



Evaluation of Joint Resilience Programme in South-Central Somalia from 2018 to 2022

Decentralized Evaluation Report – Volume 1

Final Version

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Key personnel for the evaluation

NAME OF COMMISSIONING OFFICE

UNWFP - Sarah Drajoru - Evaluation Manager

UNICEF - Brenda Kambaila – Evaluation Manager

PREPARED BY SREO CONSULTING

Pierre-Yves Malgorn – Team Leader

Charlotta Lahnalahti – Research Program Manager

Rachel Norman – Senior Evaluator, WASH, and Resilience Expert

Brittany Meredith – Senior Evaluator, Education Expert

Penelope Dutton – Senior Evaluator, Gender Expert

Bishar Osman – Senior Evaluator, Nutrition and Livelihoods Expert

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The opinions expressed in this report reflect the perspectives of the respondents and informants, as analyzed and synthesized by the evaluation team. Responsibility for the interpretation and presentation of the findings rests solely with the authors. Publication of this document does not imply endorsement by the World Food Programme or UNICEF of the views expressed.

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Executive Summary

INTRODUCTION

1. This report covers the activity evaluation of the World Food Programme (WFP) and the United Nations Children's Development Fund (UNICEF)'s **Joint Resilience Programme** covering Phase 1 "**Strengthening Resilience in South-Central Somalia Programme**" and Phase 2 "**Building Resilient Schools in Somalia**". The evaluation, commissioned jointly by WFP and UNICEF's Country Offices, covers activities implemented between **January 2018 to December 2022** and was undertaken by an independent evaluation team (ET), SREO Consulting Ltd.

2. **This evaluation serves the dual purpose of providing accountability and learning**, with equal weight given to both objectives. The expected users of the evaluation are WFP and UNICEF; the Federal Government of Somalia and its relevant ministries; and the implementing partners¹. The German Federal Ministry of Economic Cooperation and Development (BMZ) and the German Development Bank (KfW) as the programme's main donors, also have an interest in this evaluation, as do its beneficiaries, as the ultimate recipients of WFP and UNICEF programming.

3. Somalia is in the Horn of Africa and has been experiencing great multi-sectoral challenges since its 1991 commenced civil war. With an arid environment, the area has been prone to floods and droughts that have further been exacerbated by rising temperatures and other environmental events due to climate change. Due to the lacking public sector, international organizations have provided lifesaving emergency and humanitarian aid in Somalia in response to famines, disease outbreaks, lack of education and livelihood opportunities.

SUBJECT OF THE EVALUATION

4. The Joint Resilience Programme was implemented in the **Banadir, Gedo, and Lower Juba** regions of Somalia. Over 3,745,286 beneficiaries have been targeted in Gedo and Banadir between 2018 and 2020 and over 91,375 beneficiaries have been targeted in Jubaland and Banadir between 2020 and 2022. The total amount awarded for this programme was €57,500,000 for Phase I and €33,100,000 for Phase II.

5. Phase 1 of the Joint Resilience Programme entailed interventions in nutrition, health, water, sanitation, and hygiene (WASH) at facility, household, and community levels, while Phase 2 expanded to include education, WASH, and livelihoods. UNICEF and WFP aimed to capitalize on investments and gains made in Phase I by addressing the root causes of children's vulnerability; with a specific focus on multi-causal malnutrition, understanding their many constraints to accessing and benefiting from quality education and providing a safe, protective environment to transform children into productive members of their communities.

METHODOLOGY

6. The evaluation team used a **mixed methods approach** for the evaluation's data collection, using primary and secondary sources, and both qualitative and quantitative methods. The evaluation reached all the target regions for data collection, conducting **1,008 household-level surveys** with programme beneficiaries, **29 key informant interviews (KIIs)** with programme and government staff, **9 focus group discussions (FGDs)** with community groups and beneficiaries, and **28 visual observations of programme sites**.

7. The data collection was greatly hindered by the El Niño floods in November 2023, which restricted and blocked access to some districts (Luuq, Belet Hawa, Burdhuubo, Bardheere and parts of Garbahareey). The long period that had passed since the beginning of the programme and the end of some of the activities impacted the beneficiaries' recollection of the programme and possibly data quality. Furthermore, staff rotation in agency and government offices limited reach to those who had participated in the design and implementation of the activities.

¹ CEDA, NCA, HIRDA, JDO, GEWDO, EDRO, WVI, IDF, RAAS

FINDINGS

8. Evaluation findings from the six evaluation questions are grouped under six evaluation criteria². In addition to the main evaluation questions, sixteen sub-questions were established to uncover more in-depth information. Based on ToR requirements, all criteria were weighed equally important. See Annex 8 (Evaluation Matrix) for the complete list of evaluation questions.

Relevance

9. The programme has been found highly relevant to the country context and in targeting the needs of the beneficiaries. It partially addressed the underlying causes of poverty, including immediate prevention measures. The programme was designed in line with the National Development Plan number 9 (NDP-9) and aligned with the national nutrition strategy, education and gender policies. Both implementing and government partners stated that the interventions were consistent with government policy on gender and targeted the reduction of gender inequalities between women and men, boys and girls. The populations were targeted based on the need for services and prioritization of vulnerable people, not specific to minority groups. Representatives from CECs, CHWs, and WASH committees consistently expressed that the programme was relevant to the needs of target beneficiaries and the country context. Key informants observed that the criteria for selecting programme interventions could be improved to better differentiate between various groups and their unique needs. Instead, services were often provided to broad communities without specific targeting or sufficient attention to the needs of minority groups.

10. Descriptions of community participation in programme design differed, echoing hopes of further inclusion in the future for purposes of learning. Regrettably, community feedback and beneficiary participation through needs assessments, household consultations or complaint mechanisms remain low among the beneficiary respondents. On average across the regions, only 8% of the respondents themselves have partaken in assessments or know their community members have. In Gedo (35%) and Lower Juba (22%), the respondents reported they were significantly more included in assessments than in Banadir (4%).

11. The consensus among the respondents outlined that the COVID-19 pandemic had a profound effect on programme delivery but that it was handled well. Continuity of some activities was ensured by measures such as providing personal protective equipment, stay-at-home orders, home screenings, and the adoption of preventive practices. Mask-wearing, restricted access, and some cancelled responses directly hindered beneficiary access to essential services.

Effectiveness

12. In light of the dire multi sectoral needs of the communities, the interventions are largely described as effective in responding to the beneficiaries' needs. There are wide concerns around the long-term effects of the programme, where many of the seen benefits and impacts have reportedly ended with the ceasing of the programme. Instead, the programme has provided the community with timely shorter-term benefits.

13. Respondents consistently indicated that the activities in Phase I and Phase II were complementary, significantly contributing to the outcomes of each phase. Phase I established a vital foundation by providing essential nutrition, health, and WASH services to vulnerable communities. This foundation was then built upon in Phase II with a focus on resilience and development-oriented activities, such as education and livelihoods. Surveyed beneficiaries expressed that the multi-year, multi-activity program offered them stability and a sense of trust, as it delivered multi-sectoral services that effectively met their needs.

14. The JRP directly contributed to the establishment of a national policy on school feeding, driven by the positive outcomes of its activities. This initiative involved collaboration among multiple ministries, creating connections with farmers and other local producers. National stakeholders are currently identifying international and national financing opportunities to ensure the program's sustainability in the future.

² As defined by the Organization for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC)

15. The programme significantly contributed to community resilience during the drought, a time when many schools closed. However, the schools supported by the JRP remained open, and students continued to attend. The school feeding programme is perceived as the main factor supporting the effectiveness of education initiatives, as it boosted student attendance. Additionally, teacher incentives helped keep schools open, and covering students' school fees contributed to improved retention rates. The WASH achievements are attributed to the programme's continuous and long-term support. Yet, as the programme aimed to reach a high number of schools and facilities, it has left a shallower impact with basic facilities only as opposed to quality and coverage of the WASH efforts, impacting sustainability and useability of the facilities. The health facilities that have been rehabilitated in Banadir and Gedo are deemed to meet national guidelines.

16. The programme's commitment to women and girls has been evident in the reported increased enrolment levels of girls in schools, livelihood programmes targeted for women only, and women's inclusion in community groups.

17. Accessibility for Persons with Disabilities (PWDs) is generally poor in both health centers and schools. Minority representatives in Banadir felt particularly disempowered that the assistance was not effective in reaching them, while those in Gedo and Lower Juba were more positive about the programme's effectiveness in their communities.

Coherence

18. The programme has been coherent with ongoing relief, recovery and development efforts. The partnerships between WFP, UNICEF and the government have created effective collaboration and joint programme visibility. However, according to the key informants, the coordination was at times undermined by bureaucratic processes, and staff turnover among all partners. Absence of dedicated field focal points for the sectors impacted programme delivery and collaboration at field level.

19. The programme is seen to have laid the foundations for future relief efforts with rehabilitated sites, and ongoing community groups. These are hoped to attract more donors and interest toward sustainable interventions.

20. Emergent from the evaluation, there are concerns of possible attribution of results and double counting of beneficiaries in Gedo and Banadir where there were other large-scale UK Foreign, Commonwealth and Development Office (FCDO) and the European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO) interventions in the same locations, although targeting a different population catchment.

21. The nutrition programme is highlighted as a key component of the intervention and as a well-integrated component between the partners, where patients received systematic curative and preventive treatment, coupled with social behavior change messaging that were conducted jointly. The nutrition and the education sector's cooperation in the school meal planning is an example of successful knowledge exchange and utilization of efforts.

Efficiency

22. The ability of partners to utilize funding is strong, and there are monitoring mechanisms in place through which UNICEF/WFP and the MoE collaborate in monitoring the use of resources and the quality of education programming. The consensus is that the communities have been reached in a timely manner, but concerns are raised about the quality (e.g. rehabilitation of the latrines) and continued sustainability of the programme (e.g. dropped school attendance since the end of support).

23. It is widely observed that the services were provided equally and were accessible by all groups, although some representatives from minority groups expressed concerns, highlighting the need for more thorough vulnerability screening in the implementation areas. Other issues mentioned which affected the service delivery were discontinued service delivery to registered beneficiaries, requests to have cash assistance returned, and denial of service for those who have lost their WFP cards.

24. While the programme was largely implemented by NGOs, the agency-level and international staff short tour of duty and frequent rest and recuperation cycles had an impact on the delivery of the programme. High staff turnover was observed and noted across agencies, IPs and government bodies, affecting the efficient operation of the programme. Staff also reported that tasks related to budget review, resource allocation, and programmatic expenditure were handled by Planning and Monitoring teams rather than MEAL staff at the agency level. There were specific comments regarding team composition, with agency staff being unaware of certain roles, and it was suggested that a multi-sector coordinator be appointed at the federal member state level to oversee implementation. Additionally, procurement delays were highlighted as having a negative impact on programme implementation.

25. Concerns about the influence of political factors on aid distribution were raised by several informants, noting that interactions with government officials can be highly political, particularly regarding social policy programmes and cash transfers. They also suggested that implementing partners may be influenced by this politicization, with programmes sometimes directed toward communities with greater influence, rather than those most in need of aid. An agency staff member observed this firsthand during the planning stages, where certain locations were endorsed by officials but were later found to be aligned with community interests rather than actual vulnerability levels, prompting further discussions with government staff.

Impact

26. The programme has delivered lifesaving services to the communities, but the long-term impacts remain uncertain. The joint multi-sectoral and multi-year approach has been regarded as a crucial foundation for providing a sense of stability throughout the programme's duration. However, the programme's contribution to building community resilience appears to vary by region. MoE and JRP staff believe that its impact has been greater in Banadir compared to Gedo and Lower Juba. This difference is largely due to additional resources allocated to Banadir before Gedo and Lower Juba were included for Phase II, as well as the severe effects of climate change in Gedo.

27. When asked about their ability to cope with future crises, 56% of the respondents from Lower Juba, 64% from both Banadir and Gedo, agreed or strongly agreed that they are better equipped to handle crises now than they were five years ago. Banadir and Gedo have been part of the JRP since Phase 1, while Lower Juba was added in Phase 2.

