheral settlements pay a much higher price for water than those residing near the water supply source. Notably, the health programme has instituted a principle of exemption for payment from the poorest.

Secondly, is the issue of collection of revenues. Norms are required to guide how costs are recovered. Some norms have already been established within the health programme for insecticide treated nets and clean delivery kits. As stated elsewhere, norms need to establish a balance between standard-setting and flexibility towards local contexts. Parameters for cost sharing can be set, with allowance for local communities to work within the parameters to determine the most appropriate prices for services and supply.

Thirdly, is the issue of use of recovered revenues. Again, norms are required to guide the use of resources, within certain parameters, yet at the same time giving flexibility for local contexts.

Finally cost sharing should lead to improved quality of services. A study conducted on health cost-sharing in 2002 in the North West zone found that cost sharing does have a positive impact on the quality of service delivery. Monitoring of the impact of cost sharing needs to continue and be further expanded to all areas implementing cost sharing.

To conclude, while cost sharing systems are being introduced in many public services, because of the current lack of standardised norms, the modalities and impact of cost sharing is not clear. Implementation and monitoring of such norms is necessary to ensure that cost-recovery schemes do not result in denying access of vulnerable groups to social services.

4.2.5   Partnerships

Given the variations in context available within Somalia both across and within zones, UNICEF follows different strategies to implement its programmes. While overall, UNICEF has moved from direct implementation to indirect implementation through partnerships, the emphasis on the type of partnership has varied across sectors. In water and sanitation the emphasis is more on direct implementation, with software components implemented by UNICEF, hardware installation provided through private contractors, and labour provided by communities. In health and nutrition, the reliance has been through both international and local NGOs in the Central and Southern zone and regional government structures in the north. In primary formal education, focus has been with local authorities and regional government structures in the north. In the other projects, implementation has been through NGOs of different kinds as well as professional bodies.

In the absence of a stable counterpart government structure in Somalia, the need to work through a diversity of partnerships (often multiple in a single project) has been a challenge for UNICEF. However, UNICEF has been effective in managing implementation of its programme through a diverse set of partnerships.

The evaluation team spent a substantial amount of time interviewing a variety of partners on their perceptions about partnership with UNICEF, as well as looking through individual partnership contracts.

The findings reveal the following:

Primarily partnerships are based on a "subcontracting" system for UNICEF's programme activities. Hence they are not partnerships in the true sense of the term. The contracts usually contain a supply component and a cash component (covering fees, per diem, transport, costs, etc.) The same system is followed with all partners, including LNGOs, INGOs, local/regional authorities or private companies. Hence it is not the system usually followed by UNICEF globally with counterpart governments, where normally a joint, long-term plan forms the basis of a partnership. Which is a reflection of the reality that Somalia is not a "normal" working environment.

In general, while partners depend on supplies and other direct programme costs from UNICEF, their core funding comes from some other sources. In both the cases of larger LNGOs and all INGOs, core funding was from international donor agencies. Hence partners view UNICEF as more of an "additional" source of finance to complement the work they are doing. That is, there is a narrow band of tasks and activities that define partnerships with UNICEF, and such tasks are not core to the partner's institutional agenda.

The above structuring of partnerships have led most partners, especially LNGOs and INGOs, to view UNICEF as important within Somalia, because of their size and presence, but not as true "institutional partners". Because UNICEF was the only agency with whom most local authorities had any kind of financial relationship, the view was more positive. However, all partners gave the maximum importance of UNICEF's contribution to their work in two areas: supplies and training of local personnel; both critical in the Somali context.

The above methodology of forging partnership contracts has both advantages and disadvantages. Advantages are that UNICEF reduces risks entailed with working with a single partner, through subdividing contracts so that if performance is weak, terms can be renegotiated or the agency dropped. The disadvantage is that few NGO partners view the relationship with UNICEF as significant in an institutional or capacity building sense, rather mostly as a source of additional financial resources, a situation that is fairly common globally and not unique to Somalia. There was a strong feeling that, in the Somali context, a more long term, meaningful and holistic relationship with UNICEF would be beneficial to both the organisation and its partners. If partnership is to be viewed from a perspective of enhancing institutional sustainability within Somalia then this viewpoint is valid. In fact, local women's NGOs were quite vocal in stressing this issue in a workshop held in January 2002 in Hargeisa, and clearly said UNICEF is not working sufficiently with them. To conclude, a partnership strategy that is activity based and not project based or strategic is helpful in achieving short term programme outputs but unlikely to be beneficial in the long term development of the social sector in Somalia.

There are two related issues in partnership management. One of coverage, and the other of capacity building. If UNICEF is to deepen its coverage to the community level, particularly vulnerable groups, then partnerships with a wider variety of local NGOs which exist in Somalia is required. Where UNICEF has worked with local NGOs, such a strategy has paid dividends in programmes being closer to communities.

The second issue is the question of the capacity of partners to "deliver". There is a wide variation of institutional capacities of partners. While UNICEF informally monitors this variation, there is no policy to objectively assess the capacities and performances of the partners. Also, different sections within UNICEF may have different contracts with the same partner for their programmes. Because of this, many partners stated that when dealing with UNICEF it is like dealing with separate agencies. There is therefore a need for capacity assessment of different partner agencies before a strategy of capacity building is formulated. The overriding criteria should be the reach and accessibility to vulnerable groups of the partner (i.e. how strong are they at the community level).

To conclude, considering the fact that UNICEF has to rely on a variety and large number of partners to implement its programmes in Somalia, the existing fragmented and short term method of forging such partnerships should be modified. Longer term partnership policies should be developed that are based on objective criteria and strategic importance and cut across sections. However, longer term partnership building will need to consciously recognise the capacity limitations of partners as well as the time-bound funding limitations within UNICEF. Therefore, UNICEF should not try to mirror "regular" country programme partnership models, but to develop a Somalia-specific model that is responsive to the current situation.

4.2.6   Institutional Capacity Building and System Reform Processes

Underlying both training and partnerships is the objective of institutional capacity building, not only for more effective programme implementation but also for longer term programme sustainability. However capacity building is quite distinct from both training and sub-contracting and more akin to what is being supported by UNICEF in system reform and policy formulation processes.

In the health and education programmes in "Somaliland" and "Puntland", UNICEF has invested substantial time in formulating policies for different aspects of system reform and capacity

building. In the water sector too, along with direct implementation, the programme been has increasingly working both with zonal government structures and local authorities in the north in formulating guidelines and policy frameworks for water and sanitation. The context in the Central and Southern zone, where even local authority structures are transient, generally does not yet allow such capacity building interventions.

Examples of such initiatives complementing UNICEF's programmes in Somalia include the Health Sector Guidelines, the Education Information System, and the emerging policy frameworks for Private-Public partnerships in Water Supply and Waste Disposal systems.

However, a precondition for such guidelines, policy frameworks and information monitoring systems to be effective is the institutional capacity of the various structures that are going to implement them. Both the technical and managerial capacity on the one side and the political capacity on the other, is extremely weak in Somalia at present. One way to look at this problem is to say that such initiatives by UNICEF are premature given the context in Somalia and the organisation should primarily focus directly at the community level. However, from another perspective, UNICEF has been a proactive player in these wider social sector development processes and now needs to invest in Somali capacities to make interventions more sustainable.

Keeping the latter perspective in view, various training has been provided for senior officials within the different directorates and several workshops have been held, with support from UNICEF and other key actors. UNICEF has also provided computer hardware, software and related training for better information management; transport support for the directorates to better monitor programme outcomes; and support to the establishment of a supervisory system at the regional and district levels. However, UNICEF has yet to invest systematically in broader capacity building processes that would enhance system and institutional capacities.

Therefore, the impact of these interventions in building up institutional capacities have been far below the desired level for several reasons. Firstly, the base level of qualified personnel in Somalia today is very minimal, with a majority of the qualified personnel having emigrated outside the country. Secondly, even in the relative stable situation of "Somaliland", the government structures are extremely weak and in the Central and Southern zone no government exists, even at the regional level. Thirdly, and related to the above, there are hardly any institutional structures capable of implementing sector wide rehabilitation processes. Finally, often the commitment of government and other institutional structures is varying.

In addition to the above contextual weaknesses, frameworks for more comprehensive capacity building of institutions are also missing on the side of international agencies that could link training frameworks to system reform processes. Opportunities exist within regional authorities to provide sub-systemic support, such as overall support for putting in place monitoring and supervisory systems that can link policies to implementation. There are examples of certain international NGOs in the North West and North East zones who have moved to this level of capacity building such as Save the Children-UK's work with the regional education authorities in "Somaliland" and Africa70's work with the local water authorities in "Puntland". Continued expansion of more strategic level collaborations with such NGOs would enhance UNICEF supported interventions in such institutional capacity building endeavours.

4.2.7   Interagency Collaboration

UNICEF's emphasis on collaboration with other agencies has focussed at two levels. Firstly, through the SACB structure, collaborative mechanisms have been developed with both donors and other UN agencies in a variety of fields ranging from common implementation approaches to developing policy frameworks. Collaboration between agencies in the area of external relations is particularly important in an emergency context. Section 3.3 details the wide range and depth of activities which UNICEF has contributed towards the SACB coordination bodies.

Second, at the micro level, collaborations have focussed on subcontracting project activities to different local and international NGOs. As these agencies have different levels of operations and mandates, **often there is substantial coordination but not adequate collaboration.** Each agency tends to run their own programmes independently of each other; thereby loosing out on the complementary strengths and spheres of work. However, the substantial role that donors play in influencing programme implementation can not be understated.

For sustainability to occur at the programme level, as opposed to the activity level, the possibility of collaborative projects/programmes that are mutually reinforcing is an opportunity that UNICEF needs to further explore. The water supply and sanitation programme in "Puntland" seems to be moving in this direction, although in an informal manner.

4.2.8   Role of UNICEF within Somalia

Related to all the above issues of sustainability is the role that UNICEF sees for itself within Somalia and how others perceive UNICEF's role to be. It is clear that in the Central and Southern zone and in programmes such as in the NID campaigns, UNICEF's role has been that of a direct implementing agency. In the other zones, as some stability has returned, UNICEF's role has become relatively more indirect. And even within a zone, UNICEF's role changes from programme to programme and sector to sector.

While UNICEF Somalia has been quite tactical in these role shifts, depending on the opportunity, the organisation primarily sees itself as an implementing agency having well defined projects and activities and its style of operations is that of an implementing agency (which is quite different from UNICEF's role in stable countries with a strong counterpart government).

