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United Nations Population Fund

Country programme document for Somalia

Proposed indicative UNFPA assistance:	$113.3 million: $13.5 million from regular resources and $99.8 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Fifth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2030

Note: The present document was processed in its entirety by UNFPA

I. Programme rationale

1. Somalia is home to one of the youngest and fastest growing populations in the world, with 18.6 million people in 2025 and a vibrant demographic profile that continues to shape the nation's future. The most recent disaggregated data, from 2014, showed 51 per cent residing in urban areas, 23 per cent in rural areas, and 26 per cent in nomadic communities. The population is overwhelmingly young, with 46 per cent under the age of 15 and 75 per cent under age 30. With a total fertility rate of 6.9 and an annual growth rate of 2.8 per cent, the population is expected to double within 24 years, reinforcing the country's youthful demographic profile. Poverty is widespread, with nearly three-quarters of the population living below the international poverty line of $1.90 per day. Somalia's Human Development Index stands at 0.404 –placing the country second from the bottom worldwide (192 out of 193).

2. As of 2025, 5.9 million people (2025 HNRP) – 32 per cent of the population – require humanitarian assistance and over 3.45 million are internally displaced persons (IDPs), including 3.7 million in need of sexual and reproductive health (SRH) services and 2.9 million requiring gender-based violence (GBV) services. Prolonged insecurity, as well as economic and climate shocks, have undermined national capacities and systems, with a fragile health sector – characterized by a low health workforce density and limited health facilities and severe funding shortfalls. This has led to widespread facility closures, leaving critical gaps in service delivery. IDPs face heightened risks, including limited access to essential health care, protection and education services, and limited support for increased exposure to food insecurity and psychosocial distress. Displacement is often protracted, with many IDPs living in urban informal settlements for over five years and where prospects for return remain limited.

3. The situation in Somalia is further exacerbated by recurrent and intensifying climate shocks, prolonged droughts, floods and extreme weather events that follow a cyclical pattern, compounded by displacement, food insecurity and risks to accessing SRH and GBV services. Somalia is among the most climate-vulnerable countries in the world [1] and has only limited capacity to mitigate these climate impacts. Nomadic and rural communities are dependent on rainfed agriculture and natural resources; they are thus particularly vulnerable to climate changes, which disrupt traditional coping mechanisms and threaten individual- and community-level economic and social resilience. With 4.6 million people facing acute food insecurity, hunger and malnutrition significantly heightens maternal mortality risks and increasing incidents of GBV, as families face increased risks by relying on negative coping mechanisms.

4. The maternal mortality ratio is estimated at 563 per 100,000 live births. One of the factors contributing to the high maternal mortality is the limited coverage and availability of high-quality services. The rate of skilled birth attendance and antenatal care is low at 32 per cent and 31 per cent, respectively. The high levels of maternal morbidities, including an estimated 13,300 cases of obstetric fistula, are an indication of the limited and delayed access to comprehensive emergency obstetric care. Only 19 per cent of public health facilities are functional, with most lacking sufficient equipment, supplies and trained health personnel, especially midwives. Fewer than 30 per cent provide basic emergency obstetric and neonatal care. Moreover, poor health-seeking behaviours and the sociocultural requirement for paternal informed consent for life-saving interventions, such as caesarean sections and blood transfusion, pose significant challenges to women's and adolescent girls' access to healthcare.

5. Somalia faces a critical shortage of qualified midwives, with only an estimated 5,000 available against the 25,000 required to meet current population needs. Overall, human resources for health are alarmingly low (1.5 skilled health workers per 1,000 population), far below the World Health Organization (WHO) recommended minimum of 4.45 per 1,000. This acute deficit severely undermines access to essential health services, particularly maternal and newborn care, and constrains progress towards reducing preventable maternal mortality and strengthening health system resilience.

6. Somalia has one of the lowest modern contraceptive prevalence rates globally, at less than two per cent, with an unmet need for family planning of 37.7 per cent. Deep-rooted cultural beliefs and

[1] FGS 2022. Somalia Voluntary National Review (VNR)

misconceptions continue to drive negative attitudes toward family planning, while gaps in provider knowledge, limited-service availability and accessibility, and insufficient domestic financing for reproductive health commodities further constrain delivery. Young people, particularly adolescent girls and young women, face extremely limited access to sexual and reproductive health information and services, contributing to a high adolescent birth rate of 118 per 1,000 girls aged 15-19 years.