28. In terms of programme impact on gender, the education team sees that the programme has improved girls' enrolment. Similarly, the Menstrual Health Management (MHM) group and access to health has improved women and girls' decision making for their own health and wellbeing. Those girls participating in the MHM groups state the lessons added to their very limited knowledge of menstruation, helped them practically manage menstruation, eliminated feelings of shame, and contributed to their increased confidence to attend school.

29. Some key informants are under the impression that school feeding is effective in supporting school retention but cast doubt on its impact on attracting out of school children. They speak highly of the positive programme impacts on learning, but there is no evidence for the evaluation to attribute student outcomes to the JRP support. No school records were made available for the evaluation team to confirm levels of school retention throughout the programme period.

30. Subsidized, and supported services at the health and nutrition centers (free medical care and consultation, medicine, supplements, delivery, referrals) are seen as valuable and previously unavailable, and have positively impacted the nutrition of mothers and young children without them having to worry about paying for the services.

31. The livelihood activities are seen to have yielded positive outcomes through provision of cash assistance and farm inputs to restore food production capacities of the communities.

32. The programme has advanced gender equality by specifically targeting women and girls and enhancing their decision-making regarding their health and wellbeing. However, the impact on power dynamics at the community level remains uncertain.

33. When examining beneficiaries' future migration patterns, regional differences were evident in the programme's impact on their willingness to stay. In Banadir, 86% of respondents said they did not expect to move, compared to 50% in Gedo and 33% in Lower Juba. These differences may be related to the level of support and environmental factors, as Banadir received the most support, Gedo faces severe climate challenges, and Lower Juba joined in Phase II. Still, 53% of Lower Juba respondents believe the programme helped prevent secondary displacement by providing infrastructure and governance support, with 39% in Gedo and 28% in Banadir agreeing.

Sustainability

34. The sustainability of the programme results and benefits after the WFP and UNICEF support is uncertain. With gaps in support from the government and international actors, there is a risk that the financial burden will fall on impoverished communities. There are hesitations voiced about the government capacities being improved for longer term effects. Similar to agency staff, there has been great staff turnover within the governments.

35. Lower Juba government staff expressed that their learning has also stagnated since the end of the programme and are concerned about the local ownership of the programme, wishing the communities had been included to a larger extent. Along similar lines, a Banadir official states that the community and local authorities' capacities were temporarily improved.

36. The existing community groups, CECs and WASH committees have obtained a level of autonomy beyond the programme and play an important role in the communities. However, the extent of these groups' influence within their communities remains uncertain. The household survey revealed limited familiarity with various community structures, indicating their lack of integration as they are still relatively new actors. Regional differences were noted, with respondents in Gedo being more familiar with community groups than those in Banadir. In Gedo, Community Education Committees (CECs) were the most well-known group at 94%, followed by Community Health Workers (CHWs) at 39%. In Banadir, WASH committees were the most recognized group at 35%. WASH activities are largely donor funded, making the system fragile. Furthermore, some key informants are doubtful of the quality of the WASH facilities constructed using a community participatory approach. While this might have created ownership, their low quality can affect sustainability. Some waterpoints are no longer operational and there is low ability to make repairs and purchase spare parts.

37. The education programme was implemented through local cooperating partners, where there is a specific performance management system aiming to improve and develop their capacities through tools, training, and technical support. The Somali government has begun to prioritize education more with new policies on enrolment, retention and school feeding. The programme has supported the establishment of local policies and capacities on school feeding, but currently it is not feasible for the government to provide such interventions without support.

38. Schools that have received improved water access are projected to continue drawing more students and strengthening community connections to their water sources, according to insights from school staff and agency informants during interviews. Similarly, some agency staff emphasized the importance of water access as a conflict prevention measure. They noted that decisions regarding the construction of water sources and drilling of boreholes are sensitive but bring significant benefits to the surrounding communities.

39. As part of the livelihood programme, the partners identified various asset creation initiatives that the communities are engaged in, in exchange for food or cash. These initiatives go hand in hand with the Joint Drought Operation, creating job opportunities while building more climate resilient communities.

40. While the programme integrated the gender-dimension greatly in its design, due to varying accounts to its impact, the gender-dimension's sustainability cannot be confirmed. Wide inclusion of girls in the education component, women in livelihoods and in community groups, are likely to contribute to wellbeing and more opportunities for women and girls on individual levels.

CONCLUSIONS

41. The programme was highly relevant to Somalia's context, effectively addressing immediate relief and long-term poverty prevention. Transitioning from humanitarian response to development posed challenges due to extensive multi-sectoral needs and limited national capacities.

42. Significant progress was made in combating malnutrition through partnerships and the establishment of Maternal and Child Health and Nutrition (MCHN) centers. School feeding and WASH programmes improved children's nutrition and community health and hygiene standards.

43. Considering the extensive and urgent multi-sectoral needs within the communities, the interventions have been widely regarded as effective in addressing the immediate needs of beneficiaries. However, concerns prevail regarding the long-term sustainability of the programme, with many observed benefits and impacts reportedly ceasing after the programme ended.

44. The programme adopted a community-driven approach, emphasizing local needs and actively involving community members in design and beneficiary selection processes. Moreover, the project dedicated attention to women's empowerment through the provision of skills training and opportunities for income generation. The programme's dedication to promoting gender equality is also demonstrated by increased enrolment levels for girls in schools, livelihood programmes tailored for women, and women's inclusion in community groups. Engaging in menstrual hygiene management groups has empowered girls by disseminating practical knowledge and incrementing confidence to attend school.

45. The collaborative, multi-sectoral, and multi-year approach has been crucial in bringing communities a sense of stability throughout the programme's duration. However, the programme's impact on community resilience varied by region, with stakeholders emphasizing greater effects in Banadir in comparison to Gedo and Lower Juba. Factors leading to this discrepancy encompass additional resources apportioned to Banadir and the serious impacts of climate change in Gedo.

46. Overall, livelihood activities have brought about positive outcomes through the provision of cash assistance and agricultural inputs, contributing to the recovery of food production capacities in the communities and food security at household level. The programme's second Phase underscored a commitment to long-term recovery and development by emphasizing livelihood support, social programmes, and cash assistance. This holistic approach stands out as a significant contributor to the programme's success.

RECOMMENDATIONS

High priority

- I. WFP and UNICEF should reinforce and align monitoring and quality control of services carried out by the agencies, IPs, community groups and government stakeholders.
- II. WFP and UNICEF should provide children with disabilities with more meaningful and tailored support as part of the education component and promote access and increase attention to disability inclusion for WASH in schools and healthcare facilities. Advocacy and sensitization efforts can promote enrolment of children with disabilities and help to ensure that they are treated well and supported appropriately while at school. Advocacy efforts around girls' education appear to have been broadly successful, and similar strategies could be adopted for children with disabilities. Additional programmatic components should be explored for addressing this, such as adapted learning materials, assistive devices, teacher training on topics such as universal design for learning (UDL) or extra academic support for children.
- III. WFP and UNICEF should improve targeting of beneficiaries by conducting analysis of different vulnerable groups, conducting needs assessments, and developing selection criteria that specifically target the most vulnerable, including minorities. Additionally, WFP and UNICEF could increase linkages and oversight of different community groups to ensure that there is knowledge sharing and cooperation across various locations and sectors. This will foster collaboration and learning among different community groups, ultimately enhancing programme effectiveness.
- IV. WFP and UNICEF should integrate gender equality and social inclusion across all programme activities to shift attitudes and change gender relations while simultaneously promoting financial literacy and women's empowerment. This dual approach will contribute to more inclusive and equitable outcomes, empowering women and marginalized groups while fostering positive social change.
- V. WFP and UNICEF should incorporate water point rehabilitation, borehole construction, and other water-related initiatives into their education interventions. This integration will enhance access to clean water and improve sanitation facilities, contributing to a healthier and more conducive learning environment for students.

Medium priority

- VI. WFP and UNICEF should integrate sustainability principles into programme design and implementation, emphasizing long-term resilience-building measures to empower vulnerable populations and enhance their capacity for self-reliance in the face of future challenges, while also considering appropriate exit strategies, reinforcement, and leveraging of programme efforts beyond the programme's lifecycle.

1. Introduction

1.1. EVALUATION FEATURES

47. The evaluation scope encompassed all activities and processes related to the UNICEF-WFP Joint BMZ/KfW Programme, "Strengthening Resilience in South-Central Somalia Programme (Jan 2018-June 2022), Phase I" (€57,500,000) and "Building Resilient Schools in Somalia (Jan 2019-Dec 2022), Phase 2" (€33,100,000) in the Banadir, Gedo, and Lower Juba regions of Somalia. This activity evaluation served the dual and mutually reinforcing objectives of accountability and learning:

- i. **Accountability** – The evaluation will assess and report on the performance and results of the programme to both the donors (BMZ/ KfW) and the programme's beneficiaries.
- ii. **Learning** – The evaluation will determine the reasons why certain results occurred or didn't to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated, and lessons will be incorporated into relevant lesson sharing systems.

48. The evaluation was conducted between January 2023 and February 2024. It used a range of data sources to respond to the evaluation questions, including an extensive literature review, household surveys, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and Observational Checklists. The evaluation team consisted of locally recruited male and female field researchers who were trained for data collection measures in October 2023. Desk research and analysis were conducted by six sectoral experts and the evaluation team staff. The main evaluation stakeholders consisted of the agency staff, the IPs, beneficiaries and evaluation team.

49. The evaluation recommendations will be useful beyond UNICEF and WFP as national authorities and NGOs will be potential users of the results of the assessment. This can contribute to a knowledge platform of lessons learnt on strengthening resilience particularly in the Horn of Africa region, and elsewhere with similar programming and context.

1.2. CONTEXT

50. Somalia is located in the Horn of Africa. With a population of 18.1 million (in 2023³), the Somali population is young with children aged 0-14 account to 47% of the country's population⁴. It is a country with recurrent food and nutrition crises, large numbers of out-of-school children, internal migration, weak education system, widespread insecurity, political instability, underdeveloped infrastructure, and frequent natural hazards such as drought and floods. Constant shocks to livelihoods, wellbeing and food security make the Somali context highly vulnerable and complex to respond to the country's profound humanitarian crises.

51. The **political relations** are dynamic, prone to having a high turnover rate, and political violence remains a daily threat in Somalia⁵. The Somali government, with the support of African Union troops and international partners, has made gains against Al-Shabaab and other militant groups in recent years, retaking territory and stabilizing some areas. However, the security situation remains complex and fragile, with widespread corruption, continued fighting between government forces and Al-Shabaab, and armed clashes between rival clans and factions.

³ UNFPA, <https://www.unfpa.org/data/world-population/SO>

⁴ UNFPA, <https://www.unfpa.org/data/world-population/SO>

⁵ ACLED, <https://acleddata.com/2023/09/15/somalia-situation-update-september-2023-the-government-and-al-shabaab-vie-over-the-support-of-clan-militias/>

52. Somalia became the eighth member of the East African Community that would increase the country's **trade and regional integration** opportunities⁶. Consecutive droughts and floods have also impacted the country's economic stability with rising food prices and falling exports, which have prevented Somalia from a modest economic rebound. In a dynamic context such as Somalia, ensuring shock resilient structures are key to rebuilding economic governance institutions. In 2022 the regional droughts and worsened global economic conditions negatively affected the GDP's growth that dropped from 2021's 2.9% to 1.7%. For 2023 and 2024 the GDP is expected to rebound to 2.8% and 3.7% respectively. Eventually emerging from fragility, Somalia needs to steadily transition from relying on humanitarian aid to more sustainable development-related approaches.

53. The Somali government presented the ninth National Development Plan (NDP-9, 2020-2024) to the IMF and World Bank in December 2019 to fulfil the Enhanced Heavily Indebted Poor Countries (HIPC) Initiative's poverty reduction strategy requirement. The NDP-9 has four pillars encompassing security and rule of law, inclusive politics, economic development, and social development as pathways to achieving long-term development and wellbeing of the Somali people. Over the past seven years, Somalia has been moving towards establishing a federal government system that has been encouraged by steps toward community reconciliation and amplified local governance capacities. Developing the national fiscal and monetary systems have supported some of the country's economic growth. Regrettably the efforts have been hindered by global challenges of inflation, climate change and COVID-19, and Somalia has not been able to raise people from extreme levels of poverty. n with SGDs and the national annual budget is progressively aligning to ensure policy outcomes and facilitate better monitoring. The VNR process showed that Somalia has made significant progress towards the SDG targets on economic growth, industry and innovation, water and sanitation, and health and education. Insufficient progress has been reported in relation to affordable and clean energy, and gender equality. To reduce poverty, Somalia must sustain economic growth and focus on increasing skills, addressing educational inequalities, improving healthcare, and expanding access to basic services. The government is implementing policies to educate women and youth, combat female genital mutilation (FGM), reduce gender-based violence, and increase women's representation in leadership. Despite these efforts, Somalia relies heavily on international support to achieve the SDGs and requires significant resource allocation from both domestic and international sources. Challenges include weak coordination, insufficient monitoring and reporting, and a lack of primary data sources.