In addition to this self-perception as an implementor, UNICEF is seen by others to play numerous roles. Donors see UNICEF as an effective implementor of projects within Somalia. Regional and local authorities, as well as communities, see UNICEF as implementors, and often managers, of projects and only the organisation to supply services. Private businesses see UNICEF as a source of finance. This multiplicity of roles can be seen as a major strength of UNICEF as it reflects the responsiveness and adaptability the organisation has towards the context of Somalia.

In terms of future programme planning, UNICEF needs to continuously review the variety of roles the organisation plays within Somalia. As it can be said that, in general, indirect implementation leads to greater sustainability and requires greater space to a partner organisation through longer term, joint planning processes, UNICEF needs to ensure that the organisation is capitalising on opportunities, as they arise, to work more as an enabler as less as an implementor.

4.3. PROGRAMME MIX, DEVELOPMENT AND STRATEGIES: CROSSCUTTING ISSUES

4.3.1 Appropriateness of Programme Mix

Presently, the country programme has four broadly defined sectoral programmes of Health, Nutrition, Water and Sanitation, and Education. In the Somali context of low child survival rates, repeated epidemics and wide prevalence of acute malnutrition, Health and Nutrition programmes are critical to Somalia. Water has a special significance in the Somali context of arid conditions and conflicts over water. With a gross enrolment rate of seventeen percent, education for Somali children is a key area in need of critical attention.

In addition to the above programmes, the following projects have been newly supported by UNICEF, under the Cross-sectoral programme, except for the Youth Education and Development project which is a part of the education programme.

- ♦ HIV/AIDS awareness – though the prevalence rate is currently low within Somalia, there is danger of the disease spreading from neighbouring countries with a high prevalence rate as awareness levels are very low at present.
- ♦ FGM – the widespread prevalence of Female Genital Mutilation (FGM) and its impact on women's health rights is a core issue in women's rights within Somalia.
- ♦ Child Protection – there are indications of increasing trends of vulnerable children, including internally displaced children; children from minority groups; orphans; working children; street children; child prisoners; disabled children; and militia children.
- ♦ Youth – the need to address the special needs of adolescents is universal, but in the context of Somalia locked in a vicious circle of violence, it is critical to give the youth an alternative vision and opportunity for the future.

The above existing programme mix is appropriate and relevant for the Somalia context.

In addition, there are programmatic areas that have been identified by UNICEF as emerging issues in need of attention. These areas include Early Childhood Development, especially in urban areas with working women headed households, and Alternate Education, especially for children outside the formal education system. UNICEF has already initiated planning processes to develop these programmatic areas more fully.

4.3.2 Cross-cutting Programme Themes and Inter-sectoral Programme Integration

While the sectoral programme areas have achieved substantial depth and coverage, crosscutting programme themes and functions like Gender, Hygiene Education, and Communication, have so far been limited in their impact and prioritisation. There so far have been financial, structural, and human resource constraints to integration of these components within UNICEF. Financially, as seen from the budget and expenditure patterns, these integrating programme themes suffer from a lack of funds, which to a large extent is a function of donor priorities. Human resource wise, these functions do not have adequate staff to take forward the integration at the zonal level (which is also a reflection of funding). Structurally, the strong sectoral structure of programme planning has been a constraint in integrating these themes within the existing sectoral programmes.

There is a great lost opportunity to UNICEF for enhancing the impact of interventions, when in a single village or settlement, there are limited inter-sectoral linkages across programmes. This loss is particularly noticeable in a context like Somalia where reach to a community needs skilful political and operational management, as well as high costs.

The country programme needs to give increased priority to greater programme integration at the community level, as well as within programme planning and management processes. Both impact and cost effectiveness can be substantively enhanced by integrating inputs, especially software components (like community mobilisation) within a specific location.

4.3.3   Linkage between Emergency Relief and Development

Given that Somalia is emergency prone, UNICEF's ongoing strong commitment to crisis preparedness and response in Somalia is essential. Emergency activities are incorporated into sectoral programming and this has proved to be an appropriate approach given the context. UNICEF Somalia coordinates and liaises widely with partners on emergency issues and is respected as a key agency in its core areas of competence.

Some of the specific features within UNICEF Somalia's programming that contributes to effective emergency response at the local level include:

♦   Pre-positioning of appropriate emergency response stocks. UNICEF has the local capacity to move commodities quickly to destinations using local transportation contacts.
♦   Delegation to field staff of authority to make quick decisions regarding small scale emergency interventions.
♦   In an emergency situation, health, nutrition, and WES sectoral staff are able to mobilise together as a task force or response team in order to assess needs and quickly organise a response.
♦   Both international and national field programme staff are familiar with emergency interventions and are vigilant; a great deal of informal monitoring occurs and UNICEF's extensive local network of contacts and presence in the field allows staff to keep abreast of events. For example, during the evaluation, field staff were noting the levels and speed of flow of the Jubba river, analysing the possibility of flooding, and considering pre-positioning emergency stocks at district level as a precaution.
♦   UNICEF Somalia, especially the WES programme together with the health and nutrition programmes, and together with local communities and authorities, has greatly refined its capacity to respond to annual cholera threats. This includes monitoring, pre-positioning chlorine stocks and cholera kits/ORT, pre-planning through chlorination plans, and response to outbreaks.

However, within the Somalia environment, there are several specific problems in implementation of emergency based programmes.

Discussion regarding cholera response brought out the issue of leakages of emergency commodities. It appears that costly intra-venous treatment of cholera is in high demand, as opposed to the cheaper, and in severe cases, less effective ORT. As a result, relief stocks distributed through partners appear on the market at a premium; normally costing US$2 per litre, they were to be found on the market in Mogadishu between US$10 and US$18. In some cases sea water was substituted

and sold as a *faux* treatment. UNICEF Somalia's response was to develop the cholera kit B, containing lower value treatments less prone to leakage. This example illustrates a major problem of relief interventions generally and Somalia in particular, where the relief intervention itself becomes commodified. Relief stocks appear on the market, either before or after distribution.

Transportation and labour costs are raised exorbitantly such that in effect the agency is paying beneficiaries in order to deliver live-saving relief to the beneficiaries. The UNOSOM period set the tone and emergency relief as income generation from emergency interventions became a major issue of concern, often leading to a certain scepticism on the part of the intervening agencies. UNICEF has been constantly addressing these problems in Somalia.

One of UNICEF's strengths is that it addresses emergency preparedness and response to a large extent through its regular sectoral programming, with the emergencies project in support and this has encouraged a flexible approach. For example, the health and nutrition programmes address outbreaks of disease such as measles through its EPI project, while cholera is addressed through the provision of clean water supply.

All of UNICEF Somalia's sectoral programming in the zones of crisis essentially address an ongoing chronic emergency. On the other hand, crisis preparedness and response programming implies that emergencies and disasters are additional to UNICEF's work and only impinge on occasion when the need arises. In practical terms, this approach has proved to be very flexible and encompasses both developmental needs while addressing emergency needs.

UNICEF Somalia's valid flexible approach appears to be more in response to the realities on the ground than an attempt to conceptually link relief activities with developmental activities. Somalia currently defies the traditional relief – rehabilitation/reconstruction – development model. This traditional model has often been replaced with a Somali-specific model in which emergency interventions incorporate developmental and capacity building activities on the one hand and developmental programming incorporates emergency response and disaster preparedness capacity on the other. Somalia presents a challenge on all fronts but there also are potential opportunities. For example, there is the potential opportunity to work with the local authorities in the North West and North East zones on emergency preparedness and contingency planning, and the evaluation team would recommend that such avenues be explored further.

At the community level, community-based disaster preparedness activities are not feasible on a widespread basis at this point in time. However, if UNICEF were to opt for supporting the piloting of multi-sectoral location based programming (where feasible) then this would open up the potential for testing community-based disaster preparedness capacity building activities, as part of a more consciously integrated approach to community development. UNICEF Somalia should certainly give such an approach further consideration, bearing in mind that such an approach would be feasible only in a few places at present.

4.3.4   Geographical Targeting

UNICEF has followed a strategy of "spreading" its work to as many locations within Somalia as feasible, with the objective of both achieving reach and coverage, as well as ensuring that no charge of regional or clan favouritism is made against UNICEF. Hence, wherever feasible given security realities, the organisation has implemented some or all of its programmes. However, each sectoral programme and zonal office has followed its own geographical spread strategy. This has

resulted in wide, but unconnected, spread of UNICEF's programmes within Somalia, thereby reducing overall impact and increasing costs.

While a fully "area" based programming approach has its own structural and accountability problems, given the existing spread it may be more effective to cover a specific location (village or town) with all programmes through location based multi-sectoral planning. For example, if UNICEF is implementing a water project in a village, other sectors should link with the WES programme to build on such access to the community, hence using the water project as an entry point. Location based planning does not imply reducing the geographical spread of what has already been implemented, as this is not politically feasible. Location based planning also does not imply a move away from achieving national coverage, as it would still be the goal of UNICEF to obtain the widest coverage possible.

4.3.5   Social Targeting

UNICEF Somalia has generally implemented its programme where it has been feasible in terms of security, presence of a partner NGO, specific scope for rehabilitation (as in the case of borewells) and taking into account the need to balance clan and sub-clan interests. Initially such a strategy has been effective in both quickly expanding programme coverage and reaching the maximum number of households. Some social targeting of programmes can be illustrated in the case of reaching IDP camps in different locations.

However, the absence of focussed social targeting has implied that UNICEF has sometimes not reached the most vulnerable communities. This is becoming increasingly important as income inequalities increase in Somali society. It is often difficult for an outside agency to judge the subaltern social trends in society such as "commercialisation" of water, livestock rearing and other services in private enterprises on the one hand; and an informal labour market for such services on the other. These trends have increased income inequalities and UNICEF, unintentionally, should not accentuate these trends by its investments, but reduce them by focussing specifically on poorer settlements, ethnic groups and households.

4.4. PROGRAMME GOALS, IMPACT, AND OPERATIONALISATION

4.4.1 Major Strengths and Weaknesses of UNICEF's Country Programme in Somalia

Within the context of the environment discussed in Chapter 2, the major strengths and weaknesses of UNICEF's country programme in Somalia are summarised below.