7. Although HIV prevalence in Somalia remains relatively low, the absence of life-skills education among youth and limited access to age-appropriate information on health and well-being heighten the risk of rising rates of sexually transmitted infections. Preventive action is urgently needed, including the integration of non-discriminatory sexual and reproductive health counselling within the broader health services. At the same time, Somali youth face intersecting challenges of high unemployment, insecurity, radicalization and inadequate access to high-quality education, training and health services. Expanding access to education, health and economic opportunities, while strengthening participation in decision-making, will allow Somalia to harness the energy of its young population as a driver of social change and lay the foundation for a potential demographic dividend.

8. GBV remains widespread in Somalia, driven by entrenched discriminatory norms, weak protection systems and protracted conflict. Nearly 16 per cent of ever-married women aged 15-49 years reported experiencing intimate partner violence (physical, sexual or emotional) in the 12 months preceding the 2020 Somali health and demographic survey, with psychological and economic abuse also prevalent. The near-universal prevalence of female genital mutilation (FGM), affecting 99 per cent of women and girls aged 15-49 years, further reflects the scale of harmful practices. Child marriage compounds these risks, with 12 per cent of adolescent girls already mothers and 2 per cent pregnant with their first child. Conflict, displacement and economic shocks heighten vulnerabilities, often driving families to adopt negative coping strategies such as early marriage, while weak legal frameworks and fragmented governance leave protection gaps. Despite some progress at the state level, where Galmudug and Jubaland have enacted legislation banning FGM, comprehensive national legislation remains absent. According to the sexual exploitation and abuse risk overview report (June 2025), Somalia is classified among the countries at highest risk of sexual exploitation and abuse, underscoring the fragility of protection mechanisms and the heightened risks women and girls face.

9. Structural gender inequalities limit women's and girls' participation and opportunities across multiple dimensions of life. Female literacy stands at only 26 per cent, compared to 46 per cent among men, reflecting persistent barriers to education. Inequalities, compounded by discriminatory socio-cultural practices and weak policy frameworks, reinforce dependency, restrict decision-making power and curtail women's and girls' ability to claim their rights. Specifically, persons with disabilities face intersecting vulnerabilities, including limited access to SRH and GBV services, heightened protection risks and barriers to participation in education, employment and decision-making. Their exclusion reinforces cycles of poverty and fragility, requiring targeted and inclusive approaches within national and humanitarian programming.

10. Somalia's population data landscape remains extremely weak, with the last population and housing census conducted in 1975 and the most recent demographic and health survey in 2020, supported by UNFPA. The civil registration and vital statistics (CRVS) and health management information systems (HMIS) coverage are very limited, while population estimates continue to rely heavily on the 2014 population estimation survey. Efforts to generate reliable, current data are constrained by the limited technical capacity, inadequate funding and political dynamics, at both national and Federal Member State levels. Weak coordination within the statistical system and the absence of robust subnational data further undermine effective planning, monitoring and evidence-based decision-making.

11. Despite the challenges, the Government signed in 2019 a national commitment document, reaffirming its determination to accelerate the implementation of the International Conference on Population and Development (ICPD) Programme of Action. These commitments include reducing maternal mortality by at least 25 per cent by 2030, eliminating GBV and FGM by addressing vulnerabilities and strengthening policy and legal frameworks, and ratifying the Convention on the Elimination All Forms of Discrimination against Women, in line with the Somali Women's Charter. A national strategy to end GBV against women and children has been developed and the extant national policy on women is currently under review.

12. Lessons learned drawn from different evaluative evidence, including the Somalia country programme evaluation (2018-2020), the United Nations Cooperation Framework evaluation and the formative Arab States Regional Office Regional Programme Evaluation (2022-2025), highlighted the need to strengthen national ownership, enhance resilience, adopt robust resource mobilization strategies and expand evidence-based and integrated programming. In response, this programme represents a shift from a fragmented service delivery to system-based, nationally anchored approaches that strengthen institutional capacity, accountability and sustainability, at both federal and subnational levels. The programme will deepen strategic partnerships through joint initiatives with United Nations organizations, the Government, civil society and private sector actors, while leveraging the comparative advantages of key partners, such as collaboration with WHO on universal health coverage. It will also pursue adaptive financing by diversifying funding sources, engaging non-traditional donors and aligning with national investment priorities. It further emphasizes resilience programming by empowering local actors to manage risks and vulnerabilities, scaling up family planning, SRH and GBV interventions through capacity building, involvement of men and boys, and policy reform. To close persistent data gaps, the programme will strengthen national statistical systems and invest in innovative data solutions – such as geospatial mapping, small-area estimation and artificial intelligence (AI)-driven analytics – to generate real-time, disaggregated information for decision-making. Fragmented and unscalable pilot interventions from the previous cycle will be phased out, replaced by nationally led, data-driven and resilient models that reinforce sustainability, equity and inclusion. Collectively, these shifts will position UNFPA Somalia as a catalyst for transformative, locally owned change, aligning the population, gender and development agendas to advance Somalia's national priorities and global commitments.