54. In the national Nutrition Strategy and NDPs the food-based interventions are identified as priority actions that should be scaled up to prevent undernutrition in high-risk populations. The NDPs have had nutrition-specific interventions to tackle priority challenges, including access to and utilization of micronutrient supplements, fortified supplementary food, deworming interventions and others. The national nutrition strategy for 2020-2025 is implemented hand-in-hand with the Multi-Sectoral Nutrition Strategy. Upon establishment of the strategies, it was understood that delivery of nutrition services remains a significant challenge in Somalia due to lacking facilities and resources. The current health facilities are insufficient and unevenly distributed across regions and districts, necessitating an increase in the number of facilities by the Federal and State Ministries of Health to better serve vulnerable populations. Additionally, these health facilities are poorly equipped to provide quality nutrition services. Data on nutrition and food security in Somalia is mainly gathered by the national Food Security and Nutrition Analysis Unit of Somalia. Finally, gender inequalities are both a cause and an effect of hunger and malnutrition, with higher levels of gender inequality being associated with higher levels of undernutrition. To this end, gender has been mainstreamed in the nutrition strategy.

55. The Somali health sector has underperformed for many years due to prolonged conflict and instability. Numerous health facilities have been destroyed or damaged, and there is no effective system to restore their functionality. Additionally, there is a severe shortage of trained healthcare workers, essential medicines, and pharmaceutical equipment. Health services in Somalia are predominantly provided by the

⁶ World Bank, <https://www.worldbank.org/en/country/somalia/overview>

private sector, which delivers at least 60% of health services and 70% of the country's medicines, mainly in urban areas. Due to the early stage of Somalia's health sector regulatory capacity, there are no established quality standards or functional regulatory bodies for health services or pharmaceutical products.

56. Somali national policies and practices concerning WASH were strengthened during the NDP-8 (2017-2019) and remain a priority in the current NDP-9. Due to ongoing challenges on coordination and resource issues within government-led WASH structures, the sector is coordinated by the Somali WASH Cluster, primarily composed of NGOs. As outlined in NDP-9, the government aims to establish a policy and legal framework to support the sector and implement a Private-Public Partnership law to improve access to clean water and sanitation services. In 2019, Somalia joined Sanitation and Water for All (SWA), represented by the Ministry of Health. The Inter-ministerial WASH Steering Committee (IMWSC) also developed a national WASH Policy and Strategy Plan to eliminate open defecation by 2030, along with a WASH Sector Monitoring and Evaluation Framework. Despite these efforts, financial constraints remain a major challenge. According to the 2019 WASH Sector Policy, funding sources include tariffs, external aid, the private sector, and taxes.

57. In recent years, the Government has begun reviving public management of education. The Ministry of Education, Culture, and Higher Education (MoECHE) is responsible for educating children and has worked to improve its capacity through developing policies and strategies for a decentralized education system. Challenges include a lack of technical and financial resources in newly formed Federal Member States and local agencies. Progress includes establishing functioning Federal Member State Ministries of Education, improved coordination between federal and state levels, and the development of the Education Management Information Systems (EMIS). In 2017, the national curriculum was approved and distributed to all primary and secondary schools. With international support, 377,213 children were enrolled in school, 2,217 teachers were trained, and 27 public schools were built or re-occupied. Thousands of students have received scholarships, and government teacher training centers have been established. Multiple national policies have been adopted:

- i. Education Sector Strategic Plan (ESSP) (2018-2020): Priorities for the next five years
- ii. National Education Policy (2020): Guarantees access to free, quality basic education
- iii. Special Educational Needs Disability and Inclusive Education Policy (SEND & IE) (2018): Supports access for children with disabilities
- iv. Gender Policy for the Education Sector (2020)
- v. General Education Act (2021): Defines objectives and responsibilities within the education sector
- vi. Teacher Policy (2021): Guidelines for teacher management
- vii. National Curriculum Framework (2017): Outlines the national curriculum and textbook distribution.

58. Since 2020, the number of people in need in Somalia has progressively increased, rising from 5.2 million in 2020 to 5.9 million in 2021, reaching 7.7 million in 2022 and 8.5 million in 2023. Correspondingly, the number of people targeted for assistance has also grown, both in absolute numbers and as a proportion of those in need. In 2020, three million people were targeted (58% of those in need), increasing to four million in 2021 (68% of those in need), to 5.5 million in 2022 (71% of those in need), 7.6 million in 2023 (91% of those in need). The number of people in need in 2024 has been estimated to drop from 8.5 million in 2023 to 5.2 million in 2024. Humanitarian partners have scaled up their response to meet the needs of the affected population. Despite the intensifying conflict, restrictive operating environment, and current climatic shocks, the number of people reached with humanitarian assistance has continuously increased: from 2.3 million in 2020, to 2.8 million in 2021, to 7.3 million in 2022, and to 4.7 million in 2023. Over the past years, funding for the Somalia Humanitarian Response Plan (HRP) has gradually decreased: from \$1.04 billion in 2017, to \$926 million in 2018, \$901 million in 2019, \$797 million in 2020, and \$777 million in 2021. In 2022 & 2023 there was an increase first to \$2.09 billion and \$1.19 billion ensuing severe climate conditions. The Joint Resilience Programme (JRP) complements other ongoing nutrition sector interventions in central and southern Somalia, aligning with Government priorities. UNICEF's nutrition interventions are supported by community health initiatives and vaccination activities funded by donors such as the Global Vaccine Alliance (GAVI) and the Global Fund to fight AIDS, Tuberculosis, and Malaria. The cost of malnutrition treatment at OTP sites and

stabilization centers, including supplies, is shared and supplemented with humanitarian funding. Additionally, the community governance component of capacity development is closely linked to the JLPG model on participatory integrated community development, using tools and approaches based on conflict-sensitive programming, appreciative inquiry, and rights-based approaches to community development. WFP's preventive MCHN programme partners with government-run clinics to integrate health services for pregnant and breastfeeding women and girls (PBWG) and children, combining behavior change communication and counselling with food support. Pregnant and nursing women receive antenatal and postnatal services and comprehensive health and nutrition education packages that contribute to ensuring a good start in life for their babies. The Phase I budget of the UNICEF-WFP Joint BMZ/KFW Programme, "Strengthening Resilience in South-Central Somalia" (Jan 2018-June 2022), amounts to €57,500,000, while Phase II budget, "Building Resilient Schools in Somalia" (Jan 2019-Dec 2022), amounts to €33,100,000.

59. 4.9 million Somalis need life-saving and preventative **nutrition services**, with an estimated 38% increase from 2022. The increase is related to the impacts of drought, displacement, conflicts and rise in food prices, and further aggravated by poor (WASH) conditions, food shortages and lack of health services⁷. The national global acute malnutrition (GAM) rate has increased from 2021 to 2022 particularly among the displaced and rural populations. Famine-like conditions have been reported among IDPs and agro-pastoral populations. A fundamental cause for malnutrition in Somalia is poor maternal and childcare, which centers on early marriages, lack of knowledge of sustainable and healthy food practices, and lack of access to resources for food security.

60. Poor **water conditions** and harsh droughts affect an estimated 8 million Somalis, disproportionately children under five who are the most vulnerable to wasting⁸. The need for lifesaving WASH-assistance has increased from 2022 with 25% due to protracted droughts. Droughts, floods, conflict, and their ensuing effects have displaced a great number of people and increased the need for WASH related services in migration hotspots; Approximately 1.5 million protracted IDPs and 33% of the newly displaced lack access to sufficient safe water, proper sanitation, soap and other essential hygiene materials. Limited access to fresh water and sanitation have triggered cholera outbreaks, acute watery diarrhea (AWD) and other communicable diseases particularly among the IDP populations. Equitable access to affordable, safe water and adequate sanitation facilities is limited in many parts of the country, particularly in rural areas and informal settlements. One of the main challenges is the lack of infrastructure and investment in water and sanitation services. Many water sources are unreliable or contaminated, and there is a shortage of wells, boreholes, and other water supply systems. This, together with limited handwashing facilities, contributes to the spread of waterborne diseases such as cholera, which can be deadly, particularly for children. Finally, shortages of functional health facilities including having appropriate levels of WASH services, and trained staff limit addressing the disease outbreaks, responding to wasting and malnutrition. On a national level, 46% of health facilities have availability of water from an improved water source located on premises, 87% have at least one improved sanitation facility, but not all requirements for basic service are met, 42% have functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) available at points of care, and within 5 meters of toilets. The other indicators of waste management and environmental cleaning also have low levels of basic coverage at 17% (waste safely segregated into at least three bins, and sharp and infectious waste are treated and disposed of safely) and 12% (protocols for cleaning are available and staff with cleaning responsibilities have all received training) respectively⁹.

61. According to population survey estimates by UNFPA, only 40% of the Somali population is literate. An estimated 3.9 million children aged 5-17 lack access to quality education in Somalia. The primary enrolment rate is only 39%, and in the South-central region enrolment rates are even lower at 24% at the primary level (6-13 years). Somalia has one of the lowest gross enrolment ratios (GER) in the world, and many enrolled children are older than the typical age for their grade level. In the 2020-21 academic year, 33% of

⁷ OCHA, Somalia Humanitarian Needs Overview 2023, <https://reliefweb.int/report/somalia/somalia-humanitarian-needs-overview-2023-february-2023>

⁸ UNICEF, <https://www.unicef.org/media/131931/file/2023-HAC-Somalia.pdf>, OCHA, Somalia Humanitarian Needs Overview 2023, <https://reliefweb.int/report/somalia/somalia-humanitarian-needs-overview-2023-february-2023>

⁹ Health Cluster, WHO. Somalia: WASH in Health Care Facilities - WHO/UNICEF JMP WASH in healthcare facilities Assessment 2022/2023

children enrolled in primary education were overage. Low levels of enrolment in the South-central region are connected to the high levels of population displacement: nationally only 21% of newly displaced children have access to education, compared to 28% of children who have been displaced for a longer period and 39% of non-displaced children. The main barrier to accessing education is the indirect cost, which is compounded by the effect of the drought on livelihoods. A 15% increase in dropouts from 2022 is projected, driven by families needing children to contribute to daily expenses amid the devastating impacts of droughts. The national stakeholders' limited capacity to provide educational services has heightened the sector's reliance on humanitarian actors. Some community structures and schools provide other essential services such as access to water, sanitation and protection measures. The Education Cluster included water trucking to schools as one of its key activities in 2023, during which 32% of the targeted schools received provisions of water. In light of the poor WASH facilities in learning spaces, the Education Cluster has set latrine construction and rehabilitation in schools as priority activities for 2024 to support protective quality education in Somalia.

62. In Somalia literacy rates are 8% higher among males compared to females. While girls are equally likely as boys to be enrolled in primary school, a significant gap emerges at secondary level in part due to negative attitudes about girls' education, early marriage, and engagement of girls in domestic chores. Education of girls through secondary level and beyond is a critical intervention for reducing early pregnancies and establishing well-nourished children, households and communities. Girls are four times more likely than boys from the same background to drop out of school, primarily to handle domestic chores, while boys leave to contribute to the household income. Factors such as long distances to school, safety concerns, social norms favoring boys' education, a shortage of teachers (especially female teachers), and inadequate sanitation facilities discourage parents from enrolling their children, especially girls, in school. Children's rights remain a challenge and the ongoing insecurities and conflict in Somalia put children at risk of recruitment by armed groups, as well as displacement and separation from their families. Children are also vulnerable to exploitation and abuse, including sexual violence and forced labor.