STRENGTHS

♦ **Operationalising a variety of programme components** in an extremely complex and security adverse environment. UNICEF is one of the few international agencies who have managed to actually implement programmes on the ground on a large scale within Somalia. The complexities of managing logistics, supply, and personnel recruitment cannot be underestimated in Somalia and involves substantial time and effort within all programme implementation.

♦ **Adapting implementation strategies** according to the diverse contexts found within Somalia in the three zones and within the zones themselves. To implement programmes, UNICEF has adjusted successfully to the contexts and different opportunities for partnerships, initiating activities and coalition building in the different contexts found within Somalia.

♦ **Focus on programme sustainability** has been one of the cornerstones of UNICEF's support. The organisation has tried to achieve sustainability through new kinds of partnerships, models of ownership, cost sharing strategies and working with a wide range of local actors within Somalia.

♦ **Continuous deepening of programme content and concepts** to make components contextually relevant in the four core sectoral programmes that covers a wide range of programme issues from emergency care to community level service delivery to system reform and policy formulation.

♦ **Direct link with communities** has been another key cornerstone of UNICEF's implementation approach, especially in the Central and Southern zone, that has ensured that UNICEF's programmes of support benefit community members directly.

♦ **Strategic orientation at the system level**. In both formal education and health services, the development of a comprehensive "package" first and then simultaneous and widespread implementation has been a strategic innovation that has ensured widespread programme coverage.

♦ **Strong implementation focus** at the zonal levels. The above described strengths are characteristics of the strong implementation focus of UNICEF's programming in Somalia.

♦ **Focus on training programmes** as an integral component of programme development and implementation. UNICEF is the largest training organisation currently in Somalia today. Given that institutional structures for human resource development have largely collapsed in Somalia, this has been a critical input for Somali social development.

- **Forging partnership links with a wide range of agencies** within Somalia for programme implementation. Given the absence of a unified government, UNICEF has managed the complex task of building up linkages with a wide variety of partners ranging from regional government structures to local NGOs.

- **Contributing to policies, guidelines and approaches** that determine the strategies adopted by various international agencies through the SACB mechanism. Large number of the approaches and guidelines being adopted by bilateral donors, other UN agencies and international NGOs are based on the lessons learned in the field and fed into the SACB by UNICEF.

- **Substantial spread of programmes within Somalia**. Through its programmes, UNICEF's presence and contribution is widely dispersed within Somalia covering all the regions. In a fractured society like Somalia this is a critical strength.

- **Focussing on priority needs of the Somali people, especially children and women.** In an arid country like Somalia, water has a special significance and UNICEF is the single largest agency actually implementing and delivering water to the Somali people. Water, eradication of FGM, and Health Care are all critical programmes for women in Somalia; while EPI, Education and Nutrition are critical programmes for the survival and development of children.

- **Control and limitation of unintended negative consequences** of programme implementation. In a complex environment like Somalia, there is always a danger that international agencies make mistakes leading to adverse effects of an intervention (e.g. enhancing conflict). UNICEF has been very successful in understanding these potential consequences and minimising them.

- **Continuity.** The continued presence of UNICEF within Somalia is a core strength appreciated by all within the country. The fund-driven exit and entry of many INGOs is in stark contrast to this continued presence of UNICEF.

WEAKNESSES

- **Introduction of over structured programme concepts** whose implementation implications and feasibility in the Somali context have not been worked out (e.g. community committees). Such concepts are therefore mechanically followed because "UNICEF wants them", defeating their very purpose.

- **Unclear implementation strategies for scaling up programmes at the zonal level.** Strategies are not fully defined in planning processes and documents (MPO) leading to lack of clarity during implementation.

- **Monitoring of programme inputs and outputs but not of outcomes or impact**. Accountability within UNICEF is dominated by achievement of sectoral activity based outputs. This has led to a lack of programme wide monitoring of outcomes and impact, which is necessary in order to provide adequate information (even through proxy indicators) for responsive programme planning and implementation.

♦ **High sectoral orientation of programmes** at all three levels of programme planning, implementation and management. This has led to enormous difficulty in inter-sectoral integration and introduction of cross-sectoral programmes.

♦ **Uneven programme development and monitoring**. While a number of components have been introduced, the actual implementation and monitoring of these components has been uneven, giving a skewed coverage.

♦ **"Software" dominated activities** are weakly implemented and monitored. These include gender, HIV/AIDS awareness, hygiene education, as well as activities like training.

♦ **Comprehensive frameworks within a programme** that look at issues beyond UNICEF's own activities, is often given low priority. Examples include pre-service institutional development for enhancing Somali human resources and more comprehensive training frameworks beyond UNICEF's own programme needs.

♦ **Narrowly defined partnership concept and methodology**. Partnerships are often seen and implemented as "sub-contracts" for UNICEF activities. A wider, longer term, collaborative and strategic framework for partnerships is missing.

4.4.2   Programme Goals and Impact: The Evaluation Question

In light of the challenging environment of Somalia, the objectives set by UNICEF in the Master Plans of Operations for 1999-2000 and 2001-2003 seem over-ambitious, and cannot be used to either target or monitor programmes. Objectives need to be realistic in order for objectives to be used as measurable indicators for programme performance.

The Master Plan of Operations (MPO) should be the guiding document for programme evaluation. This shows a weakness in the previous planning processes and an overemphasis on implementation. Hence, it would be unfair to evaluate UNICEF's programme in Somalia using the MPOs for 1999-2000 and 2001-2003 as the basis. The complexities of programme implementation in Somalia were not fully taken into account while designing the country programmes, which led to the setting of targets that are unachievable in the Somali context. Further, within the various sectoral programme outlines, explicit programme concepts and strategies were not discussed. Instead there is a long listing of objectives and sub-objectives.

In the absence of realistic and achievable objectives in the MPO, the relevant question to ask in the evaluation would be "What would happen to the key indicators of Somali social development if UNICEF Somalia was not working within Somalia?" The short answer to this question would be that these indicators are likely to be even worse that they are at present, given that no improvement in the overall political and governance structure has taken place in the last few years across Somalia.

Another, more difficult, way of framing the evaluation question is "Why has there been no change in the key impact indicators for Somalia, in spite of UNICEF's support?" The answer to this question is much more complex than the first, as it is difficult to delineate causal reasons that are attributable to UNICEF Somalia programmes and those attributable to environmental contexts. Even though the population size of Somalia is small at 6.4 million people, its geographic spread is wide with the concomitant logistical complexity and high costs. Hence, in spite of UNICEF's and

other agencies' programme spread, programme impact is not high. This is especially the case considering that Mogadishu, with an estimated population of 1.2 million, is not conducive to development interventions given the security situation and thus few agencies work in the city. Similarly, parts of Central and Southern Somalia have a fluid security situation, which means that although some interventions can take place, programming is often interrupted or delayed due to the situation. These contextual factors also make programme costs, especially programme overheads and delivery costs much higher than in other countries, leading in turn to a reduction of programme coverage and reach.

Hence, in the Somali context the more relevant way to ask the evaluation question would be **"In what better ways can UNICEF's country programme be planned and implemented, given the Somali context, that would enhance its effectiveness and impact?"** The evaluation findings have tried to analyse the causal reasons for the strengths and weaknesses of UNICEF Somalia's programmes at the levels of programme planning and implementation in an attempt to answer the above question. The recommendations that follow are a result of this process.

However, the issue of impact is critical and needs to be asked repeatedly within the country programme, not only at a generalised level, but also at the detailed level of activity and tasks. The programme cannot afford to assume that programme outputs automatically lead to impact. In a complex environment like Somalia, such an assumption could weaken the premise of the MPO to be flexible and have the ability to adapt during the programme cycle. This process of critical reflection needs to be strengthened within the country programme so that accountability focuses more towards programme outcomes and impact and not remain solely at input and output levels. Flexibility and adaptability in programme strategies can be useful when the guiding posts for such flexibility are clearly laid down.

5.   KEY ISSUES and RECOMMENDATIONS

Before specific recommendations are made, the following issues need to be highlighted.

Firstly, the recommendations have kept in mind the opportunities and threats offered by the Somali environment, so that the recommendations are viable and implementable. That is, they are within the control of UNICEF and can be implemented in the medium term. However in the first section (section 5.1) issues that are beyond UNICEF Somalia programming and that need strong coalition building are discussed, to provide a broader perspective for social sector development in the country.

Secondly, the size, presence, continuity and resulting goodwill of UNICEF within Somalia with all stakeholders is very high. However, this has implied that they look to UNICEF not only for resources but also ideas. The burden of providing intellectual leadership for social sector development within Somalia is a responsibility that UNICEF must continue addressing, even though it may not actually implement all of ideas itself.

Thirdly, and related to the above, while priority themes are clear and have been universally identified by UNICEF globally, actual programme content know how available to country offices is still often abstract. It is an area that requires special attention at different levels within UNICEF, beyond a specific country office, at the regional and global level.

Therefore, taking the above points into consideration, the recommendations within this chapter cover two broad levels of action. One is concerned with the programme mix, content, and development issues. The second is with programme implementation strategies. The programme strategy section attempts to contextualise issues in the Somalia context and link the two.

5.1.   THE MACRO ISSUE: SOCIAL SECTOR DEVELOPMENT NEEDS IN SOMALIA

The purpose of the section is to briefly highlight issues and concerns that affect all developmental actors within Somalia. UNICEF is one actor amongst many that is contributing to the development of Somalia. Although UNICEF is a key actor in the country, it is neither practicable, nor desirable, for the organisation to take on all the issues facing the country. Yet, even if UNICEF is not directly addressing certain issues within Somalia, the organisation must continue to have a comprehensive understanding of the issues and needs, as the actions of UNICEF need to be in sync with the environment outside UNICEF.

This section discusses seven topics: political governance structures; models of social sector development; institutional development for policy implementation and system regulation; community based integrated development; gender mainstreaming; access and equity for vulnerable groups; and human resource development. These seven topics are areas of concern for all developmental actors within Somalia and thus not limited to UNICEF.

5.1.1   Political Governance Structures

Somalia is a country without a unified government. Governance structures in different zones and regions within the zones are nascent and evolving. International agencies have a major responsibility and role to play in supporting the positive dimensions of such governance structures, as without such structures, little long term development is feasible. Support would include assistance in legislation, planning processes, and creation of regulatory, promotional, and social service delivery systems that contribute towards the social and economic development of Somalia in a true spirit of partnership.