II. Programme priorities and partnerships

13. The new country programme (2026-2030) is informed by the common country assessment (CCA) and derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026-2030. It builds on lessons learned from previous evaluations, scenario planning, and extensive consultations with key stakeholders, including ministries and agencies of the Federal Government of Somalia and Federal Member States, civil society, the United Nations country team (UNCT), development partners and the representatives of women, youth and persons with disabilities. The Programme is fully aligned with the Somalia Humanitarian Needs Response Plan, the UNFPA Strategic Plan, 2026-2029, and the ICPD Programme of Action, and guided by outcome 3 of the UNSDCF for Somalia.

14. The programme envisions a resilient Somalia where women, girls and youth, especially those most at risk have sustained access to high-quality SRH and GBV services, and where empowered communities and strengthened institutions can withstand conflict and climate shocks, advancing equity and dignity for all.

15. Somalia's National Transformation Plan (2025-2029) sets out a five-year recovery and sustainable development strategy anchored in four pillars: (a) transformational governance; (b) economic diversification, (c) social and human capital; and (d) climate resilience. The plan prioritizes disaster risk reduction, climate adaptation and durable solutions for vulnerable groups, with a particular focus on youth, women and girls. UNFPA will contribute to these national priorities by integrating SRH services, GBV prevention and response, and resilience-building into development and humanitarian efforts. The programme is closely aligned with Pillar 3 (social and human capital transformation), which emphasizes education, healthcare, social protection, youth, and gender equality and women's empowerment, while also supporting the long-term goals of Somalia's Centennial Vision 2060 to improve the quality of life for all citizens.

16. The new CPD marks a shift to a transformative approach that strengthens systems and institutions to deliver sustainable SRH and GBV outcomes in a highly fragile and resource-constrained environment. Building on lessons learned, it moves beyond direct service delivery to strengthening institutions and embedding resilience. Recognizing that weak governance, conflict and recurrent climate shocks will continue to challenge the enabling environment, the programme will focus on institutional capacity and community-based service delivery and invest in disaster risk reduction and

anticipatory action programming to ensure continuity of services in disaster-affected and fragile areas. The programme will leverage inclusive partnerships, while prioritizing financing, deeper government engagement, and South-South and triangular cooperation in knowledge sharing, technical assistance and innovation. In line with the ongoing United Nations reform efforts, the programme will focus on those most affected and at greatest risk of GBV and SRH vulnerabilities, advancing the agenda through strategic partnerships with United Nations system agencies, the Government and civil society, under the United Nations cooperation framework. As humanitarian access remains constrained by insecurity and administrative barriers, the country office will work closely with the access working group to address challenges, facilitate the safe and timely delivery of essential services and ensure that people in hard-to-reach areas are not left behind. Special focus will remain on women, girls and youth, with particular attention paid to IDPs and nomadic communities, returnees, persons with disabilities and people in vulnerable situations. The programme will prioritize adaptive programming and targeted interventions that respond to their evolving needs.

17. The programme aims to contribute to the four interconnected outcomes of the UNFPA Strategic Plan by: (a) ensuring high-quality, integrated and inclusive SRH service delivery, including access to voluntary family planning and expanded midwifery practices; (b) strengthening evidence-based policy, legal and accountability frameworks to promote gender equality and address GBV, child/early marriage and FGM; and (c) enhancing data generation and use related to population dynamics, gender, youth, SRH and humanitarian needs to inform preparedness, response and recovery efforts. To achieve these objectives, the programme will support data generation for advocacy and policy dialogue, capacity strengthening, service delivery, knowledge generation and management, and enhanced coordination and partnerships. Its focused human-rights based approach will emphasize cross-sector collaboration, community engagement, including with youth-led organizations and networks, systems strengthening and integrated service delivery, as well as climate-resilient and innovative and digital strategies, implementing this across the humanitarian–development–peace continuum.