63. Somalia ranks as the fourth worst country for **women's rights** according to the UNDP Gender Inequality Index. The Somali Government has recently established a legal and policy framework to promote gender equality. This includes the National Gender Policy aimed at promoting equality and empowering women, the creation of the Ministry of Women and Human Rights. A 2011 amendment to the Somali Constitution recognized gender equality as a fundamental right and mandated that at least 30% of public sector positions be occupied by women. This is an important factor in ensuring gender equality in leadership and governance in the country. However, Somalia has not ratified the internationally acclaimed Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Along similar lines, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) has been signed but not ratified. In criminal, personal status and labor laws there are some provisions supporting gender equality, but systemic protection of women and girls by legal means, implementation of existing legislation and the passing of multiple drafts to better the situation remain a challenge. Deeply rooted traditional views continue to assign women and girls a secondary status in society, making progress difficult. Women still occupy very few positions of power and are often denied access to education and economic opportunities. Somalia is experiencing gradual progress in enhancing gender balance in parliament. Leading up to the 2021/2022 elections, advocacy efforts to secure a 30% quota for legislative seats were ongoing but yielded limited success. In the 2022 elections, 54 women, constituting 20% of the 275 House of the People seats, were elected. This falls short of the 30% target and is less than the 24% achieved in the 2016 elections. In 2022 the Federal Government of Somalia (FGS) launched the Somali National Action Plan (NAP) for the implementation of the Somali Women's Charter and United Nations Security Council Resolution 1325 (UNSCR 1325) to ensure the inclusion and participation of Somali women in peacebuilding and decision-making at all levels. This aims to tackle the lack of systematic efforts in implementing the Women, Peace, and Security agenda, which is crucial for promoting and advancing gender equality and women's empowerment (GEWE) in conflict and post-conflict environments. In addition to political participation and decision making, there are also significant gendered disparities in the labor market participation of women in Somalia. Women also face challenges in accessing services and resources such as credit, insurance, finance, land rights and ownership, training and technology.

64. Sexual and gender-based violence (SGBV) and gender-based violence (GBV) are frequently under-reported in Somalia due to societal stigmatization, and incidents of GBV and rape continues increasing. Data indicates that 18% of ever-partnered urban women and girls aged 15-49 have experienced physical or sexual

violence by a current or former intimate partner in the past 12 months. This contrasts with 12.9% of rural women and 8.7% of nomadic women. The most marginalized and disempowered are women and girls from minority groups outside the dominant clan system, particularly those from nomadic households. Early marriage (below 18 years) remains common, with girls often married below the age of 15, and even as low as 12 or 13. FGM remains widespread in Somalia, with 99% of women aged 15-49 having undergone the procedure. Although there is no legislation prohibiting FGM, significant progress has been made in the Government's Provisional Constitution, which now defines FGM as 'torture'. Additionally, the Government, in collaboration with international partners, is developing a national strategy to guide efforts to eradicate FGM. Complications emerging from FGM, poor healthcare system and resources contribute to the high maternal mortality levels in Somalia with alarmingly high rates of maternal mortality (829 per 100,000 live births), adolescent births (118 per 1,000), and low female labor force participation (20.9%).

65. Somalia has the highest risk to climate change, humanitarian crises and disasters in the world.¹⁰ Protracted conflicts and insecurities, climatic shocks (drought and floods), locust invasion, political instability, and the COVID-19 pandemic exacerbate gender inequalities and power dynamics that reinforce restrictive gender norms and stereotypes. These events have widened gender gaps in access to health, education, jobs, freedom from violence and participation in public life in Somalia, particularly as a result of displacement and negatively impacted livelihoods. The outcomes of food insecurity and increased poverty inevitably increase the prevalence of gender-based violence perpetrated on women and girls. For example, during COVID-19 a 61% increase in gender-based violence was reported.¹¹

66. Climate change and environmental degradation, together with loss of livelihood for Somalia's pastoral and agricultural communities, are a major source of local conflicts in Somalia. Male-dominated clans and political groups take advantage of these conflicts. When such conflicts occur, populations are forced to migrate from their homes to IDP sites and settlements, leaving them without any protection from the family or clan. Males are vulnerable to recruitment into militant groups, leaving behind women in IDP sites to face gender-based discrimination and violence and loss of decision-making and income-generating opportunities. Notably the household survey identified that 32% of household heads were women. In this context women in Somalia are more disadvantaged compared to their male partners, considering their position in the society as well as their inability to access some basic services, such as maternal healthcare and shelter. At least 25% of Somali women have experienced gender-based violence exacerbated by conflict and displacement due to the climate emergency.¹²

67. Women and girls are consistently more vulnerable to drought through their needs to survive, care for their families and avoid sexual violence (see Box 1).

¹⁰ INFORM Climate Change Risk Index 2024. <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Results-and-data/moduleId/1782/id/469/controller/Admin/action/Results>

¹¹ UN WOMEN, 2022. Gender, Climate and Conflict Analysis in Somalia and Assessment of Opportunities for Climate Agriculture and Livelihood Opportunities for Crisis-affected and At-risk Women in Somalia.

¹² United Nations Somalia. UN Somalia Gender Equality Strategy 2021–2025

Box 1: Lived Impacts on Somali Women and Girls during Drought

Women and girls (especially pregnant and nursing women) are at risk of malnutrition as they often eat last and skip meals at home. With food scarcity, women and girls might be forced to sell or exchange sex for food.

Women and girls walk longer distances to find water and firewood and are at risk of violence. Girls might drop out of school and women have less time to engage in economic activities or domestic labor.

Female-headed households risk losing income. Somali women face more restrictions than men on their mobility, types of jobs they have access to, capital and business networks. As males migrate, women become breadwinners, while continuing to be responsible for childcare and unpaid domestic labor.

Access to critical services, including health, financial and social protection services become restricted.

Risks of gender-based violence are exacerbated. Women walking long distances are at risk of sexual exploitation and assault. Families desperate for income, might force girls into early marriage. Displaced women and girls sleeping in open spaces or overcrowded camps without security are vulnerable to violence. Women (at home or in camps) are at higher risks of intimate partner violence as men resort to negative coping strategies. Usual support systems are not available to women.

Svensson K, and Carlsson Rex H, *Marking International Women's Day: Why women and girls matter in Somalia's climate crisis*. World Bank blog. March 08, 2022

1.3. EVALUATION SUBJECT

68. UNICEF Somalia and WFP Somalia are supporting the government's NDP-9 through the "Strengthening Resilience in South-Central Somalia Programme (2018-2022), Phase 1" and "Building Resilient Schools in Somalia (2019-2022), Phase 2." These initiatives are financially supported by the BMZ, provided through KfW, in collaboration with the Government of Somalia. The JRP acknowledges that gender inequality directly hinders development. WFP and UNICEF are dedicated to gender equality and women's empowerment (GEWE) through gender-sensitive interventions and by enhancing staff capacity in policy and implementation. Over the years, the programme demonstrated a shift from immediate, essential nutrition services to a more integrated and holistic approach, emphasizing sustainable development and resilience building for children and communities in Somalia.

69. Responsibilities (from Phase I and II documents and budget):

- i. The BMZ/KfW cooperation with UNICEF and WFP in Somalia is focused on moving from a crisis response towards building resilience in crises contexts. The programming approach is through integrated nutrition, health, WASH, and education. Each partner has specific roles and responsibilities. In Phase 1 UNICEF was tasked with responsibility for: treatment of severe acute malnutrition (SAM), improving WASH facilities in schools and health facilities, service delivery of nutrition packages by health workers and community support groups, prevention and management of common illnesses, promotion of CLTS to eliminate open defecation, promotion and support for maternal nutrition and care, micronutrient support, promotion and support of IYFC, and capacity building to improve service delivery. WFP had the following responsibilities: purchase, storage and distribution of high nutrition foods, incentives and training for CW, support to SUN secretariat, strengthening medical and food supply chains and capacity building in supply chains, and leading monitoring through SCOPE.
- ii. In Phase 2 UNICEF's responsibilities were for classroom construction, upgrading school WASH facilities, procurement of school furniture, health and nutrition education in schools, provision of educational materials and textbooks, school and child cash grants, piloting a model for early learning, teacher training, leadership and supervision training for principals and CECs, coordination with MoECHE, and advocacy. WFP's responsibility was for health and nutrition education and behavioral change communication, provision of school meals and cost of kitchen support staff, infrastructure building (eg. kitchens and stores) and procurement of equipment needed for school meals including environmentally friendly cooking equipment, promotion of kitchen gardens in selected schools, capacity development for CECs and local retailers, and establishment of a school meals unit in MoECHE.

70. The target regions have been prioritized, as of 2017, due to their high GAM rates, which exceed 15 per cent in both, and their SAM rates, which range from 2.1 to 3 per cent in North Gedo (riverine and pastoral) but is higher, at 4 percent, among IDPs in Banadir. Banadir is the most populated region in Somalia and hosts the capital city, Mogadishu. Comparing from 2022 to 2023, the severity of intersectoral needs has exceeded from extreme to catastrophic in **Banadir** due to the large influx of drought-drive IDPs increased the risk of famine. All in all, Banadir has the highest number of IDPs per region, who have largely been displaced from other regions affected by droughts and are seeking humanitarian assistance in the capital area. IDPs face high protection, nutrition and health risks in Banadir where children under five malnutrition, cholera, measles and evictions add up to the IDPs protracted and high degree of humanitarian needs. Similarly, among the non-displaced urban populations, Banadir has the highest degree of needs. **Gedo** is among the regions that receive the highest numbers of newly displaced people in the country. Acute malnutrition is critically prevalent in Gedo among the Riverine IDP Pregnant and breastfeeding women and girls (PBWG) populations, and children in hard-to-reach insecure urban areas in South Gedo. The number of people in need in Gedo has increased between 2022-2023, also due to the heavy rains and flooding. **Lower Juba** experiences water shortages that have been quoted as a key driver for migration in the region. Water shortages contribute to inadequate WASH practices and have heightened disease outbreaks in densely populated areas, namely IDP campsites. In addition, the non-displaced urban populations in Lower Juba have high degrees of humanitarian needs. The intersectoral needs of the Lower Juba populations have increased from 2022 to 2023.

71. Phase 1 of the Joint Resilience Programme includes integrated interventions in nutrition, health, WASH at the facility, household, and community levels. The target regions, Banadir and Gedo, were prioritized in 2017 due to their high GAM rates, which exceed 15%, and their SAM rates, which range from 2.1% to 3% in North Gedo (riverine and pastoral) but are higher, at 4%, among internally displaced persons (IDPs) in Banadir. Building on Phase 1's foundation, Phase 2 expanded to include Education, WASH, and Livelihoods, addressing the root causes of children's vulnerability. This Phase introduced a comprehensive approach to multi-causal malnutrition and focused on ensuring quality education and safe environments for children, thus aiming to transform them into productive community members.

72. The Joint Resilience Programme (JRP) aligns with the visions of the Somalia NDP (2017-2019, 2020-2024), the United Nations in Somalia Strategic Framework (2017-2020, 2021-2024 UNSF), and the targets of the Sustainable Development Goals (SDGs) related to implementation areas. The JRP was introduced into a favorable policy and institutional landscape in Somalia. The Somalia NDP-8 2017-2019 envisioned "a sovereign people working together to lay the foundation of future growth," with a "gradual shift from humanitarian interventions to planning for long-term sustainable and equitable development." In this context, the JRP contributed to three pillars and fourteen sectors, sub-sectors, thematic areas, and agencies of the NDP, namely: (i) Economic Growth, (ii) Social and Human Development, and (iii) Building Resilience Capacity. NDP-9, outlining Somalia's poverty reduction, peace, and development priorities for the period 2020–2024, was adopted on 23 December 2019. It prioritizes inclusive and accountable politics, improved security, the rule of law, and economic and social development, with gender, youth, capacity development, human rights, and the environment as cross-cutting themes. The United Nations Sustainable Development Cooperation Framework (UNCF), signed in October 2020, represents the collective response of United Nations entities to the priorities outlined in NDP-9 and their contribution to the implementation of the 2030 Agenda and Agenda 2063 of the African Union and the achievement of the SDGs in Somalia.