5.1.2   Models of Social Sector Development

The years of internal strife have left Somalia not only without a unified government, but also to a large extent with an absence of any modern institutional base for social sector development. Given the current situation and the Somali socio-cultural context, it is unlikely that the provision of social services through a centralised, modern, welfare state system is a model that will be relevant or applicable for some time to come. Hence, by virtue of its circumstances, Somalia has to experiment with new models of social development that many developing nations and more developed nations are today being forced to experiment with as failures of the centralised welfare state come to the fore.

The elements of a new, more participatory and horizontal model of social development are already emerging in Somalia in the different social sectors where government, private sector, and community structures combine to manage and provide essential social services like health, education and water.

Given that a decentralised, multiple stakeholders' owned and managed model of development is a desirable and feasible option in Somalia, there is a need to further define, structure and delineate the specifics of such a model in each of the social sectors. Issues such as revenue generation and sharing basis, subsidy to the more vulnerable groups, staff incentive structures, maintenance of assets, cost sharing and reinvestment norms have to be standardised for each kind of service (be it a school or water supply system) at the unit level. While cost sharing systems are being introduced,

a more comprehensive policy framework needs to be developed. Norm setting and standardisation is required, especially in the areas of revenue collection and utilisation of cost sharing, if these innovative partnership models are to be replicated.

5.1.3 Institutional Development for Policy Implementation and System Regulation

In the North West and North East zones, there are beginning efforts at rebuilding institutional capacities as well as redeveloping policies and system regulations. In general, the current situation in the Central and Southern zone does not yet permit such development.

Both policy formulation and service delivery system development are not static, one time tasks, but need to be constantly upgraded and monitored. The link between policy development and policy implementation is provided through **institutional structures** in a society. Attempts are being made by development agencies to re-establish the institutional base within Somalia both at the local level and sectoral level, such as establishing Town Municipalities, establishing a Board of Primary and Secondary Education, and within ministries in the North West and North East zones, establishing Directorates.

However, unless the institutional base is strong, it is difficult for policies to be implemented and for service systems to become sustainable. Institution building is an integral part of social development and nation building. It also provides the base for human resource development at a country wide level. There is a need for development actors within Somalia to invest more in assisting Somalia in building and strengthening institutions.

Specifically, internationally aid agencies can invest resources into longer term assistance to the following types of institutions in Somalia:

- ♦ Professional training institutions like teacher training and nursing colleges;
- ♦ Autonomous Regulatory Bodies like the Board of Primary and Secondary Education, Public Health Board, and Water Resources Regulatory Authority;
- ♦ Local Authorities and Municipal Corporations in specific towns;
- ♦ Legal and judiciary institutions;
- ♦ Professional Associations, such as Pharmacists and Teachers; and,
- ♦ Networks of Women's Groups.

Institutional development requires a very different approach from a project based approach. If development agencies are desirous of contributing to institutional building in Somalia, working through a strong coalition of partners is necessary. In the Central and Southern zone, while formal institution building may not be feasible, an informal, localised, widespread base of human resources (as a kind of surrogate institution) may be feasible.

5.1.4 Community Based Integrated Development

Another element of social sector development is the area of community based integrated development. In the absence of a unified government or a society wide institutional base (both of which are long-term nation building agendas), development agencies need to find mechanisms to directly work with communities, both at the settlement level and the household level. The community environment in Somalia shows that communities are willing to participate strongly in

development initiatives, if given the opportunity. However, community involvement is often constrained by the current limited technical and financial capacities of communities. It also needs to be noted that within the Somali context, working directly with communities entails careful analysis of the environment and a significant level of political balancing so that existing community rivalries are not further aggravated.

The model for community based development needs to underlie sectoral programming and such a model needs to be implemented in conjunction with different activities and programmes over a longer term. Only through such an approach do programmes focussing on behavioural change have a chance for success in the long term.

Development agencies can contribute to such a model through local NGOs and CBOs. The essential features of the model would include the following, with the caveat that not all elements would be feasible within every community:

♦ A rapid appraisal and stakeholder analysis exercise at the settlement level for identifying priority needs and resource mapping;
♦ Establishment of a settlement level Development Group (community development committee) for managing programme inputs;
♦ Mobilisation of neighbourhood/settlement women's groups and youth groups around development activities;
♦ Programme planning with the community for service management, access and demand; and,
♦ Introducing sectoral programmes together in an interlinked manner.

The above elements require intensive and continuous inputs as well as the development of a **cadre of community facilitators/mobilisers**. The training and selection of a competent and committed group of community facilitators is key to implementation of longer term, community level development. Area based programming is one mechanism to complement and integrate sectoral based programming as well as provide opportunity for awareness and behaviour change based programmes to reach communities on a continuing basis. This approach is relevant in all the zones, but more so in the Central and Southern zone where there are currently no regional authorities.

5.1.5   Gender Mainstreaming and Somali Women's Movement

The issue of gender parity and women's role in development needs a broad vision, commitment, coalition building and advocacy effort within Somalia. Longer term coalition building with Somali women's groups needs to be promoted so that women's organisations can be given institutional support and space to grow. Development agencies need to jointly prepare a longer term plan for institutional support and issue based campaigns through Somali women's organisations and networks. The two campaign issues that can be taken up at a societal level, immediately, as some base work has already been done, are FGM and Girl's Education. As the movement gains strength, other issues can be taken up gradually, of which higher education for women is a key area that needs developing. Conditions in the Central and Southern and North East zones however mean that initiatives will be undertaken by working directly at the community level as local authorities are not yet strong enough to take on policy and institutional level integration of women's issues.

5.1.6 Access and Equity for Vulnerable Groups

Poverty alleviation programmes and social targeting is an emerging need for all social sector programming. The most vulnerable groups live either on the peripheries of towns, in settlements along the interconnecting roads or in the rural areas. As observed from the analysis of the Somali environment today, there are issues of inequalities within Somali society that need to be addressed. The reference to community, without taking into account the access and utilisation issues facing the poor, is an abstraction, and programmes have to give priority to this issue in their design.

The access and utilisation of social services need to be pre-designed into programmes, and continuously monitored after implementation through the following strategies:

- ♦ To design a programme so that it not only looks at quality supply of a service but also the **distribution system** of the service. For example, urban water systems need to design a distribution and pricing system for the kiosk.
- ♦ To design a programme not only from the supply side, but also from the **demand side.** For example, for the poor, the need is for their children to go to school in seasons/times that can accommodate their lifestyle or schools that take care of both older and younger siblings together.
- ♦ To design a programme where the poor find value in the service and which **satisfies an immediate need.** For example, unless child nutrition monitoring is linked to curative services for all members of the family, the former service is often not used in the MCH. (However, linking of services needs to be done carefully so as not to create a situation whereby communities will only accept linked services.)

In addition, development actors within Somali need to undertake a comprehensive vulnerability study in order to guide and inform programming.

5.1.7 Human Resource Development

One of the key issues in Somalia today is that with years of civil strife, the entire higher education system has collapsed, and the social and economic sectors cannot expand beyond a point without an adequate number of qualified personnel. Given the shortage and low technical base of human resources, different development actors have tried to address the situation through various, short term, topic-specific training programmes. However, tangible human resource development can not occur through discrete training programmes. There is a great need for development actors to build a comprehensive human resource policy framework within which specific training activities are placed. Such a human resource development framework must also include a gender perspective and pro-actively address the current gender imbalance in the social sector.

       *   *   *   *   *   *

In conclusion, the above six macro issues define the social sector programming needs for long-term development of the social sector in Somalia. These issues can only be addressed by networking and coalition building amongst all the development actors within Somalia, as no one agency would be able to adequately address these issues. In addition, only through a coordinated approach to addressing these issues, by involving as many development actors as possible, will tangible results be possible. To recap, six macro issues are:

- ◆ The need to support emerging governance structures in Somalia;
- ◆ The need for developing an appropriate model for the management of social services, particularly at the unit level;
- ◆ The need for building up institutional structures of different kinds that link policy formulation and policy implementation;
- ◆ The need for a community based model for integrated development at the micro level and the mechanisms for putting such a process of development in place;
- ◆ The potential and need for gender mainstreaming in the Somali context, beyond individual programmes;
- ◆ The need to address access and utilisation by vulnerable groups to social services **explicitly** in all social sector programming; and,
- ◆ The need for comprehensive planning frameworks for human resource development in all sectors.

All the above issues emerge from the macro context of the analysis of the Somali environment. They have application both beyond specific programming as well as provide the underlying parameters that define the contours of individual development agency programmes. With this background in mind, we now focus on the specific implications of such a context to UNICEF Somalia.

5.2. UNICEF PROGRAMMES IN SOMALIA: PROGRAMME MIX AND DEVELOPMENT

5.2.1 PROGRAMME MIX AND TYPOLOGY

UNICEF Somalia has the following programme themes:

♦ **Sectoral Programmes focussed on Service Delivery and System Rehabilitation**
The four core sectoral programmes that have achieved both significant depth and coverage include:
- ♦ Health
- ♦ Nutrition
- ♦ Water and Sanitation
- ♦ Primary Formal Education

All four programme areas are priorities in the Somali context and their coverage can be improved without changing existing strategies of UNICEF. The programme development issues as well as strategic issues are being currently addressed by UNICEF Somalia. The key issues in these four programming areas are mainly related to implementation issues – how to increase coverage, quality, access, and utilisation. Issues related to these programmes are largely dealt with in the section on programme implementation and sustainability (5.3.6 and 5.4).

♦ **Programming Areas Where Strong Social Need Exists**
In addition to the above purely sectoral programmes there are certain interventions, more inter-sectoral in nature, which need to be developed and structured further, as there is both a felt need in the Somali context and are a part of UNICEF's global priorities. These include:
- ♦ Early Childhood Development
- ♦ Child Protection
- ♦ Non-formal Education – creating learning environments for out-of-school children/youth
- ♦ Youth programmes
- ♦ Women's programmes

Section 5.2.2 looks at how the above programme themes can be further developed.

♦ **Programming Areas with Strong Awareness and Behaviour Change Dimensions**
Programming areas with strong behaviour change dimensions are mostly dependent on advocacy, communication, and social mobilisation dimensions, as opposed to supply of services and hardware. Programming areas of this nature include:
- ♦ HIV/AIDS Awareness
- ♦ Hygiene Education
- ♦ Girls' Enrolment and Education
- ♦ Women's Issues – such as FGM
- ♦ Breastfeeding Promotion

Although the above programming areas require a different set of approaches to programme implementation then required for service delivery based programmes, the success of many components within sectoral programmes are dependent on the success of behaviour change components. Behaviour change components require intensive collaboration with local actors and

short-term results should not be expected. Issues related to these programming areas are discussed in 5.2.2.