18. In line with the growing global emphasis on anticipatory action, the programme will build on Somalia's already significant investments in this area, including the scaling-up of anticipatory approaches supported by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO) and UNFPA, in collaboration with national and regional meteorological and forecasting agencies. These efforts, combined with strengthened partnerships with humanitarian actors, government institutions and community-based early warning mechanisms, will be expanded to ensure that anticipatory action becomes a cornerstone of resilience-building, risk-informed programming and the humanitarian-development-peace continuum in Somalia. By leveraging these partnerships and resources, the programme will contribute to reducing vulnerabilities, minimizing the impact of recurrent shocks and ensuring a more proactive and cost-effective response to crises.

19. The programme will be implemented in collaboration with United Nations organizations, strengthening partnerships with the Government and non-governmental organizations, the private sector, religious and cultural institutions, academia and the media, as well as with development partners, including through South -South and triangular cooperation. This partnership will pursue a model that emphasizes localization, inclusivity, and complementarity, working closely with international non-governmental organization (NGOs) and critically local NGOs, including women-led and youth-led organizations. This will ensure sustainability and ownership of results.

20. Strong engagement with civil society organizations (CSOs) will also be prioritized, particularly related to gender equality, youth empowerment, anticipatory action and community-based service delivery. This approach will align with both the UNSDCF and regional frameworks, including the Horn of Africa Strategy, to leverage cross-border programming opportunities and strengthen resilience in a subregional context. By placing CSOs, women-led and youth-led organizations at the centre of implementation, the programme will not only reinforce accountability to affected populations but also contribute to advancing localization, in line with global commitments, such as the 'grand bargain' and the ongoing United Nations reform efforts, prioritizing localization, accountability and efficiency. Partnerships will be tailored to maximize their comparative advantage: technical expertise from international (NGOs), operational reach from local actors, and convening power through subregional and national platforms. In line with the -youth, peace, and security agenda, partnerships with youth-

led organizations will prioritize their role in peacebuilding, social cohesion and conflict prevention, ensuring that young people are recognized as beneficiaries and as key actors in advancing stability and resilience. The programme aims to further advance peace-responsive interventions by linking SRH and GBV services with community-based initiatives that promote dialogue, trust-building and protection, thereby addressing conflict drivers while safeguarding access to essential services.

21. Aligned with the UN 2.0 vision, innovation and digitalization will be leveraged across the outputs as appropriate, using digital solutions and emerging technologies to enhance service delivery, knowledge management and community engagement. This includes exploring digital health platforms to improve access to age-sensitive and culturally appropriate life-skills education and SRH information, especially for adolescents and youth in Somalia. Partnerships with the private sector, academic institutions and digital innovators will be pursued to expand the use of technologies for resilience building, climate adaptation and anticipatory action. The programme will ensure that innovation and digitalization are rights-based, inclusive and accessible, prioritizing people in vulnerable situations, including women, youth and persons with disabilities.

A. Output 1. By 2030, increased equitable access to and utilization of high-quality integrated SRH and GBV services, in humanitarian and development settings.

22. The strategic interventions of this output are aligned to national health strategies, such as the reproductive, maternal, neonatal, child and adolescent health initiative, the family planning costed implementation plan, and global commitments, aiming to address the SHR and GBV needs of the population and ensure equitable access to high-quality services, especially for women, adolescents, youth and vulnerable groups.

23. The strategies include (a) providing integrated SRH and GBV prevention and response services, including clinical management of rape, safe spaces for women and girls, ensuring accessibility for persons with disabilities, and emergency referrals; (b) developing the capacity of health workers, including for the delivery of the Minimal Initial Service Package (MISP) for SRH in crisis situations, the response to fistula, in the provision of family planning services and delivering emergency obstetric care; (c) supporting access to integrated mental health case management and psychosocial support for GBV survivors, ensuring culturally appropriate trauma-informed care is available at the community and health-facility levels; (d) coordinating the implementation of GBV and SRH coordination mechanisms; (e) strengthening midwifery by enhancing midwifery education, supporting midwifery regulations and services, deploying midwives in crisis-affected areas, and supporting the Somali Nurses and Midwives Association functions at national and subnational levels; (e) conducting maternal death surveillance and response, particularly in 50 targeted health facilities; (f) supporting the implementation of the costed implementation plan for family planning 2024-2028, with a special focus on procurement and distribution of reproductive health/family planning supplies, strengthening the supply-chain management system, and ensuring financial sustainability for family planning supplies by encouraging domestic financing and strengthening 'last-mile' assurance; (g) integrating adolescent sexual reproductive health services in health service delivery points by building the capacity of health care workers on adolescent sexual reproductive health; (h) strengthening the gender-based violence information management system; and (i) promoting the utilization of cash voucher assistance for SRH services and GBV case management to enhance survivor access and prevention measures.