73. The JRP is implemented together with UNICEF and, since 2021, FAO, which is part of the joint programme in Phase III. Thirteen cooperation partners and various line ministries (health, education, WASH, agriculture, etc.) at the federal and state levels are also involved. UNICEF is implementing health, nutrition, education, and WASH components, while FAO is developing livelihood pathways. Last year, FAO absorbed a total of 4,812 children from Gedo-supported schools who had been removed from the cash grant list as part of its livelihood component under Phase III. Complementing the Trend Analysis led by the WFP Vulnerability Analysis and Mapping Unit, FAO conducts seasonal assessments through its Food Security and Nutrition

Analysis Unit (FSNAU) to guide the targeting of vulnerable and impoverished families and their communities at the district level.

74. Phase I: The goal of Phase I was to increase access to basic nutrition, health, and WASH services, and enhance capacity to manage and monitor recurrent shocks and stresses. Phase I received €57,500,000 in funding, targeting 3,745,286 beneficiaries in Gedo and Banadir between 2018 and 2020.

75. Programme Outcomes for Phase I:

- i. Increased availability of basic services delivered at facility and community levels.
- ii. Communities, households, and individuals are engaged in the delivery of basic services, leading to improved knowledge, attitudes and practices that support better choices.
- iii. Strengthened local governance and management systems for the oversight and provision of basic services. Focus populations: Children under-5, mothers, pregnant and breastfeeding women and girls (PBWG).

76. UNICEF and WFP collaborated with the same implementing partners to deliver malnutrition prevention and treatment through 100 fixed and mobile sites. They integrated therapeutic feeding programmes (OTPs) for severe wasting and Target Supplementary Feeding Programmes (TSFPs) for moderate wasting. The number of sites was reduced to 100 in March 2020 due to site consolidation and security concerns in Gedo

77. By the end of 2021, UNICEF supported 34 health facilities (110% of the target), including OTPs, in Banadir (21) and Gedo (13) regions, achieving 100% of the planned WASH services target of improved access to sanitation and safe drinking water.

78. To engage communities in service delivery, a Community Health Workers (CHWs) curriculum was developed with the Ministry of Health (MOH), UNICEF, and WFP for national use. Community Development Committees (CDCs) in Gedo supported communities using the Participatory Integrated Community Development (PICD) process to strengthen local governance and management systems for service provision.

79. WFP enhanced the Ministry of Health's supply chain capacity by constructing a central warehouse in Mogadishu for safe storage and distribution of essential drugs and nutritious food. Despite the COVID-19 outbreak, UNICEF, WFP, and partners ensured programme continuity, delivering critical integrated services such as SAM and Moderate Acute Malnutrition (MAM) treatment to protect children and women from morbidity and mortality.

80. WFP and UNICEF completed a Mid-Term Review (MTR) in 2020 which resulted in the identification of the following recommendations:

- i. Specific Social behavior change communication (SBCC) materials should be disseminated to males addressing the importance of mother's diet diversity and of good childcare practices.
- ii. Awareness on the enrolment criteria into the MCHN intervention should be strengthened among adolescent mothers.
- iii. Information on the importance of not sharing rations should be emphasized through different SBCC mediums and CHWs.
- iv. Establish a database for CHWs' personnel and activities.
- v. Training of all CHWs using a new harmonized curriculum along with regular refresher trainings.
- vi. Reinforce the roles and responsibilities of CDC members.
- vii. Strengthen coordination with the relevant Government ministries to create better ownership and prepare for eventual takeover of the programme.
- viii. Conduct trend and region-specific analysis of programme indicators.
- ix. Partners to be retrained to report quality data.

- x. To measure timely distribution, WFP should collect information from the NGO partners on the actual date of distribution.
- xi. A few indicators should be reported as numbers, not as percentages as per the log-frame.

Phase II

81. In Phase II, the JRP expanded to include Education, WASH, and Livelihoods alongside SDG 2. UNICEF and WFP aimed to build on Phase I's gains by addressing the root causes of children's vulnerability, focusing on multi-causal malnutrition, access to quality education, and creating a safe, protective environment to help children become productive community members. Phase II interventions were implemented in 13 schools in Banadir and 56 schools in Jubaland State (Gedo and Lower Juba). Phase II received €33,100,000, targeting 91,375 beneficiaries in Jubaland and Banadir. Phase II goal: Young and school-aged children have increased access to quality early childhood development, basic education, and adolescents have enhanced life skills through safe and protective learning environments.

82. The programme outcomes for Phase II are as follows:

- i. The most vulnerable children and adolescents have increased access to quality early childhood development, basic and nutrition-sensitive education.
- ii. Communities, Federal Government, Federal Member States, and Banadir Regional Administration are more resilient with increased capacity to support the provision of integrated education services for children and adolescents.

83. The programme aimed to improve the teaching-learning environment at schools and the learning outcomes for individual children. UNICEF partnered with four IPs to implement activities in all 69 target schools, completing all planned activities in Jubaland and Banadir.

84. The programme enhanced community resilience and governmental capacity to support integrated education services for children and adolescents. UNICEF, in partnership with UNMAS, provided community-based explosive hazard risk education to increase safe behavior in at-risk environments, particularly for children.

85. UNICEF also strengthened the capacity of Community Education Committees (CECs) to promote resilience and programme sustainability, involving parents and communities in school management and resource sharing. Providing educational materials for schools was crucial to improving the teaching and learning environment, especially for children from economically challenged families. Strengthening teachers' capacity with relevant skills was also prioritized to improve children's learning outcomes.

86. In collaboration with the child protection unit, UNICEF partnered with UJAMAA to empower adolescents to prevent sexual violence, FGM, and other harmful practices. This GBV component was implemented in all 69 schools across Banadir and Jubaland.

87. UNICEF, in collaboration with the child protection unit, partnered with UJAMAA to empower adolescents (girls and boys) to prevent sexual violence, FGM, and other harmful cultural practices in Somalia. The programme aimed at preventing GBV in schools was implemented in all 69 schools across Banadir and Jubaland. Although no specific gender analysis was used to develop this evaluation ToR and no specific gender analysis was produced regarding the joint resilience programme activities, the evaluation was intended to mainstream gender perspectives and considerations at all stages, ensuring that the most vulnerable women and girls were adequately considered.

88. Food and cash-based transfers (CBT) were used based on food security and nutrition needs, supply chain capacity, and the efficiency and cost-effectiveness across population groups, activities, and locations. CBT values reflect vulnerability levels and the cost of local nutritious food, following guidance from the Somalia cash working group on the minimum expenditure basket. CBTs were distributed through e-vouchers and increasingly via unrestricted cash, using mobile money or direct transfers to beneficiary bank accounts, enhancing beneficiaries' choice and financial and digital inclusion. According to August 2022 results, the target of 10,000 vulnerable children have doubled to 22,466 (8,827 children (49 per cent girls) as a part of non-cost extension until December 2022, 13,639 children (51% girls) were receiving cash incentives between September 2021 to March 2022).

89. Additionally, as a part of livelihood initiatives, IPs have outlined various asset-creation initiatives, including harnessing runoff water, constructing or rehabilitating shallow wells, water pans, and dams, and building or repairing small irrigation schemes and terraces to prevent soil erosion. These efforts also involve repairing feeder roads, establishing tree nurseries, and managing invasive plant species. Through community engagement and participation, individuals work in exchange for food or cash, while simultaneously constructing robust assets that enhance resilience against future shocks. The overarching goal of the Joint Drought Operation is to invest in resilience-building measures that foster sustainable solutions to hunger and mitigate the risks associated with droughts, ultimately contributing to ending cycles of vulnerability in drought-prone regions.

90. In **Phase III**, FAO has joined the programme, integrating food security and livelihoods initiatives with the existing nutrition and education efforts from Phases I and II. This Phase will continue to focus on the current villages in Gedo, adding five new schools in three districts. New activities for Phase III include livelihood programmes, new SBCC activities, and the expansion of education and home-grown school feeding to schools in six districts. The programme aims to enhance learning, health, hygiene, and nutritional outcomes for children, improve food security, and build resilience for households and communities against economic and climate-related shocks and stresses. It seeks to achieve these goals by increasing access to integrated school feeding, nutrition, WASH, and education services for children, adolescents, parents, and caregivers, while supporting livelihoods for vulnerable families with undernourished children.

91. **Education** programming was continued in Phase III of the programme, and targets 63 schools in Gedo. This includes integrated, inclusive child-friendly education, school WASH, health and nutrition in a safe and protective learning environment. The **nutrition** programme continues to reduce micronutrient deficiencies for children under five and BWGs, and to increase the uptake of malnutrition treatment and prevention services, health support, nutrition-sensitive SBCC and WASH interventions. In turn for **livelihoods** and food security, Phase II aims to maintain and improve household food security and livelihood status through improved agricultural production and income generation. Strengthened inter-ministerial coordination, capacity of MOECHE and household resilience building are expected outcomes of the Phase III activities.

1.4. EVALUATION METHODOLOGY

92. WFP decentralized evaluations conform to WFP and UNEG ethical standards and norms. The contractors undertaking the evaluations were responsible for safeguarding and ensuring ethics at all stages of the evaluation cycle. This includes, but is not limited to, ensuring informed consent, protecting privacy, confidentiality and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities.

93. The evaluation applied the OECD-DAC **evaluation criteria**: Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability. Evaluation questions were developed to provide a comprehensive framework for the evaluation in relation to the criteria. The **evaluation matrix** was designed in the inception face and geared towards addressing the key evaluation questions considering the data availability challenges, the budget and timing constraints, as well as the approach. The evaluation questions, lines of inquiry, indicators, data sources and data collection methods were brought together in the matrix, formed the basis of the sampling approach and data collection and analysis instruments (desk review, interview and observation guides, survey questionnaires etc.).

94. The evaluation questions reflect different factors important to the project. During the final evaluation, all questions were emphasized to an equal extent and not weighed higher than others as per the ToR. No changes to the evaluation question were made from the inception report.

Table 1: Evaluation questions and criteria

Evaluation Questions		Criteria
EQ1 How relevant is the programme design and implementation to the country context and the needs of its target beneficiaries?		Relevance
1.1	To what extent were the design and interventions of Phase I and Phase II were in line with the diverse needs of the community and beneficiaries, particularly in transition from Humanitarian Phase to development Phase?	
1.2	To what extent was the project gender-responsive and able to recognize, understand and address the diverse needs, vulnerabilities and perspectives of women, men, boys and girls in the Somali context through meaningful participation throughout the project cycle and tailored activities to respond to the identified needs?	
1.3	To what extent was the program intervention response to COVID-19 effective and appropriate?	
EQ2 How effective is the programme design and implementation to the country context and respond to the needs of its target beneficiaries?		Effectiveness
2.1	<p>To what extent were the results and expected impact of the programme achieved? What were the main factors influencing the achievement or non-achievement of results? Most particularly:</p> <ul style="list-style-type: none"> To what extent was the design and implementation of the activities under Phase 1 & 2 complementary to achieve the desired outcomes? In what way, if any, has any joint planning, analysis and design conducted under the programme contributed to policy outcomes/results at local/regional/country level? To what extent has the programme created or enhanced effective community level engagement in term of strengthening community development? How well have the referral mechanisms to other health and nutrition programmes (health facility to community and vice-versa) function? 	
2.2	<p>Has the programme appropriately considered gender and protection risks and the contribution of local power dynamics to possible inclusion/exclusion in its design, targeting and implementation processes?</p> <ul style="list-style-type: none"> To what extent the recommendations and conclusions of the mid-term review were taken into consideration? 	
EQ3 To what extent is this programme coherent with other on-going relief, recovery, and development efforts?		Coherence
3.1	How was the programme synchronized and linked with the overall response of UNICEF, WFP, other UN agencies and partners interventions in relief/recovery/resilience building /development and with the relevant sector(s) that might have impact on education, health, and nutrition outcomes in the targeted regions?	