The Somali context offers challenges in the implementation of these three categories of programme components together. However, the fact that only the combined implementation of these components will lead to an impact in changing the lives of children and women, calls for a simultaneous and inter-linked development and implementation of all the above components. For example, without hygiene education and sanitation programmes, programmes for drinking water delivery will have limited impact on the health status of children. Without programmes for early childhood development and a society wide promotion of girls' education, the impact of a formal primary education system will be limited.

There is a therefore a need for more focussed human and financial resource allocation for programme components with inter-sectoral and behaviour change elements. Such a programme shift would require advocacy with donors for a more integrated vision of programming. In addition, and more critically, the country programme needs to develop further appropriate programme implementation strategies, with explicit recognition that different programme components require different strategies.

5.2.2   PROGRAMME DEVELOPMENT

It is difficult for a non-sector specific evaluation team to give concrete and specific programme development recommendations for each programme area. Hence, recommendations highlighted here are organised around specific themes and sub-themes which need to be considered in furthering the programme development process as observed from the Somali context and UNICEF programme implementation evaluation findings.

Sectoral Programmes Focussed on Service Delivery and System Rehabilitation

Substantial progress has been made both in the programme development and implementation of the areas of Health and Nutrition, Primary Formal Education, Water Systems. Keeping in mind the social sector development needs in Somalia, as outlined in Section 5.1, the priority areas for further focus include the following:

<u>**Health and Nutrition**</u>

- ♦ Refinement of the model of the MCH that takes into account spatial planning, cost sharing, revenue reinvestment and staff incentive structures to make the MCH system more effective and sustainable;
- ♦ The design of a comprehensive training package, integrating existing training modules in health and nutrition and developing a selection criteria and methodology for continued in-service training to health and nutrition personnel;
- ♦ Further development of an inventory management system for drug supply, replacement, and storage at the zonal level;
- ♦ Mechanisms and policy for involvement of the private sector (including minimum standard setting) for immunisation; and,
- ♦ Marketing strategy for awareness raising on MCH service availability to neighbouring communities in order to enhance the community link and use of MCH facilities.

Primary Formal Education

♦ Further refinement of the government-community primary school model in terms of setting norms for community contribution, school fees, revenue collection and use, and incentive structure for teachers and head teachers;

♦ Development of an academic support structure for primary school in terms of building up a Resource Centre structure at the district/sub-district level for teacher problem solving and academic support;

♦ Capacity building plan for pre-service teacher training and continued strengthening of the cadre of teacher trainers;

♦ Establishing norms and going-to-scale with the already introduced low cost model of primary schools for the 80% of children who still do not go to school;

♦ Developing selection methodology for cadre of women teachers, head teachers, and supervisors in primary education and supportive financing structure;

♦ School mapping to define spatial planning of primary schools for defined catchment areas;

♦ Further development of a comprehensive head teacher and teacher training framework that looks at a school as a unit; and,

♦ Early learning and childhood stimulation to encourage proper age entry into primary education.

Water and Sanitation Systems

♦ Explicit provisions for the inclusion of vulnerable groups in the design of water systems;

♦ Further development of comprehensive technical maintenance training system for different kinds of water systems;

♦ Expansion of the inclusion of users in site selection, maintenance, and contribution structures in rural water supply systems and hand pumps (especially women's groups);

♦ Integration of solid and liquid waste distribution systems in design of urban water systems;

♦ Market led spare-part distribution system in town/district centres for ease of maintenance;

♦ Establishment of a water resource (sources and use) monitoring and information system; and,

♦ Expansion of hygiene education and social mobilisation.

PROGRAMME DEVELOPMENT IN NEW PROGRAMME THEMES

The following section broadly outlines the need for programme development and implementation of new programming themes. The exact structural contours of each of these themes is beyond the scope of this evaluation, and form an integral part of the next country programme planning process.

Integrated Early Childhood Development

Integrated Early Childhood Development is one of the priority areas in the Mid-Term Strategic Plan of UNICEF. Although it may not be feasible to initiate a full fledged programme in this area in Somalia at this time, the next country programme cycle should be used to develop a contextually relevant programme around this critical issue of child rights.

Child Protection

The increasing number of street children, working children, orphans, and other vulnerable children, points to the great need for reaching vulnerable groups of children, especially in the larger urban centres. Programme development processes should be initiated on a priority bases around the following themes:

- **Strengthening knowledge base** on child protection situation in order to "break the silence" on sensitive issues (e.g. sexual and economic exploitation of children) and help develop interventions to protect children;
- **Building capacity** of local partners to monitor the situation of children, prevent violence and protect victims (e.g. training of professionals);
- **Advocacy** with local authorities to protect children and **raise awareness** of society in general on child protection issues; and,
- **Provide psychosocial care** to child victims of violence, abuse, and exploitation.

Non-Formal Education – Creating Learning Environments for Out of School Children and Adolescents

It is unlikely that resources for the expansion of the primary formal education system is going to cover a majority of children in Somalia in the medium term. There is therefore a great need to provide learning environments to various vulnerable groups of children in Somalia in different ways in the medium term. The non-formal package developed by UNICEF could form the software base for piloting such basic literacy and education programmes to different population groups in creative and adaptable ways. These programmes do not need too much structuring but need different kinds of strategies to reach different groups. Without reducing the current focus on formal education, some of the opportunities for non-formal education programme development that exist include the following:

- Initiation of community based, appropriate approaches. One model of which is single teacher learning centres for out-of-school children;

♦ Further development of non-formal women's literacy classes at the settlement level for neighbourhood groups which can become entry points to women's groups at the community level and behavioural change and awareness raising programmes; and,

♦ Further development of non-formal education centres for youth, focussing on adolescent girls, which can become the nucleus for creating youth groups for a range of activities.

The above programmes can be structured with incentive structures around primary school teachers or educated persons. Monitoring of enrolment, learning levels, and outputs can be factored into loosely structured, resource person centred, non-formal, education based programmes to reach wider groups of vulnerable children and women at the community level. Centres could also form the entry point nuclei for the expansion of the youth programme and the initiation of a community-based women's programme.

Community Women's Groups – Building Blocks for Women's Participation

As observed from the evaluation findings, a fragmented approach at the community level is not an effective strategy for mobilisation. A mixed gender strategy (of CECs and WES committees) often has meant that women are not given substantive roles in the Somali social context. For enhancement of women's participation, it is important for women to have collective forums. This can be achieved at the micro-level through organising exclusive women's groups around mutual aid and management of services for children and women. Such groups need not be large but can be formed at the neighbourhood/settlement level and structured initially around a service or facility (e.g. hand pump maintenance, women's literacy classes, childcare centre). Such community level women's groups formation programme could support the deepening and widening the women's movement in Somalia, which is currently restricted to an urban elite and larger local NGOs headed by women.

Programming Opportunities for Awareness Generation and Behavioural Change

Strategies for awareness and behavioural change a programme components are very different from structured programmes involving service delivery. Effective communication strategies, social mobilisation and advocacy are the cornerstones of such programmes. As seen from the Somali context and evaluation findings, UNICEF needs to further refine these programmes if they are to achieve results. Some of the programme features that are essential in all these programmes in the Somali context are:

♦ **Message Development:** A very focussed message relevant to the Somali context needs to be developed that links the intended programme outcome to a need. For example the link between FGM and maternal mortality.

♦ **Focussing on a Single Key Message:** Even though a variety of relevant messages are possible around each theme, in a behavioural change based campaign these messages need to be sequenced. For example, in hygiene education, focussing only on the need for clean containers for storing drinking water may be focussed on initially.

- ♦ **Medium of Communication:** While the use of local radio, and puppet shows etc. are useful mechanisms, they often do not reach the most vulnerable groups. Also, Somalia having an oral tradition, and awareness building and behaviour change being a slow process, there is no substitute **for a continued community level dialogue process. In this regard the building up of a cadre of Community Facilitators** (discussed in Section 5.1.3) and training these facilitators in community participation processes could be an option to explore, keeping in mind the time and financial resources required for developing such a cadre of facilitators.

- ♦ **Negotiating Change through Incentive Structures:** Often the conversion of awareness to behaviour change is a function of the incentive and disincentive structures available in society, which in turn brings about social and cultural change. The supply of low-cost infant formula is a disincentive for breastfeeding. Linking government aid to girls' enrolment is an incentive for girls' education. However, for such structures to emerge requires effective and committed government structures to be in place; a situation in which Somalia is not in currently.

The above are some of the programmatic themes and sub-themes where further work on programme development is both desirable and feasible in the Somali context. The specifics of design however need further work through specialist expertise.

One of the common features of all the recommended programme frameworks suggested is the need for a closer, more direct, and continuous link with the community, especially vulnerable groups of children and women. This is particularly necessary in the Somali context where government structures are weak or non-existent and there is great need for innovative programme ideas. One strategy for achieving this could be to create a local (group or individual), based cadre of Community Facilitators, cutting across programmes, through a rigorous process of enpanelment, selection, training and contracting, in different locations, with a sustainable remuneration policy for the facilitators. Such an undertaking would require substantial organisational commitment of human and financial resources.

5.3. PROGRAMME STRATEGIES

Programme strategies are concerned with answering the "how" question and provides the link between a programme or project concept and its implementation on the one hand and the link between programme objectives and a programme activity on the other. In the Somali context, which is often uncertain and insecure, long term programme strategies are often not implementable. Paradoxically, this very reason calls for a clear strategic approach within which programmes are placed and implemented.

Lessons from Existing Strategies

Within the sectoral programmes, UNICEF Somalia has supported a variety of programme strategies that cover a fairly broad range of parameters.

Firstly, UNICEF has supported the integration of emergency responsiveness with longer term sectoral strategies, especially in Health and Nutrition, where disease and epidemics surveillance with epidemic prevention; nutritional surveillance with therapeutic feeding and other areas have been integrated.

Secondly, UNICEF has supported all levels, from policy frameworks to service delivery on the one hand and community management structures to policy advocacy on the other, in the three sectoral areas, adapting the strategies to suit the opportunities as and when they arise.