B. Output 2. By 2030, strengthened enabling environment, at national and state levels, for data-driven systems and evidence, taking into account population dynamics and other megatrends, to inform policies, strategies and programmes.

24. This output will strengthen evidence-based decision-making and targeted programming by improving access to disaggregated, high-quality and real-time data and evidence. The data will help to identify populations furthest left behind, especially persons with disabilities at national and subnational levels, directly guiding policy advocacy and programmatic responses. This output will contribute to UNSDCF outcomes 3 and 4, the UNFPA Strategic Plan outcome 4 and the Sustainable Development Goals (SDGs) 3, 5, 16 and 17. It will also contribute to the National Transformation Plan (NTP) 2025-

2029 overarching enabler, on laying the foundation for accurate and reliable data for national decision-making. In line with the ICPD Programme of Action, the output will also contribute to generating data to support disaster risk management and anticipatory action, informing decisions on SRH, GBV and youth-focused interventions, while enhancing Somalia's climate-resilient and humanitarian response efforts.

25. The strategic interventions under this output include: (a) building the capacity of the Federal and State statistical offices, including Somaliland, to generate, analyse, produce and disseminate statistical reports to support data-driven population and development policies and strategies; (b) advocating the use of policy-oriented research on the demographic dividend, sexual and reproductive health, and gender-based violence in sectoral planning; (c) strengthening the work of parliamentarians and media networks to advocate for the linking of population and development in government plans and budgets; (d) supporting the application of modern geo-referenced demographic data generation technology, including satellite imagery, to collect data in inaccessible areas for the population and housing census, and to monitor selected SDG indicators; (e) supporting the coordination of multi-stakeholder forums on data for development and humanitarian action; and (f) collaborating with national data, weather forecasting and other United Nations agencies to integrate data disaggregated by sex, age and disability into early warning systems, to ensure that risk communication and anticipatory actions reach those furthest left behind, particularly women and girls; (g) developing the capacity of national and subnational platforms that monitor, report and advocate for fulfillment of global and regional commitments on reproductive rights; (h) advocating for the mainstreaming of adolescents and youth issues into national and sectoral policies and; (i) promoting the participation of youth in policymaking, planning, implementation and evaluation of development, humanitarian and peacebuilding programmes.

C. Output 3. By 2030, strengthened capacities of government, civil society organizations and communities to address discriminatory gender and social norms.

26. This output will address discriminatory gender and social norms that perpetuate harmful traditional practices, contributing to UNSDCF outcome 3 and the UNFPA Strategic Plan, 2026-2029, outcome 3 on ending GBV and harmful practices. It will apply gender-transformative and disability-inclusive approaches to tackle the root causes of gender inequality and social exclusion, supporting women and girls to make informed decisions about their health, including reproductive health, and participate meaningfully and accessibly in national development initiatives. The programme will sustain and broaden multisectoral partnerships to enhance capacities and accelerate actions for prevention of and response to GBV and harmful practices. The programme will address deep-rooted GBV and FGM practices through an integrated strategy that combines community-led dialogue with institutional safeguards. By engaging trusted local leaders to transform social norms and simultaneously strengthening legal protections and women's political participation, the programme will foster a self-sustaining environment in which Somali communities independently champion the abandonment of harmful practices.

27. This output will focus on enhanced multisectoral capacity to address social norms and prevent gender-based violence and harmful practices, including FGM and child marriage. This output will deliver on (a) strengthening the effective intersectoral coordination mechanisms and advocating with political, traditional and religious leaders, youth-led and women-led organizations, men and boys, and media outlets to end GBV, FGM and child marriage; (b) supporting the empowerment of girls by building their knowledge, skills, assets and social networks; (c) advocating and providing technical assistance for mainstreaming human rights and gender equality into national and sectoral policies and plans; (d) supporting the coordination of the gender working group and the protection from sexual exploitation and abuse; (e) strengthening legal aid and survivor access to justice through community paralegals, judiciary training and sensitization of law enforcement sensitization on GBV and harmful practices; (f) implementing youth-led community dialogues and mass media campaigns engaging men, boys and community elders to transform harmful gender and social norms, including FGM and child marriage; (g) supporting social and behaviour change communication activities; and (h) providing life skills education within communities to promote positive health-seeking behaviours and address harmful traditional practices, such as FGM, child/forced marriage and teenage pregnancies.