3.2	To what extent and how were multisector and multistakeholder partnerships and actions across the joint programme appropriately and effectively leveraged (sequenced, layered, integrated) for overall programme coherence and impact?	
EQ4 How efficient is the programme?		Efficiency
4.1	How cost-effective is this programme compared to similar programmes in the country or within the sub-region? <ul style="list-style-type: none"> What were the external and internal factors influencing efficiency in terms of resources utilization (fund, time, etc.)? What is the value-added of the joint intervention/investment? 	
4.2	How efficiently does the joint initiative contribute to coverage in service delivery (SAM, MAM, Vit A, immunization, school feeding, attendance, retention, and others)?	
4.3	To what extent is the assistance reaching the different groups of beneficiaries with the right quantity and quality of assistance, and at the right time?	
EQ5 What was the impact of the programme?		Impact
5.1	To what extent did the intervention contribute to long-term intended results? what are the main factors for the positive/negative impacts and what are the intended/unintended impacts? Most particularly: <ul style="list-style-type: none"> What long-term effects have been, or are likely to be, realized for community and household nutrition and health behavior? To what extent has the programmes resulted in more demand for better health and nutrition service delivery? Are there any differences in behavior or demand across gender, age group or disability dimensions? To what extent has this joint programme transitioned from the protection of families and households in times of shock (absorption of shocks) to transition to adaptive resilience building, and how? What has been the impact of the joint programming on school attendance and enrolment? What impact has the programme had on the overall perception of community and parents about education particularly for girls? What is the impact of monthly cash grant to children? What has been the impact of school grants and IGA on overall attendance and retention of children in school? 	
5.2	To what extent did the combined effect of the different components of the programme contribute to building resilience and developing human capital of target beneficiaries?	
5.3	To what extent did the programme contribute to local conflict mitigation/resolution and possible peace outcomes?	
EQ6 To what extent are programme results sustainable?		Sustainability
6.1	To what extent did programme design and implementation support transition planning and sustainability, such as capacity-building, empowerment and	

	<p>handover to national and local government institutions, community structures, local actors, and other partners? Most particularly:</p> <ul style="list-style-type: none"> • To what extent are key community structures and actors (e.g. Community education committees, Community Development Committees, local leaders, local organizations, etc.) active and supporting the sustainability of programme results? • To what extent did the project promote or advance local and national ownership and leadership? 	
6.2	<p>To what extent is it likely that the programme results, and the benefits of the intervention will continue after WFP's and UNICEF work ceases? Most particularly:</p> <ul style="list-style-type: none"> • To what extent have the school grants supported the sustainability of the project? • To what extent has the programme influenced the government to increase investments in health, education, WASH, and nutrition? • To what extent has this joint coordination led to longer-term partnerships and synergies across relevant sectors? 	

95. The evaluation team used a mixed methods approach for the evaluation's **data collection**, using primary and secondary sources, and both qualitative and quantitative methods. More information on the methodology, its rationale and method justification can be found in the annex. There were five data collection methods included for the evaluation:

- i. Desk review,
- ii. Household surveys (1,008),
- iii. Focus group discussions (9),
- iv. Key informant interviews (29),
- v. On-site observation checklists and visual verification through photos (28).

96. The evaluation team collected data in the three programme locations. Due to limitations in access, not all components could be fulfilled to 100%¹³.

Table 2: Achieved data collection

	Banadir	Gedo	Lower Juba	Other	Total	Planned
Surveys	66.3% (668)	15.6% (157)	18.2% (183)	0% (0)	100% (1,008)	91% (1,099)
KIIs	48% (14)	24% (7)	14% (4)	14% (4)	100% (29)	62% (45)
FGDs	67% (6)	33% (3)	0% (0)	0% (0)	100% (9)	45% (20)
Observational checklists	46% (13)	29% (8)	25% (7)	0% (0)	100% (28)	57% (46)

¹³ See limitations below for further information

97. The surveys for Phase I and Phase II were conducted with the parents/guardians of children and PLWs who have benefited from either education or nutrition activities under the programme. To identify survey participants, the evaluation team used beneficiary lists from WFP/UNICEF from which a random sample was drawn. The samples were drawn using stratified sampling, dividing up beneficiaries according to their gender, age group and the services received, and then ensuring a randomized representative allocation of surveys across those categories. 81% of the survey respondents were female due to the emphasis on maternal health and gender in the two phases.

Table 3: Number of surveys in each region

Region	Proportion	Number of surveys	Female	Male
Banadir	66.3%	668	76%	24%
Gedo	15.6%	157	71%	29%
Lower Juba	18.2%	183	44%	56%
Total	100%	1,008	81%	19%

98. **Key informant interviews (KIIs)** are individual interviews conducted with people particularly knowledgeable and reliable sources on specific topics. The evaluation team tailored interview guides for each key informant, with each interview guide that included 10-20 questions (mostly open-ended) and took no more than 45-60 minutes. For this study, the evaluation team conducted 29 KIIs with internal and external programme stakeholders identified via the preliminary stakeholder analysis conducted by WFP/UNICEF, the desk review and the scoping interviews. The full list of informants can be found in Annex 11.

99. The evaluation team conducted 9 **focus group discussions (FGDs)** with Community Development Committees (CDC), Community Education Committees (CEC), Community Health Workers (CHW), WASH Committees and Girls who attended Menstrual Health Management (MHM) to assess to which extent the programme has strengthened the resilience of communities. Due to lack of contact details from WFP/UNICEF, no FGDs were conducted in Lower Juba.

Table 4: FGD Target Groups

District	Target Group	Number of FGDs
Banadir		6
Waberi	Community Education Committee	1
Wadajir	Community Education Committee	1
Daynile	School Hygiene Club	1
Wardhiigley	Community Health Workers	1
Abdiaziz	School Hygiene Club	1
Yaqshid	Community Health Workers	1
Gedo		3
Garbaharay	WASH Committee	1
Camp Jiroon	WASH Committee	1
Baardheere	Menstrual Health Management (MHM)	1
Total		9

100. The Observational Checklists were used by field researchers to verify the existence of project activities, sites, and distributed items when necessary. Checklists were filled out by field researchers on KoBo Collect (paper when necessary). For this evaluation 28 On-site Observation Checklists and Visual Verification rounds were conducted in the below locations:

Table 5: Observation locations and facility type

1. Health facilities			
#	Region	District	Facility
1	Banadir	Wajadir	Banadir Hospital
2	Banadir	Yaqshid	Yaqshid Health Center
3	Gedo	Bardhera	Hirda MCH
2. Nutrition centers			
#	Region	District	Partner
4	Banadir	Shibis	Comitato Internazionale per lo Sviluppo dei Popoli (CISP)
5	Banadir	Kahda	Wardi Relief and Development Initiatives
6	Banadir	Wardhigley	Zamzam
3. Schools			
#	Region	District	Facility
7	Gedo	Belet Hawo	Waberi Primary School
8	Gedo	Belet Hawo	Comp Ajuran
9	Gedo	Dolow	Una Primary School
10	Banadir	Deynile	Deyniile
11	Banadir	Howl Wadag	Hasan Qariidi

12	Banadir	Karaan	Ag. Wiilasha Karaan
13	Banadir	Shangani	Bartamaha
14	Banadir	Wadajir	Jabuuti
15	LJ	Kismayo	Rugta
16	LJ	Kismayo	Ganane
17	LJ	Afmadow	Dif
4. Infrastructure rehabilitation			
#	Region	District	Facility
18	Banadir	Abdiaziz	Abdiaziz Primary School
19	Banadir	Bondheere	Agoonta Boondheere Primary School
20	Banadir	Bondheere	Yaasiin Osman Primary School
21	Gedo	Balet-Hawa	Arabo School
22	Gedo	Dolow	Kabasa Primary School
23	Gedo	Balet-Hawa	Kaah School
24	Gedo	Balet-Hawa	Bacad weyne School
25	LJ	Dhobley	Waamo-Dhobley
26	LJ	Kismayo	Mohamed Jamac Primary School
27	LJ	Kismayo	Khalid Bin Walid Primary School
28	LJ	Afmadow	Omar bin Khatab Primary School (Dhobley Primary School)

101. The **data analysis** included multiple rounds of quality checks and analysis. The first round of analysis was conducted to clean, organize, collate, and extract initial results and findings from quantitative and qualitative data. The raw qualitative and quantitative data were shared with the sectoral experts within the evaluation team, to facilitate a deep round of analysis, which ultimately make up the relevant sections of the final evaluation report. The quantitative and qualitative findings were compared and integrated during this second round. The findings were contextualized drawing on the information gathered from the desk review and interpreted considering the technical knowledge of the sectoral experts.

102. For the household survey, the evaluation team introduced the preferred statistically valid **sampling** with 95% Confidence Level and 3% Margin of Error sampling based upon the population catchment area for general services. This was calculated across the three regions using the combined population of each region. The survey participants were selected randomly based on the WFP/UNICEF provided beneficiary lists and their willingness to participate in the survey. The sites for observation were likewise selected randomly. All data was gathered from consenting adults, including caregivers of children involved in educational activities and malnutrition treatment programmes.

103. Using mixed methods allowed the evaluation team to **triangulate** varieties of information from different sources to verify or nuance findings and thereby lead to more informed conclusions and actionable recommendations. Using multiple diverse data sources, including primary and secondary sources, and systematically triangulating these sources, also helps to reduce bias and ensure impartiality of the evaluation process. Photographs were helpful to understand WASH conditions and nutrition facilities in schools.

104. **Stakeholder analysis** was conducted at the inception Phase of the evaluation. Internal stakeholders for this evaluation include WFP and UNICEF offices at various levels, external stakeholders comprise beneficiaries, the government, and the United Nations country team. All stakeholders have an interest in the evaluation's outcomes for decision-making, programme improvement, and accountability. Key stakeholders shaped the evaluation process through scoping interviews and review of deliverables in the inception Phase. Bi-weekly meetings were held with agency staff to update on the progress and supported in reaching out to relevant stakeholders.

105. The evaluation team ensured **gender responsiveness** at all levels of evaluation. Recognizing that the target beneficiary group of Phase I concerned PBWG and children in Phases I and II, majority of the targeted beneficiaries were female. The data collection approach was disaggregated by gender, age, and other intersecting factors to analyze how gender and social inclusion were addressed in the programme. There are gender dedicated sub-questions in the evaluation questions that were included to shed light on the gender dimension hand-in-hand with the evaluation criteria. The data collection tools were designed with the guidance of a gender expert to ensure a gender-sensitive approach and methods. These included gender-separated FGDs, using community spaces and remote opportunities for data collection. Survey and focus groups were conducted sensitively and efficiently to minimize the domestic workload and time commitment for women. Depending on availability, both female and male stakeholders were pursued as respondents. To address the large number of female beneficiaries, the field research teams were established to include the necessary number of female members. Male surveyors were tasked to survey male beneficiaries and female surveyors' female beneficiaries.

106. Recognizing the significant gender inequalities in Somalia and the challenges of reaching **marginalized voices**, the approach targeted women, minorities, and people with disabilities. To accommodate low education and literacy levels, survey questions were simplified and clearly explained, and data collection tools were reviewed for clarity and contextual relevance. The questions were read out to the respondents and were not asked to sign any documents. Upon reaching out to beneficiaries for surveys, those unable to access locations in person could take part in the study remotely. The evaluation team followed UNSWAP guidance, employing a diverse range of data sources and processes to ensure inclusion, accuracy, and credibility. Evaluation methods and sampling frames were designed to address the diversity of stakeholders, particularly the most vulnerable.

107. **Ethical considerations** were applied during inception, data collection, analysis and reporting Phases. Evaluations conducted by the evaluation team adhered to the 2020 United Nations Evaluation Group (UNEG) Ethical Guidelines. The company ensured ethical practices throughout the evaluation process, including safeguarding informed consent, protecting participant privacy and confidentiality, maintaining cultural sensitivity, respecting participant autonomy, and ensuring fair recruitment practices. Specific measures were taken to prevent harm and exploitation, particularly among vulnerable populations.

- i. During the inception and data collection Phases, several key ethical issues were addressed:
- ii. Risk of Harm and Exploitation: Measures were taken to protect vulnerable populations from potential harm or exploitation during and after data collection, considering power imbalances that could affect data validity.
- iii. Informed Consent: Efforts were made to obtain informed consent, especially from populations with limited literacy or cultural differences. This included clear communication of study purposes, risks, and participant rights.
- iv. Confidentiality/Anonymity/Privacy: Steps were taken to maintain confidentiality and anonymity, particularly in close-knit communities, by avoiding the use of identifying information without permission and limiting data distribution.
- v. Child Protection: The evaluation team implemented protocols to protect children, including best recruitment practices, staff training, and involving children in their protection. Clear guidelines were followed in cases of abuse disclosure.
- vi. Child Participation: Specific protocols ensured parental consent and appropriate involvement of children and adolescents in data collection, with separate focus groups for male and female students and specialized training for enumerators.
- vii. Impartiality: The evaluation team ensured impartiality through project-specific training and independent team members, capturing diverse stakeholder views fairly and transparently.