Thirdly, UNICEF has attempted to integrate across sectors through different mechanisms such as common goals in the MPO; zonal level integration; centralised cross-sectoral programme inputs and priority setting through programme communication and social mobilisation and monitoring and evaluation sections.

In addition to the above broad strategies, there are elements, of what may be termed micro-strategies, in the different sectors which have significant lessons for future programme strategy formulation across sectors. The highlights of some of these strategies need to be reiterated in this chapter, because they are applicable across sectors. Such programme strategies which have proved effective include:

- The public-private sector models of ownership and management developed in urban water system projects and the local authority – community ownership structures developed in a few rural water supply projects, lend themselves to application in other service delivery systems. Notably, this intervention was successful because the service (water), was not only in high demand by the community, but there was also prior experience in paying for water. **The lesson here is that appropriate social sector models of ownership and management can be developed at the unit level in programmes having a service delivery component.**

- The strategy of developing a comprehensive primary school package of curriculum, pedagogy, textbooks, teachers' training, information system, community education committees, and school construction guidelines first, and then spreading the package simultaneously across a very large number of schools. **The lesson here is that a systematic, sectoral, 'software' package should be prepared as a first step, so that when the opportunity arises the package can be implemented on a large scale.**

♦ The strategy of focussing on the design of an integrated mother and child health service and nutrition monitoring system at the community level, through an MCH. **Standardising** the supply package (drugs and equipment, micronutrient supplies etc.), service package, information system, staffing pattern, selection and training of staff at the community level, and then spreading the package horizontally through a variety of implementing partners. **The lesson here is that a comprehensive and standardised package of inputs, covering both software and hardware which constitutes a community level service is more easily replicable through different kinds of implementation partners, available in the Somalia context, than a non-standardised or vertically designed programme.**

♦ The strategy of developing comprehensive, gender disaggregated, data collection, information, and reporting systems in the health, nutrition and education sectors provides a basis for situation and programme monitoring at different levels of a sector. **The lesson here is that developing information systems, as an integral component of programme development and implementation, can lead to more systematic planning and monitoring of programmes.**

♦ The strategy of developing a pool of teacher trainers and educational supervisors in the education sector provides a human resource pool on which future sectoral interventions can be built. **The lesson here is investments in human resources at the sectoral level, beyond UNICEF's immediate programme needs is useful for making future programme interventions more effective.**

♦ The strategy of developing a standardised safe delivery kit for women by the health section is one example of attempting to reach directly the household level, instead of going through imperfect delivery systems. Even though this has been recently introduced, **the lesson learned here is that, in the Somali context of imperfect or non-existent service delivery systems, programmes need to have some direct, ready to use, household components within them.**

It is possible to use each of the above strategic dimensions across different sectoral and inter-sectoral programmes, using the lessons from success in one sector across different sectors.

The Need for New Strategies

Different programming strategies can be supported by UNICEF Somalia to enhance reach to vulnerable groups, inter-sectoral integration, and overall impact. However, in light of the lessons learned above, **in all cases the sequence should be to develop a programme idea as comprehensively as possible, pilot test the programme strategy, and then replicate it.**

Before recommending specific programme strategies across the different programmes, certain general comments, based on the observations of the evaluation team, need to be made.

Firstly, given the difference in the overall environmental contexts in the three zones within Somalia, it is unlikely that all strategies can be uniformly applied in all locations. The Central and Southern zone obviously needs a much more flexible and adaptive set of strategies at the implementation level, to meet the contingencies, specific needs and opportunities that emerge in

different locations from time to time. The relatively more stable North West zone can have a more stable set of predetermined strategies. However, at the community level there are several similarities between zones and many strategies are therefore applicable across the zones.

Secondly, strategies are a function of the specific types of programmes that are being implemented. Strategies for promoting hygiene education will need to be very different from strategies for installation and maintenance of a water system. Similarly, strategies for a cross-sectoral programme will be very different from strategies for purely sectoral programmes. Hence the strategies being recommended in this section are a function of and derived from the mix of programmes being recommended in Section 5.2.

Thirdly, an analysis of the MPOs shows that strategies need to be more explicit articulation of strategies for specific programmes. The specific programme sections cover objectives and the PPAs cover objectives, activities, outputs and micro-strategies. This of course does not imply that in practice UNICEF Somalia does not have detailed strategies, only that these strategies are not explicitly documented in the programme development process.

Finally, all programmes need to continue following the basic strategic sequence. This includes, in order of sequence, conceptual development of a programme, pilot testing the programme in different contexts, and then evolving an implementation strategy for its replication. This sequence of stretching a strategy over a programme "life cycle" is necessary within the planning processes of UNICEF and without a fully developed and tested programme, releasing it in the environment can lead to weak implementation.

The recommended strategy set has been divided into the following categories.

1. Strategies for reaching programmes to vulnerable groups;
2. Strategies for clustering/integrating programmes at the community level;
3. Strategies for sectoral service delivery;
4. Strategies for cross-sectoral programme planning and implementation;
5. Strategies for programme implementation and enhancing coverage; and,
6. Strategies for programme sustainability.

5.2.3   Strategies for Reaching Programmes to Vulnerable Groups – Social Targeting

The analysis of the environment clearly brings out the need for improved social targeting of programmes towards specific vulnerable groups. Strategies to reach the poorer sections within Somali society could include:

♦ Choosing settlements where the poor reside on a priority basis for all programme implementation. This include IDP settlements at the peripheries of towns, village settlements and slums emerging in the bigger cities (the spatial dimension of poverty);

♦ Placing a majority of the service units within these settlements such as health posts and hand pumps within smaller settlements and MCHs and schools within larger settlements;

♦ The basis of the above has to be a more rigorous spatial planning of service units, be it schools or MCHs;

♦ Establishing a model for monitoring the access and utilisation of services by vulnerable groups; and,

♦ As more information becomes available, further refinement of priority groups in need of programme targeting based on vulnerability assessment.

5.2.4 Strategies for Clustering/Integrating Programmes at the Community Level – Building Community Structures for Integrated Development

Having reached a specific community with one kind of programme output, and gaining their trust, it is a tremendous waste of opportunity, not to implement other programmes with the same community.   Strategies to cluster different sectoral programme within a community (settlement/village) would include:

♦ Identifying a local resource person/group to facilitate long term community processes;

♦ Entry strategy programme, be it an emergency response, health post or water supply system is first initiated;

♦ A group from within the community (women's group, youth group or elders) is formed to manage and monitor the programmes;

♦ Other sectoral programmes are introduced and such programmes can be cross subsidised through revenue generating programmes like water;

♦ Dialogue and education process is initiated for raising awareness and changing behaviour on different issues (hygiene education, FGM, HIV/AIDS, girls' education); and,

♦ New community leadership development processes are initiated amongst youth and women.

5.2.5 Strategies for Sectoral Service Delivery and Monitoring – Community Development Committees

The current strategies that exist for sectoral programmes continue to be valid and useful. To make these strategies more effective both in terms of cost and outcome, as compared to outputs, it is necessary to include the following:

♦ The community does not distinguish between different sectoral committees as it is often the same people on different committees. Hence it is better to have a single **Community Development Committee (CDC)** that oversees all sectoral service units within one village/settlement;

♦ The sectoral service "unit" (school, water supply, health post (MCH)) needs to be managed by those employed by it. The CDC can only monitor motivation, attendance

etc. To ensure greater accountability of such staff to the community, a percentage of their salary can be paid through the CDC or through fees (i.e. cost sharing); and,

♦ A system of community monitoring of all services from the community directly to UNICEF Somalia can be introduced to ensure that programme outcomes are being met and the services being used by the community.

5.2.6 Strategies for Cross-Sectoral Programme Planning, Implementation and Monitoring

There is a rationale, need, and opportunity for strengthened cross-sectoral programme implementation. In this section, specific strategies are recommended for improving more integrated programme planning and monitoring.

♦ The design of the PPA for 2001 and 2002 promotes an environment for cross-sectoral implementation. However, "actual" cross-sectoral implementation at the zonal level is required, which can be achieved through increased monitoring of implementation vis-à-vis the PPA.

♦ The MPO needs to have defined programmes and projects with clear cross-sectoral objectives and activity sets.

♦ Specific financial resource allocation from the different sectors need to continue to be made at the beginning of the planning cycle and annual budget preparation to ensure that adequate resources are allocated to cross-sectoral projects.

♦ Cross-sectoral programme activities need to have a programme content beyond discrete events, such as training and workshops, and need to be given a project shape. For example, gender needs to have activities such as women's group formation and capacity building support to women's groups at the zonal level and women based programming at the administration level.

In addition to initiating specific projects and programmes with cross-sectoral themes, cross-sectoral sections need to further integrate certain dimensions of cross-sectoral issues into the sectoral programmes as "service units". These include Gender, Monitoring and Evaluation, and Programme Communication and Social Mobilisation.

Monitoring and Evaluation

♦ Monitoring indicators need to be further strengthened to focus primarily on programme outcomes than on programme inputs (expenditure) or outputs (installation), and thus sectoral/programme performance criteria can be measured through outcome indicators.

♦ Research and situational monitoring studies that focus on "reasons" for a particular situation within a programme, needs to be introduced. For example, "Why schools do not have equal numbers of girls and boys", "Why people do not use MCHs", and

"How much do people pay for drinking water". Such studies will better inform programme strategies.

♦ Studies on specific issues of sectoral programme interest need to be managed by sectoral sections with Monitoring and Evaluation primarily responsible for cross-sectoral studies. In-house capacity building would be necessary for this.

♦ All programmes, including cross-sectoral programmes, need to have well defined outcome indicators, beyond activity outputs.

♦ The weightage to outcome in both the MPO and PPA needs to be substantially enhanced, as compared to the current focus on outputs. This should be done as far as feasible, keeping in mind the fragile context of Somalia. Ideally, impact indicators should also be monitored.

Gender

♦ Programme outcome criteria (i.e. performance indicators) in all sectoral programmes and cross-sectoral projects must continue to be identified and measured by gender based indicators.

♦ Programme activities and outputs need to be monitored by gender (e.g. number of female teachers trained) and gender specific activities planned within a project (e.g. women's groups managing hand pumps).

♦ Advocacy activities with local administrations, specifically need to be designed with gender perspectives.

Programme Communication and Social Mobilisation

♦ Strategies for communication processes directly to the community level need to be further developed.

♦ The method of defining priority themes within communication need to be continued but further refined to focus on one or two messages within each theme.