III. Programme and risk management

28. The Ministry of Planning Investment Economic Development and UNFPA will jointly coordinate planning, implementation, monitoring and review of the programme. UNFPA will use both direct and national execution modalities with the Government and non-governmental organizations, including religious and cultural institutions. The Somalia country office is committed to utilizing the harmonized approach to cash transfers, as agreed to with the UNCT. Implementing partners will be competitively selected based on capacity and criteria, and the programme will apply results-based management and accountability principles.

29. The country programme will be delivered through a core team of technical and programme staff, with additional support from the regional office and UNFPA headquarters, as needed. To ensure sufficient capacity, the programme will be implemented in line with the approved office realignment, establishing a cadre of staff equipped to manage both humanitarian and development interventions. Decentralized offices will be maintained to facilitate direct access to programme sites, strengthen engagement with local partners and enhance responsiveness to the needs of target groups and beneficiaries.

30. In light of the evolving global funding landscape, characterized by a shift towards pooled, multi-partner and performance-based financing, the country office will seek to expand the donor base by diversifying into new funding sources and pursue joint programming with the United Nations and other development actors, as well as promote South-South and triangular cooperation. The country office will also strategically position the programme with international financial institutions and individual giving campaigns and explore opportunities for innovative engagement with the private sector and faith-based financing, including zakat (Muslim charitable giving), and other domestic financing mechanisms. These adaptive measures will enable the country office to mitigate the risks posed by funding volatility and enhance national ownership and resilience.

31. The INFORM index classifies Somalia as a very high-risk country. Programme risks include: (a) worsening political tension and armed conflict, causing displacement and limiting access; (b) insecurity, increasing the cost of programme delivery; (c) aid diversion; and (d) economic deterioration with limited institutional and technical capacities of national partners for implementation and sustainability.

32. Aligned with the internal audit (2023-2024) recommendations, UNFPA will ensure the application of social and environmental standards in programming, develop and maintain annual minimum preparedness actions , support resilience, peacebuilding and disaster risk reduction interventions across all programme areas, in collaboration with the UNCT. Using the enterprise risk management framework, UNFPA will continuously update risk assessments through scenario-planning methodologies and participatory consultations with government counterparts, development partners, United Nations entities and civil society organizations. The programme will strengthen accountability and financial management capacity for personnel and implementing partners, expand the scope and frequency of assurance activities and ensure fraud reporting channels are widely known. The programme will strategically adjust intervention approaches, resource allocations and implementation modalities, as required, ensuring interventions remain contextually responsive and outcome oriented.

33. The country office will maintain its presence in Mogadishu, with field offices in Hargeisa (Somaliland) and Garowe (Puntland), and a support unit in Nairobi. This structure, which covers all programmatic output areas and aligns with the human resources realignment of August 2024 and evolving human resources needs, will enable the office to strengthen its SRH, GBV, demographic change and monitoring and evaluation capacity through core technical specialists and field personnel. Following the human resources realignment, further structural adjustments will be made, as needed, with the country office leveraging technical support from the regional office and UNFPA headquarters to fully utilize United Nations capacities and ensure an effective programme implementation.

34. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional

and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

35. The monitoring and evaluation approach for the country programme is founded on a commitment to results-based management, evidence-informed decision-making and accountability, as outlined in the UNFPA evaluation policy.

36. The country office commits to results-based management and adaptive management through regular results monitoring, data collection, real-time analysis, course correction and periodic reviews, such as programme midterm reviews, guided by a dedicated monitoring and evaluation plan. The plan will include field visits, twice-yearly reviews and various assessments. When necessary, monitoring in inaccessible areas will be done through remote and third-party arrangements. To ensure the country programme remains dynamic and responsive, a multi-layered feedback mechanism will be established, designed for the continuous integration of real-time data, lessons learned and evaluation findings. Dedicated monitoring and evaluation staff will be assigned and a dedicated budget allocated for monitoring and evaluation functions. The programme will utilize innovative approaches to track implementation progress and obtain more accurate, real-time time and disaggregated data. A key focus will be on strengthening this disaggregation to go beyond simple metrics, conducting more in-depth intersectionality analysis to better understand needs and tailor interventions for people in vulnerable situations, including persons with disabilities.