108. During the analysis, reporting, and dissemination Phases, the following ethical issues were considered:

- i. Data Protection: The evaluation team complied with the EU General Data Protection Regulation, ensuring data was collected, stored, and used lawfully and transparently. Data was anonymized, securely stored, and not kept longer than necessary.
- ii. Misrepresentation of Results and Misuse of Data: Findings were reported accurately and honestly to avoid misinterpretation and potential harm. WFP/UNICEF were advised to use the findings ethically and responsibly.
- iii. Plagiarism, Authorship, and Credit: Researchers avoided plagiarism and ensured proper referencing and acknowledgment of all contributors to maintain credibility and integrity.

109. An **evaluability assessment** was conducted prior to the evaluation. Although evaluability challenges were controlled and mitigated, identified and unidentified constraints emerged during data collection emerged. The plausibility of the evaluation was confirmed by studying the initial investment decision and midterm review, relevance of beneficiary selection, and reconstruction of the Theory of Change. The necessary information about the purpose of the evaluation in relation, its selected key evaluation questions, and identifying the different roles of the relevant stakeholders spoke in favor of the utility of the evaluation. It was concluded that the evaluation would be feasible based on the provided documentation and past reviews, multiple data sources, approved data collection methodology, and the agencies' internal M&E systems. No major risks were identified during inception period, ethical guidelines for evaluation directed the data collection, coordination structures, timing and resources were discussed and approved, underlining the evaluation implementation was carefully considered.

110. **Challenges** for the evaluation were anticipated to occur in relation to data collection, data consistency, vaguely defined outcomes and outputs. The evaluability assessment included methods to address possible challenges. Informed by the assessment, mitigation measures were taken to overcome possible hindrances and adapt methods. Risks identified in the evaluability assessment were addressed during the planning, designing the tools and data collection in the following manner:

- i. Documentation, and contact details were requested at early stages and requests were repeated on a continuous basis.
- ii. Fluctuation in the field security situation was carefully observed, and no incidents were observed during data collection. Access issues resulting from armed groups were prepared to be overcome with flying to the site locations.
- iii. Tools were designed in cooperation with sector experts and Somali field coordinators informing that sectoral standards and the Somali context were adequately reflected in the tools.
- iv. All delays and hindrances were openly communicated to relevant WFP/UNICEF staff in a timely manner. These communications helped to restructure the field work plan and schedule.
- v. The start of the data collection was in two sections, quantitative household surveys, and the qualitative FGDs, KIIs and Observations. This was done in order to speed up the commencement of the data collection while waiting for the details for the other components.
- vi. The large beneficiary database allowed to reach out to other possible respondents if those previously contacted were not willing to participate, contact details had changed or were otherwise unable to join.
- vii. In order to raise trust and courtesy reasons, stakeholders were first approached with an email or text message to notify they would be contacted soon with the purpose of arranging a time for an interview. Furthermore, having agency staff and recommendation letters increased the stakeholders' desire and trust to participate.
- viii. Beneficiaries and respondent stakeholders were provided with a short description of the activities upon noticing some of their lack of recollection that could impact data quality. Agency staff and stakeholders were asked to refer any other knowledgeable colleagues to the evaluation team, aiming to reach those who had participated in the programme cycle.
- ix. The Do No Harm principle of humanitarian action was applied when working with beneficiaries and stakeholders. Informed consent, and confidentiality policies were in place to avoid risks, no personal data was collected from the beneficiaries. The data was collected digitally to a server located in the EU.
- x. To overcome issues in access, the field team repeatedly endeavored to contact beneficiaries over the phone to obtain survey responses over the phone. Most respondents were unwilling to discuss personal matters with unknown people over the phone despite efforts to present the programme and partners. Similarly, stakeholders from remote locations showcased great hesitancy to participate remotely.
- xi. Many of the interviews with IPs and agency staff were conducted remotely in order to allow participants from different locations to contribute without delays relating to field team travel time. Facing issues with access resulting from the El Niño floods, some IPs and stakeholders were not willing to be interviewed over the phone or video call. Despite the remote modality, some agency staff who had moved to other offices or locations did not accept the interview invitations.

111. For data quality assurance, measures were taken before data collection, in field and post-collection. These measures collectively ensured that data collected was valid, reliable, and ethically obtained, adhering to stringent quality assurance protocols.

- i. Pre-Data Collection Measures:
 - i. Training: Field staff training prepared Field Researchers (FRs) to conduct Key Informant Interviews (KIIs), Surveys, and Focus Group Discussions (FGDs) ethically and effectively. Training included

principles of "Do No Harm," data collection software usage, and project-specific protocols. Field Coordinators trained supervisors, who then trained FRs regionally.

- ii. Tool Piloting: Data collection tools were tested in relevant languages to ensure content accuracy, translation clarity, and appropriateness for participants.
- iii. Staff Structure: The evaluation team's outcome-based management and payment structure incentivized FRs to adhere to data collection methodologies and ensure data validity and reliability. Payment was task-based, aligning team interests with client-approved quality data collection.
- iv. Stakeholder Engagement: WFP's communication and knowledge management plan and stakeholder engagement ensured a robust evaluation methodology, enhancing the evaluation's relevance and comprehensiveness.

ii. In-Field/Post-Data Collection Measures

- i. Digital Data Collection: Utilization of digital tools minimized data entry errors and enabled real-time monitoring.
- ii. Supervision: Close supervision of field monitors ensured continuous progress tracking and monitoring of fieldwork activities.
- iii. Review/Translation: Field Supervisors checked data completeness and accuracy, with translators flagging errors and discrepancies in real-time.
- iv. Staggered Fieldwork: Fieldwork was staggered across locations to allow thorough data checks and error correction.
- v. Site Visit Reports: Field Researchers documented sampling methodologies and field challenges, which were the first data reviewed by researchers.
- vi. Transcript Review: Researchers assessed data quality through transcript reviews, ensuring no data loss from translation.
- vii. Multi-layered Data Analysis: A sound data analysis methodology ensured findings were logically connected to collected data and free from bias.
- viii. Expert Review of Deliverables: Independent experts reviewed deliverables for quality, methodological rigor, and compliance with terms of reference and sectoral best practices.
- ix. Evaluation Committee and Reference Group: An advisory group provided feedback at key evaluation stages to enhance credibility, utility, and impartiality.
- x. Separation of Teams: Separate teams for data collection, translation, and analysis/reporting ensured internal quality checks, with final responsibility resting with the evaluation team's Managing Director.
- xi. Data Reliability: An evaluation matrix addressed key questions, integrating mixed methods and data sources to ensure triangulation. Data validity and reliability were systematically checked, and any limitations were acknowledged.
- xii. Flexibility in Data Collection: Feasible and flexible methodologies were designed to accommodate conflicts and instabilities, with national team members leading primary data collection and international members supporting remotely. Remote data collection was a last resort.

112. During the evaluation, the following limitations were faced:

- i. Data consistency
 - i. Retrieving correct contact information, locations and programme details emerged as a challenge in the inception Phase of the evaluation and persisted throughout. WFP/UNICEF was dedicated to providing the evaluation team with the necessary information and documentation to ensure a

fluid start of the evaluation and data collection, although new and repeated inquiries had to be made throughout the evaluation period. This greatly slowed down the data collection period due to the incomplete contact information to various stakeholders, programme community representatives and IPs.

- ii. Some crucial documentation regarding activity details and achievements were not provided. The results framework received did not exceed beyond August 2022, causing difficulties in estimating the achieved results.

ii. Constraints to data collection

- i. The period between the end of some of the activities and the start of the (data collection November 2023) impacted the beneficiaries' recollections of the programme and possibly data quality. As witnessed and experienced by the FRs, the respondents were largely unaware of some activities, their nature and purpose. Beneficiaries reported to varying extent their knowledge of the services, and who had provided them. Furthermore, some beneficiaries have relocated and/or their contact details have changed, posing challenges in reaching out to them for household surveys. In many of the sites the programme had ceased.
- ii. There has been a noteworthy turnover of programme staff and national stakeholders, that was evident in missing institutional knowledge. It became evident that teams across regions and sectors had little information about each other's functioning. These factors made it difficult to locate crucial staff members, and those who were present during the implementation of both Phases for assistance and to conduct key informant interviews with. With a lack of contact details of relevant staff, evident preoccupation with other tasks, multiple interview cancellations and non-responsiveness, the data collection schedule became greatly delayed. Furthermore, language barriers were experienced with some staff members who were identified to have proficient English language skills.
- iii. Due to the substantial flooding caused by the El Niño phenomenon, safe access to some of the data collection sites was hampered in Gedo (Luuq, Belet Hawa, Burdhuubo, Bardheere and parts of Garbahareey) and Lower Juba (Dhobley and Afmadow). Even after the flooding, the communities' reconstruction efforts and displacement understandably diminished the beneficiaries' willingness to participate in data collection.
- iv. For security reasons, Dhobley and Luuq remained out of physical reach for the field team, once after the flooding the airports were closed for renovation. Due to Al Shabaab presence around Luuq, accessing the sites by other means of transportation was deemed unsafe. Data collection in Dhobley was completed at a later stage.
- v. In light of the above, the obtained data, namely for the key informant interviews and the focus group discussions, is more limited than expected. There are gaps in opportunities to triangulate activities and their outcomes, or substantiate statements made by the staff, whereby the findings are largely ungeneralizable.

113. Although mitigation measures were taken in an informed and timely manner to address possible issues in obtaining data and overcoming shortages in data quality, the above-mentioned shortcomings were experienced. This crucially impacted robust triangulation, contextualizing and providing generalizable findings at times.

2. Evaluation findings

2.1. RELEVANCE

EQ.1: How relevant is the programme design and implementation to the country context and the needs of its target beneficiaries?

Key findings:

EQ1.1 The design and interventions were in line with the community short-term needs (Phase I) and contributed to longer term resilience and development to a great extent (Phase II).

EQ1.1 The programme targets the needs of the beneficiaries and is relevant to the country context. The programme was designed in line with the NDP-9 and aligned with the national nutrition strategy, education and gender policies.

EQ1.2 The project design was dedicated to address gender in a meaningful manner with activities tailored to the needs of women and girls.

EQ1.2 The selection criteria for program interventions lacked the sophistication to differentiate between various groups and their specific needs. While vulnerable community members and their service needs were identified as strategic priorities, there was no particular emphasis on addressing the needs of minority groups.

EQ1.2 Accounts of community participation varied greatly across respondents, who showed great interest in further inclusion for learning.

EQ1.3 The programme response to COVID-19 was effective and appropriate, providing preventative facilities such as sanitizers, facemasks, handwashing facilities, as well as conducting awareness-raising activities.

2.1.1. To what extent were the design and interventions of Phase I and Phase II in line with the diverse needs of the community and beneficiaries, particularly in transition from Humanitarian Phase to Development Phase?

114. The programme has abided by the humanitarian principles of humanity, neutrality, impartiality and operational independence. At the very core of the programme is addressing human suffering based on needs, to serve those most in need without distinctions. There is no evidence that the JRP programme would have taken sides or engaged in political, racial, religious or ideological controversies.

115. Phase I provided immediate and essential nutritional, health and WASH services to communities. Transitioning from emergency to development programming became a priority of Phase II, where contributing to the communities' longer-term wellbeing with education and livelihood programmes became more emphasized beyond the emergency basic services provided during Phase I. The Phase II priorities were shaped based on findings from Phase I where the need to continue tackling multi-causal nutrition among vulnerable children became evident. These Phase II activities furthermore emphasized sustainable development and resilience building in communities, extending beyond humanitarian Phase response. Staff highlighted the continued interventions from Phase I did not differ much during Phase II, but relevant services were added, including education programming.