♦ Community Mobiliser cadre creation must become an explicit responsibility of the programme communication and social mobilisation section and financial resources allocated for selection and training of such a cadre.

5.2.7   Strategies for Quality Programme Implementation and Enhancing Coverage – The Partnership System and Process Monitoring

The basic strategy followed for expanding coverage has been to move from direct implementation by UNICEF to implementation through partners to system reform roles. The preconditions for the above strategy, which is a valid one for expanding coverage in the Somali context, are threefold.

First, a well developed and **clearly defined programme concept** is needed**.** Second, a degree of **standardisation** of the components within the programme needs to be developed. Finally, a set of **standards** to monitor programme outputs and outcomes is necessary. All these factors need to be designed within a programme before a **replication strategy through partners** can be implemented.

Keeping these lessons in mind, the following strategies may need to be followed while expanding coverage.

♦   In addition to a clearly defined and holistic programme package, that is standardised and has standards for monitoring, there needs to be one other software dimension added to broaden the **use** of the programme output. For use of the service by desired groups of users (mothers for MCHs, girls for school), a user mobilisation component or a **service marketing** component needs to be added (to generate demand for supplied service).

♦   Partnerships or contracts must be made more holistic to involve the entire package of services/activities within a programme rather than only specific tasks.

♦   UNICEF Somalia's roles should continue to shift, wherever feasible, from being a direct implementor to one of monitoring outputs and outcomes. A system for this monitoring role of UNICEF needs to be strengthened and become an integral part of a partnership contract. UNICEF should focus on monitoring quality of implementation, community reach, maintenance systems, and quality of service.

♦   Currently each sector follows a different partnership strategy, partner selection criteria and contracting system. A pre-condition of expansion through the partnership system is a transparent and common partnership policy within UNICEF that includes clear criteria for qualifying as a partner (community reach being an important one), proposal making guidelines, standard expenditure parameters for activities and clear monitoring/result indicators. UNICEF would need to gradually introduce this strategy in a transparent way in order to politically mange the likely resistance from partners.

♦   Both the partnership policy and programme concepts (MPO) around which a partnership contract can be made with UNICEF should continued to be shared within the SACB so that donors, NGOs and other stakeholders are clear about UNICEF's programme and partnership parameters.

♦   Towards a wider perspective on partnership, an inventory using quality assessment criteria, should be conducted to standardise a partner enpanellment process.

5.2.8 Strategies for Enhancing Programme Sustainability

The following strategies towards greater programme sustainability need to be given due consideration.

- ♦ The "community" is an abstraction conceptually and amorphous in reality and varies from place to place. To make sustainability more practical in the Somalia context, flexibility should be retained on the specifics of ownership and management structures.

- ♦ A necessary input for this, however, will be implementation of a community mobilisation strategy that moves beyond pre-structuring community management structures to actually negotiating with communities.

- ♦ There needs to be a balance between the willingness to pay and the ability to pay, if UNICEF is to reach the poor. Cost sharing should not be at the expense of UNICEF goals such as girls' enrolment and reaching vulnerable families. Exemptions to paying for services by vulnerable groups is one possible option.

- ♦ More comprehensive and standardised training frameworks for pre and in-service training need to be developed for different levels of personnel, without which expansion of programme coverage would be difficult. Further, institutional sustainability also implies investing in training institutions and a pool of local trainers, which needs to be integrated with specific, discrete, training programmes.

5.4.   PROGRAMME IMPLEMENTATION

Many of the specific issues in programme implementation are strategic in nature and recommendations have been made in the relevant sections in Section 5.3 on programme strategies. However there are also specific, non-strategic, issues related to implementation of existing programmes that need attention. The recommendations for these are below.

5.4.1   Enhancing Coverage vs. Quality of Implementation

UNICEF has attempted to cover as much of the Somali population and locations through its implementation structure. Not only is this extremely difficult in the Somali context of internal strife, long distances and complex logistics, but because of all these factors, it is also resource intensive. One of the negative consequences of this geographic spread has been weak monitoring by UNICEF. Hence it is recommended that:

- ♦ UNICEF should attempt to expand coverage only when a programme concept is well developed, successfully tried in the field and a clear replication policy has been evolved;

- ♦ The targets and objectives in the MPO and PPAs should be scaled down to be more realistic and achievable, so that they can actually be used to measure programme performance;

- ♦ Focus of monitoring should shift to programme outcomes and impact (where feasible) from programme outputs; and,

- ♦ Concomitant resources and staff time need to be invested in follow-up and monitoring of all activities when expanding coverage.

5.4.2   Inter-agency Coordination and UNICEF Somalia Roles

The specific recommendations for improving interagency coordination at both the country office and zonal level include the following three directions in which collaborative mechanisms need to be deepened.

- ♦ Firstly, the collaborative inter-agency efforts done in Nairobi are often weakened or not followed up at the field level, leading to many overlaps. This is one area where inter-agency collaboration needs to be enhanced.

- ♦ Secondly, inter-agency collaborations usually do not cover joint strategic plans and clear division of roles and responsibilities between agencies in actually implementing these plans. While the health sector has moved farthest in this, the cross-sectoral projects do not have such intensive collaborative frameworks and need to move towards such an approach.

- ♦ Finally, while coordination is always a burden for an implementation-focussed agency like UNICEF, all partners look towards 'intellectual leadership' from UNICEF in

programme development ideas. UNICEF needs to continue to play this role and build effective coalitions with other partners, particularly in gender, monitoring and evaluation, and institutional capacity building.

ANNEXURE 1: Country Programme Evaluation Terms of Reference
(abridged)

1.   Objectives

Through a participatory process that will include UNICEF staff, donors, partners, and, to some extent, local communities, and beneficiaries the exercise will:

- To assess the relevance of UNICEF Somalia's core strategy of assistance to children and women through its programme in Somalia.
- To undertake a systematic, in-depth review of progress in order to determine the extent to which UNICEF Somalia interventions have met planned objectives, coverage, and strategies as identified in the last two MPOs.
- To identify and analyse constraints to implementation and to yield lessons learned, draw conclusions and make concrete recommendations for UNICEF's future interventions and role in the next Country Programme.

Particular attention should be given to the following key issues:

- Effectiveness of the design, mix and balance of country programme strategies, giving special attention to capacity building and role of communities.
- Programme sustainability with particular focus on community involvement, participation and sense of ownership.
- Effectiveness in dealing with cross-cutting issues such as rights, gender, planning, communication, monitoring and evaluation.
- Efficiency of the country programme including sustainability, managerial issues and use of resources.
- Appropriateness of programme coverage both in terms of geographical coverage and the mix of support.
- Existence and effectiveness of mechanisms for sharing experiences and lessons learned, in particular between zones and programmes.
- To review the relationship and linkages between programmes and operations (supply, logistics, finance/admin, human resources) in order to build on existing knowledge and provide recommendations to enhance and strengthen current structures. The component should particularly review operation support to programme implementation and linkages to achievement of the goals and objectives of the Country Programme.
- How to link emergency relief to development.

2. Management and Organisation of the Evaluation Process

This section outlines an approach for assisting UNICEF to review and evaluate process and impact of its executed programmes in Somalia. The entire exercise will be an inter-active learning process culminating in a participatory workshop during which main findings, conclusions and recommendations of the exercise will be discussed and finalised. The results of the workshop will be incorporated in a final and high quality report, which will be disseminated by the Somalia Country Office and form the basis for the next Country Programme.

Management
The evaluation will be guided by the Senior Programme Officer with the assistance from the Planning Monitoring and Evaluation Officer.

The Evaluation Office in UNICEF Headquarters and the Monitoring and Evaluation Advisor in ESARO will be closely associated in all stages of the evaluation process.

Organization
This evaluation process will consist of four steps and will be carried out by a team of three people including a team leader, an assistant and the facilitator who took part in the previous reviews.

The evaluation will undertake to:

- To determine by reviewing and using data available, meeting with partners, stakeholders, communities and beneficiaries the extent to which UNICEF activities have adequately addressed the needs of Somali children and women in the target areas.
- To recommend areas to be changed and/or strengthened in UNICEF's interventions in Somalia.
- To recommend new areas or methods of intervention, especially for the emergency areas of the Country.
- To identify areas for improvement in order to establish adequate operations set up which will enable the implementation of recommended strategies.
- To facilitate – at the end of the consultancy – a meeting to review, and revise, as necessary, UNICEF Somalia's planning and interventions in Somalia.

Below is a description of each step of the evaluation.

The first step will consist of a desk review of documents grouped into the following categories:

- **Sector review documents.** The evaluation will extensively review the outcome documents from the sectoral internal reviews.
- **Special studies** carried out by UNICEF before the start of the evaluation. It is hoped that a new study *on CEDAW in the light of Islamic law in Somalia* and *Changing of gender role in Somalia* will be completed before the end of this evaluation.
- **Country Programmes:** There will be a full documentation of the Country Programme cycle (Situation Analyses, Master Plans of Operation, PPOs, Annual Reports, Project Plans of Actions, etc.).

- **Projects and Programmes.** The evaluation will make use of relevant reports that already exist.
- **UNICEF** policy and programmatic documents.
- **Evaluations** carried out by other Agencies and partners.
- **Minutes of quarterly/mid-year and annual reviews** (Programme and Operations Management Meetings).

The review of the documents should lead to the identification of important programmatic areas of interventions for UNICEF Somalia, agencies collaborating with the Organization and partners with a role in the execution of projects managed through UNICEF in Somalia and gaps vis-à-vis global commitments. A list of key persons and key organizations with which individual interviews can be held to validate intervention areas and expected impact from the organizational perspective.

The current Integrated Monitoring and Evaluation Plan will be extremely useful as source of information on evaluation/studies/surveys.

The second step will focus on an extensive round of interviews with the Regional Office, stakeholders, partners and key actors which make up the UNICEF managed activities. This step will also include focus group interviews with UNICEF staff in the different zones and at UNICEF Somalia Support Centre level.

The third step will involve analyzing the data from the questionnaire and any available primary and secondary data. Important documents in this step would be the relatively recent i.e. Mid and End-Decade MICS, Primary School Surveys, EFA Assessment 2000 which should be able to establish broad parameters for a good number of indicators at the population level. The third phase shall produce draft reports to be discussed and further analyzed during the fourth phase.