37. The country programme is strategically aligned with the results and resources framework of the UNSDCF 2026-2030, guided by nationally adapted SDG indicators. In line with the ‘leaving no one behind’ principle, specific attention will be given to enhancing the meaningful participation of people in vulnerable situations in programme design, implementation, monitoring and evaluation, and feedback mechanisms. UNFPA will actively engage with the UNCT and its inter-agency working groups, particularly those focused on gender, data and monitoring and evaluation, and will support implementing partners in participating in joint monitoring and evaluation mechanisms and collaborative activities under the UNSDCF, including its evaluation processes. The programme’s integrated monitoring and evaluation system will be linked to the UN-Info platform to ensure results directly contribute to the integrated monitoring and reporting of the UNSDCF and the SDGs.

38. A costed evaluation plan for this country programme document summarizes all planned evaluative evidence activities, including the country programme evaluation which will help in covering evidence gaps and strengthening UNFPA interventions.

39. UNFPA will contribute to the UNSDCF through strategic leadership in result groups and by providing high-quality contributions to relevant UNSDCF plans, reports and evaluations. UNFPA will support national and subnational sectoral efforts for strengthening the monitoring and evaluation functions, and for reporting on indicators related to sexual reproductive health and rights, including GBV.

RESULTS AND RESOURCES FRAMEWORK FOR SOMALIA (2026-2030)

NATIONAL PRIORITY: National Transformation Plan (NTP) 2025-2029 Pillar 3 Social and human capital transformation: Improving the quality of life for all.				
UNSDCF OUTCOME: 3. Social and human capital: By 2030, people in Somalia, especially the most vulnerable, are empowered as productive human capital, have increased equitable access to, and use of high-quality, affordable and inclusive social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2029, the reduction in the unmet need for family planning has accelerated; 2: By 2029, the reduction of preventable maternal deaths has accelerated; 3: By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations demographic change adopted through evidence and rights-based policies				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF outcome indicator(s): • Maternal mortality ratio (per 100,000 live births) *Baseline: 563 (2020);* *Target: <400 (2030)* Related UNFPA Strategic Plan Outcome indicator(s): • Proportion of births attended by skilled health personnel *Baseline: 32% (2020);* *Target: 60% (2030)* • Modern contraceptives prevalence rate *Baseline: 1% (2020);* *Target: 5% (2030)* • Unmet need for family planning *Baseline: 37% (2020);* *Target: 27% (2030)* • Adolescent birth rate per 1,000 women aged 15-19 years *Baseline: 118 (2020);* *Target: 70 (2030)*	Output 1. Increased equitable access to and utilization of high-quality integrated SRH and GBV services, in humanitarian and development settings.	• Percentage of health facilities providing at least three modern family-planning methods as per human rights protocols in family planning service provision *Baseline: 40% (2024); Target: 60% (2030)* • Percentage of service delivery points that have no stock-outs of at least 3 contraceptive methods in the last three months *Baseline: 53% (2024); Target: 70% (2030)* • Number of women who received obstetric fistula repairs and social reintegration services *Baseline: 619 (2024); Target: 1,500 (2030)* • Percentage of health facilities providing (a) basic and (b) comprehensive emergency obstetric care services *Baseline (a): 30% (2020); Target 45% (2030)* *Baseline (b): 19% (2020); Target 35% (2030)* • Percentage of women, adolescents and youth, including people living with disability, in need of humanitarian assistance who benefited from life-saving interventions in humanitarian settings, supported by UNFPA *Baseline: 11% (2025); Target: 30% (2030)* • Number of women and girls who received the essential services package for GBV survivors *Baseline: 169,338 (2024); Target: 305,338 (2030)* • Number of girls and women who received, with UNFPA support, prevention or protection services and care related to FGM *Baseline: 28,698 (2024); Target: 47,998 (2030)* • Number of youth-led innovative initiatives, including digital solutions, on adolescent SRHR and GBV for accelerating the achievement of transformative results *Baseline: 0 (2025); Target: 10 (2030)*	Ministries of Health; Federal Ministry of Health; Puntland Ministry of Health; Somaliland Ministry of Health; Somalia Disaster Management Agency, national NGOs; international NGOs; midwives associations; midwifery and nursing colleges and faculties; academia and research institutions; United Nations agencies (UNICEF; WHO)	$74.1 million ($5.5 million from regular resources and $68.6 million from other resources)