The fourth step will include the production of draft analytical report, which will be discussed with the country team during the first week of October 2002 in the Programme and Operations Management Meeting (POMM). A final workshop will be held to present the final report. Specifically, the discussion with the country team shall address:

- The implications of the recommendations and how these can be integrated into the future sector and overall planning, design and implementation of strategies and core UNICEF programme interventions in Somalia. Under this aspect, it will be extremely important that the Operations Section discuss how those recommendations could be supported in the Somalia contest.
- Changes and/or additions in methods and strategies of intervention in the UNICEF supported sectors, especially for the emergency areas in Somalia.

3.   Methodology and Technical Approach

This section summarises the overall methodology and technical approach, which is proposed to be used during the entire exercise.

- **African Evaluation Guidelines 2001**

The evaluation will take into consideration the *African Evaluation Guidelines 2001* (cf. Annex 11). The evaluation report will contain an annex describing to what extent the guidelines could be applied and provide feedback for their finalisation.

Moreover, the review and evaluation process will take into consideration different methods due to the complexity and the objectives, including:

- **Reviewing of existing key documents**

Relevant existing documents include policy documents, studies/surveys on the situation of children and women, and relevant studies/evaluations undertaken by other agencies and donors or by the country programme during the previous years. The documents to be taken into consideration are included in the Annex 6 but the reviews/evaluation should not be limited to that list.

- **Undertake new studies/evaluations/surveys to feed into the review/evaluation exercise**

Projects and programmes might wish to undertake studies, evaluations or surveys, which might feed into the review/evaluation exercise. Some of these studies may be country programme wide dealing with cross cutting issues relevant to several if not all the programmes or projects (such cholera evaluation, *Study on CEDAW in light of the Islamic Law* and *Changing of gender role in Somalia*) while other studies may be more project specific (such as the Primary School Surveys 2001/2002, nutrition surveys or EPI surveys). To allow time for the findings to be properly analysed an incorporated into the review/evaluation exercise, these studies, evaluations or surveys must be completed by mid-July 2002. The Annex 12 contains the detailed list of studies, evaluations or surveys scheduled for the year 2002.

- **Field visits to selected areas**

During the review/evaluation process sectors and evaluators may wish to undertake visit to selected areas to make through direct observation or rapid assessment an analysis of what is happening on the ground. These field visits should be organized by the zonal offices and should be used to solicit information both from key informants, service providers and communities, as well as from the beneficiaries themselves, i.e. communities and children/adolescents in order to get a balanced picture. This is particular important in the light of the Convention on the Rights of the Child.
Collection of information from children and adolescents might require other methods than those used with i.e. key informants.

- **Focus Group Discussion**

The review and evaluation exercise will use group discussions using focus group techniques and based on written topic guides. Moreover, an extensive round of interviews will be held with the

Regional Office, stakeholders, partners and key actors. Focus group interviews with UNICEF staff in the different zones and at UNICEF Somalia Support Centre level will be also included.

4.   Key questions for the Country Programme Evaluation

Role, relevance and appropriateness of the Country Programme –is UNICEF doing the right things?

- To what extent did the Country Programme address and support issues identified in the World Summit for Children in the absence of an NPA and a well-established Government in Somalia? Particularly, what have been, and what continue to be, the impact of global goals and targets resulting from UNICEF core commitments (i.e. Martigny, EFA, Beijing Platform for Action, etc.) with regard to the strategic programmatic options and their relevance to the needs and conditions specific of Somalia?

- To what extent has a rights-based programming approach been taken into consideration and incorporated in the Country Programme formulation? In particular:
  - How is the Country Programme supporting and contributing to the empowerment and capacity building of Somali society (i.e. family, households, communities) to fulfil children's rights?
  - Is UNICEF its apparent capacity to address social issues at all levels of society, from conscientization, mobilization and empowerment at the community level, to service delivery and capacity building support to local administration structures, and on to advocacy at the senior levels? Considering the Somali context, is the balance of these components within the Country Programme appropriate?

- Are there areas related to the Medium Term Strategic Plan that the Programme that remain as unfinished business and will have to be addressed in the successive Country Programme?

- Is the Country Programme cycle appropriate in terms of duration?

Effectiveness of the Country Programme strategies to meet UNICEF mandate: is UNICEF doing it right?

- Are the Country Programme strategies well sound and effective in reaching out and empowering key target groups?

- In particular, in its strategies has the Country Programme adequately addressed commitments made to the empowerment of women, especially through recognition of women both as beneficiaries and key partners?

- Are the Country Programme strategies translated into cost-effective interventions, including an appropriate allocation of resources by zones, intervention types and levels of society targeted?

- Have the strategies proved to be sustainable to the target group, in financial, institutional social, cultural, economic, political, and environmental terms?

- Are the strategies and the Country Programme priorities understood by partners to permit a critical analysis on interventions at different level?

External co-operations, partnership, ownership and sustainability

- How did the Country Programme relate to activities of UN Agencies, NGOs and other Institutions? In particular, to what extent was the Country Programme complementary/innovative rather than substitutive with regards to the implementation of UN Agencies, NGOs and other Institutions policies, strategies and activities?

- To what extent are the Country Programme activities co-ordinated with those of other agencies (i.e. has the UNICEF Country Programme been effective in developing and implementing strategies and programmes in co-operation with Non-Government Organizations and other elements of civil society)? In particular, to what extent has the co-operation between UN agencies been conducive to the UNICEF CP implementation? What functions within the UN structures for Somalia should be maintained or strengthened?

- Has the Country Programme overall interventions progressively shifted from a direct implementation, to UNICEF support to local administrations and partners to build local capacity? In particular:
  - To what extent was sustainability of the supported activities ensured by local administrations, non-governmental organizations and CBOs?
  - Has the Country Programme been effective in developing cooperation and capacity building with local administrations and stakeholders?
  - Have partners gradually taken over certain functions during the period under review? And which vital functions are still assumed by UNICEF upon completion of the current cycle and why?

- Has UNICEF been able to make effective use of its comparative advantages (mandate, presence, authority and resources) for programming, implementation support and emergency interventions in relation to i.e. other United Nations Agencies and NGOs?

Internal Management and Support to Country Programmes

Human resources

- Are adequate human resources regarding technical and sectoral expertise available at the national and zonal level?

- Is the quantity and composition of staff adequate?

- How did Regional Office as well as UNICEF Headquarters support the Country Programme preparation and implementation.

Financial Resources

- What role did regular resources granted to the Country Programme?

- What criteria were/are used to allocate funding from general resources or supplementary funds, and are they appropriate for the programme?

Supply

- How has *supply assistance* provided by the Country Office and the Consolidated Supply Section contributed to the Programme implementation?

Accountability

- Are monitoring and evaluation functions effective in providing feedback to i.e. managers and partners at all levels regarding the achievement of objectives and the effectiveness of the programme?

- Are the results of monitoring and evaluation activities effectively linked to programming and budgeting at the national and zonal level?

- To what extent have evaluations and studies supported decision-making concerning the programme?

ANNEXURE 2:   List of Documents Reviewed

Situation Analysis and Global Reports
♦ Children and Women in Somalia: A Situation Analysis, UNICEF, 1998
♦ Mid-Decade Multiple Indicator Cluster Survey in North West Zone, UNICEF, 1996
♦ Mid-Decade Multiple Indicator Cluster Survey in North East Zone, UNICEF, 1997
♦ Year 2000 Education For All Assessment Report for Somalia, UNDP, UNESCO, UNICEF, 2000
♦ End-Decade Multiple Indicator Cluster Survey for Somalia, UNICEF, 2000
♦ Human Development Report: Somalia, UNDP, 2001

Evaluations
♦ Evaluation of UNICEF Somalia Assistance to Basic Education in Somalia
♦ Evaluation of Somalia Interagency Flood Response Operation, 1998/99
♦ UNICEF Somalia Health and Nutrition Programmes Evaluation in Somalia, 2001

Research, Surveys, and Reports
♦ Knowledge, Attitude and Practices in North West Somalia, 1998
♦ Efforts to Prevent HIV/AIDS in Somaliland, 1999
♦ Landmines and UXO in Somaliland, Puntland and Central and Southern Somalia: A Feasibility Study, 2000
♦ Assessment of Children in Need of Special Protection Measures, Somalia: A Qualitative Study, 2000
♦ Report of Qualitative Research on the Communication Channels in Use in Somalia, 2000
♦ Juvenile Justice in Post-Conflict Situations, Somalia, 2001
♦ Survey of Primary Schools in Somalia, 1997/98, 1998/99, 2000/01, 2001/02 (preliminary findings)
♦ Nutrition and EPI Surveys, 2000, 2001, 2002
♦ Conference Report: Public Private Partnership in Urban Water Electricity, Solid and Liquid Waste Management, Hargeisa, Somaliland, 16-17 April 2002, European Commission with UNICEF Somalia
♦ Annual Report 2000: Cooperation between the People of Somalia and the European Community
♦ A Report on the Consultative Meeting on Women's Views on UNICEF Services in Somaliland, 13-18 November 2001, ARDA, Boroma
♦ National Development Plan for 2001-2003, Ministry of National Planning and Coordination, Somaliland, Phase I, November 2000
♦ Sector Review documents, UNICEF Somalia, June 2002

Country Programme Documentation
- UNICEF Somalia Country Programme (CPR, CPMP, MPO) 1999-2000 and 2001-2003
- Project Plan of Actions (by sector) 2001, 2002
- Programme and Operations Management Meeting minutes, 1999, 2000, 2001, 2002
- UNICEF Somalia Annual Reports, 1998, 1999, 2000, 2001
- Consolidated Donor Report, 1999, 2000, 2001
- UNICEF Somalia Education and Youth Programme Guidelines and Selection Criteria for Construction and/or Rehabilitation of Schools and Playgrounds, 2002

Executive Directives and Specific Documents of Particular Importance
- UNICEF Somalia Alliance with the Business Community, CF/EXD/2001-020
- Revised Guidance for Collaboration with NGOs and CBOs, CF/EXD/2001-013
- The MTSP and UNICEF Somalia Programming, CF/EXD/2002-008
- Changes to the Country Programme Process and Implications for UNICEF Somalia Office, CF/EXD/2002-003
- Implementation of the Medium-Term Strategic Plan 2002-2005, CF/EXD/2002-002
- Operationalisation of Human Rights Approach to Programming, UNICEF Somalia ESARO, 2001

ANNEXURE 3: List of Places Visited and People Interviewed