NATIONAL PRIORITY: 1. NTP Pillar 3. Social and human capital transformation: Improving the quality of life for all.				
UNSDCF OUTCOME: 3. Social and human capital. By 2030, people in Somalia, especially the most vulnerable, are empowered as productive human capital, have increased equitable access to, and use of high-quality, affordable and inclusive social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2029, the reduction in the unmet need for family planning has accelerated; 2: By 2029, the reduction of preventable maternal deaths has accelerated; 3: By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations demographic change adopted through evidence and rights-based policies.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF outcome indicator(s): • Number of social protection policies and strategies developed and revised *Baseline: 1 (2025);* *Target: 3 (2030)* Related UNFPA Strategic Plan Outcome indicator(s): • Coverage of essential health services (universal health coverage (UHC) service coverage index), disaggregated by categories of service coverage *Baseline: 27% (2025);* *Target: 33% (2030)* • National budget allocations – including for health, social protection, and infrastructure – informed by population projections *Baseline: No (2025);* *Target: Yes (2030)*	Output 2. Strengthened enabling environment, at national and state levels, for data-driven systems and evidence, taking into account population dynamics and other megatrends, to inform policies, strategies and programmes.	• Number of national surveys, assessments and thematic analyses conducted on SRH and GBV, with UNFPA technical assistance *Baseline: 1 (2025); Target: 5 (2030)* • Percentage of UNFPA-prioritized SDG indicators regularly updated by the National Bureau of Statistics *Baseline: 59% (2025); Target: 70% (2030)* • Number of national and sectoral plans and strategies that have integrated demographic change and its implications (including youth participation) *Baseline: 0 (2025); Target: 2 (2030)* • Implementation rate (UNFPA-related milestones) of the multi-year census action plan *Baseline: 0 (2025); Target: 50% (2030)* • Number of population data outputs produced from censuses, surveys, civil registration and vital statistics or administrative records *Baseline: 0 (2025); Target: 3 (2030)* • Number of national analytical products on the impact of population change and other megatrends in advancing sustainable development, including the acceleration of the three transformative results *Baseline: 10 (2025), Target: 15 (2030)*	Ministries of Planning; national statistics offices (Somali National Bureau of Statistics; Somaliland Central Statistics Department; statistics departments for Puntland, Galmudug, Hirshabelle, Southwest and Jubaland); Ministries of Health; HMIS departments; Ministry of Interior, Federal Affairs and Reconciliation; CRVS department; academia; United Nations agencies (UNICEF, FAO, OCHA, IOM, UNHCR).	$19.7 million ($2.5 million from regular resources and $17.2 million from other resources)
NATIONAL PRIORITY: NTP Pillar 3. Social and human capital transformation: Improving the quality of life for all.				
UNSDCF OUTCOME: 3. Social and human capital. By 2030, people in Somalia, especially the most vulnerable, are empowered as productive human capital, have increased equitable access to, and use of high-quality, affordable and inclusive social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2029, the reduction in the unmet need for family planning has accelerated; 2: By 2029, the reduction of preventable maternal deaths has accelerated; 3: By 2029, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF outcome indicator(s): • Proportion of girls and women aged 15-49 years who have	Output 3. Strengthened capacities of	• Number of laws, policies, and regulations adopted or implemented to address GBV, FGM and other harmful practices, aligned with international human rights standards	Ministries of Family/Women and Human Rights Development; Ministries of	$18 million ($4 million from regular

undergone FGM, by age *Baseline: 99.2% (2020);* *Target: 75% (2030)* <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> • Proportion of ever-married women and girls aged 15 years and older subjected to physical and/or sexual or psychosocial violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence *Baseline: 14% (2020);* *Target: 10% (2030)* • Proportion of women aged 20-24 years who were married or in a union (a) before age 18 or (b) before the age of 15 *Baseline: (a) 35% (2019/20); (b) 17% (2020);* *Target: (a) 20%;* *(b) 10% (2030)*	government, CSOs and communities to address discriminatory gender and social norms.	*Baseline: 2 (2024); Target: 5 (2030)* • Availability of a functional multi-stakeholder national mechanism to coordinate efforts on GBV prevention and response *Baseline: No (2024); Target: Yes (2030)* • Number of key religious leaders and influencers that advocate ending FGM *Baseline: 2,810 (2024); Target: 3,610 (2030)* • Number of youth-led initiatives that promote gender equality, transform harmful gender and social norms, and empower women and girls as agents of change *Baseline: 0 (2024); Target: 10 (2030)* • Number of out-of-school girls and young women who received life-skills education on harmful practices prevention (FGM and child marriage) *Baseline: 0 (2025); Target: 5,000 (2030)*	Justice and Religious Affairs; international NGOs; Ministry of Youth and Sports, national NGOs; youth networks; CSOs.	resources and $14 million from other resources)
Programme coordination and assistance				$1.5 million from regular resources.