116. Based on KIIs with UNICEF partners, the programme was initiated in response to a severe drought affecting specific regions of the Somali population. Initially, due to donor restrictions, the programme concentrated on targeted districts and designated food distribution sites, establishing strong collaborations

with approximately 10 community partners. Based on interviews and programme results framework this initiative yielded significant benefits, particularly in addressing malnutrition among children, and implementing preventive measures through MCHN centers. These centers aimed to safeguard the health of pregnant and breastfeeding women and girls (PBWG), as well as children under two, thereby enhancing overall food security in the region. The success of this endeavor was a result of effective collaboration with diverse partners, contributing to their longer-term abilities.

117. Staff also noted that the integrated humanitarian and development approach of the programme was appropriate and unique. It was noted that resilience principles from the NDP-9 influenced the design of development activities.¹⁴ Implementing partners and the Ministry of Education commented that the programme aligned with Somalia's Nutrition Strategy, National Education Policy, and National Gender Policy.

118. The targeted districts were selected based on information received from the national authorities (e.g. Ministry of Health) and the country clusters. According to UNICEF, targeting was based on needs for services and prioritization of vulnerable people, but not specifically minority groups as this could be a sensitive topic. This was concurred by WFP representatives who stated that some districts included minority clans, but the communities were included in the programme based on their level of malnutrition or eligibility for the preventative programmes, noting that malnutrition did not discriminate, and the programme was inclusive of all people. These views were challenged by minority group representatives and agency staff who saw that the minorities were not sufficiently included in the programme design, and that the national authorities showed different priorities in site selection, requiring continuous consultation.

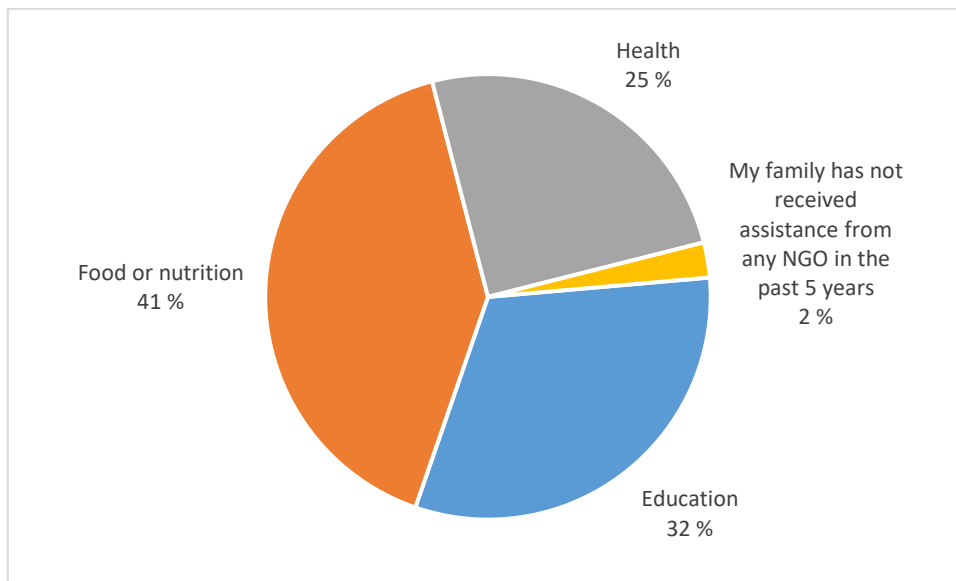
119. Agency staff together with Government staff reported that the JRP provided integrated access to services, responding to the needs of the communities. CEC members also described integrated services as benefiting children and other community members by addressing a variety of needs including access to water, food, and education. Representatives from CECs, CHWs, and WASH committees consistently expressed that the programme was relevant to the needs of target beneficiaries and the country context.

120. Both implementing and government partners stated that the interventions were consistent with government policy on gender and targeted the reduction of gender inequalities between women and men, boys and girls. The programme is relevant to practical gender needs of women and girls in Somalia (nutrition, health, water, sanitation, livelihoods) and strategic needs of education, participation in community organizations, and decision making. The Phase II mid-term review noted the programme's focus on girls and gender-inclusivity was advantageous, and particularly relevant to the Somali context.

121. In response to the communities' dire needs, the household survey respondents describe having received multiple types of support in the past five years, with food or nutrition support as the most prevalent.

¹⁴ The Ministry of Planning, Investment and Economic Development. Somalia National Development Plan 2020 to 2024

Figure 1: Have you or your family received any of the following help in the past 5 years?



122. **Feedback from beneficiaries in terms of education-related interventions confirmed the programme interventions tackled underlying causes of poverty** by addressing both immediate needs and longer-term prevention measures. The greatest challenges faced by children and children with disabilities in their communities are shown in Figures 2 and 3, with education and food and nutrition being ranked as significant across all locations. The free education and school meals relieved parents of the burden of paying for tuition and providing food for children, meaning students stayed in school instead of being potentially diverted to the workforce to help parents earn income (CEC FGD, Banadir).

123. The beneficiaries of all three regions Banadir, Gedo and Lower Juba confirm the design of the programme appropriate to the needs of their communities. Needs faced by children remain severe in the regions where the respondents report the most severe educational needs in Lower Juba, food and nutrition most challenged in Gedo and Banadir (Figures 2 & 3). The needs of disabled children are estimated largely as similar to those without disabilities (Figure 3). This emphasizes the continued relevance of the programme for its target beneficiaries.

Figure 2: Greatest challenges faced by children in their communities according to survey respondents, caregivers of beneficiary children

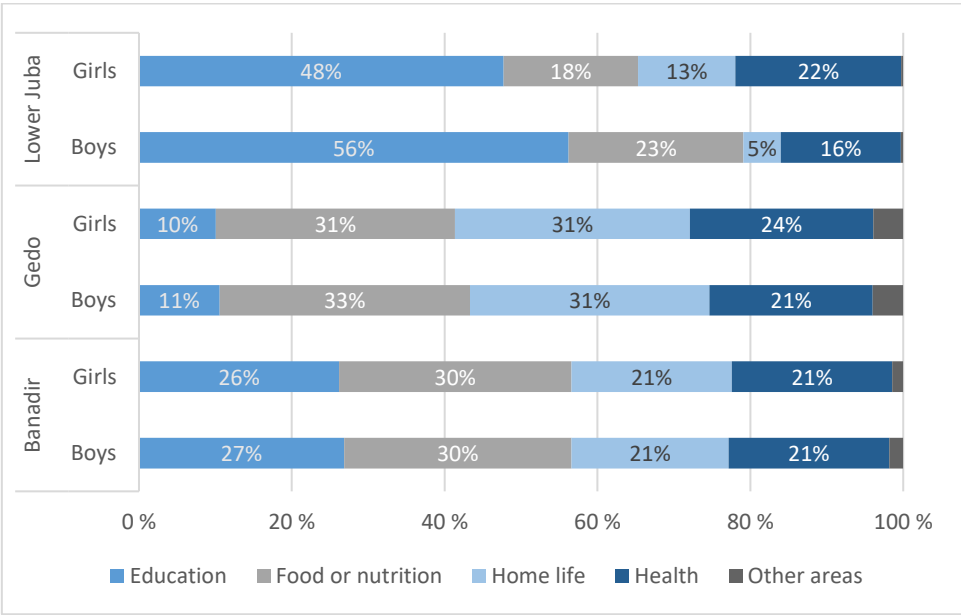
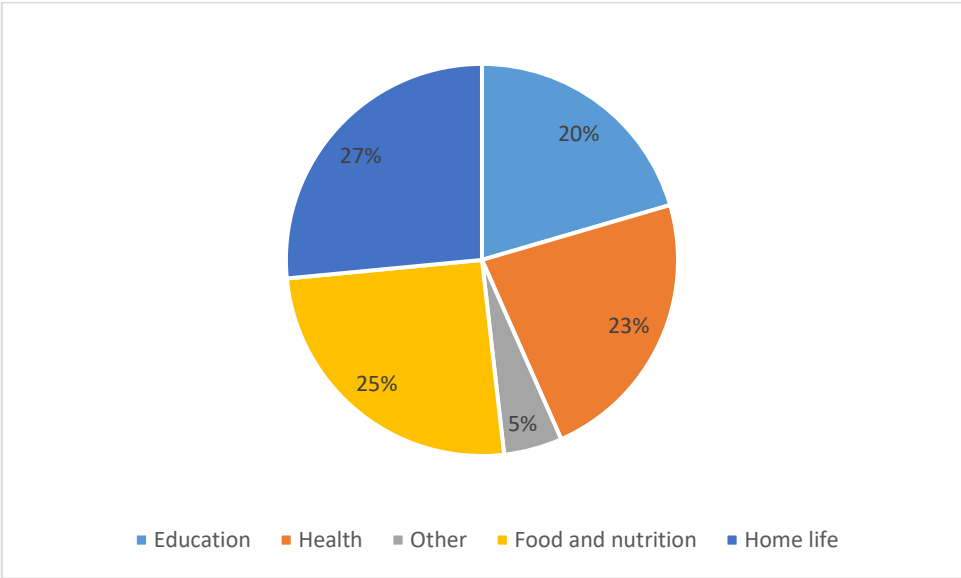


Figure 3: Greatest challenges faced by children with disabilities in their communities according to survey respondents with disabled family members



124. Aligned with Somalia's national strategy, the programme strategically targets the improvement of **nutrition** and resilience among vulnerable populations. By prioritizing inclusive access to integrated basic social services and fostering the development of shock-responsive safety nets, the programme aimed to enhance national capacity for human capital development. This strategic alignment underscores the programme's commitment to realizing tangible, sustainable outcomes that resonate with the overarching development objectives of the nation.

125. The interventions provided to health facilities ensured their preparedness to provide emergency nutrition services and services beyond the humanitarian phase. The KIIs conducted with the representatives from UNICEF, WFP, along with the observation checklist, collectively indicate that nearly all health facilities

surveyed are equipped to provide maternal and child health services. Moreover, these findings are reinforced by the data in Figure 4, underscoring the prevalence of nutrition services provided by NGOs in collaboration with UNICEF and WFP. The 20% of facilities reported by beneficiaries as not providing nutrition services are presumed to be health centers outside the scope of the JRP. This assumption is based on the absence of similar deficiencies observed during monitoring rounds and not expressed by stakeholders. With some regional differences, a great majority of those who have been screened for malnutrition have been treated in nutrition centers supported by the JRP (Figure 5), highlighting the critical lifeline these supported facilities provide in combating malnutrition and its adverse effects. Most commonly in Lower Juba (79%) and Banadir (55%) children were admitted to OTP, and TSFP in Gedo (67%) (Figure 6). Such alignment between survey results underscores the relevance of the programme's interventions in addressing the pressing health and nutrition needs of the community, particularly among its most vulnerable members.

Figure 4: Health or nutrition facilities provide nutrition services for children under 5 and PBWGs

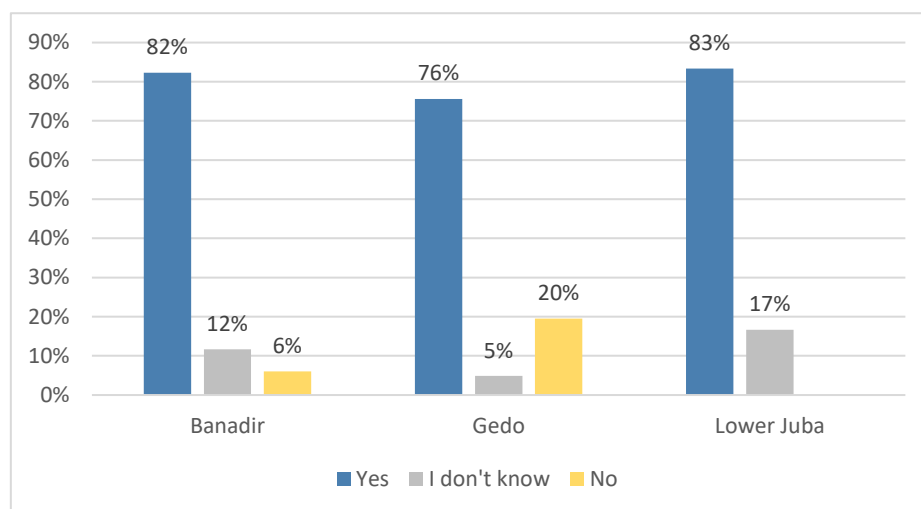


Figure 5: Were any of your children ever treated from malnutrition in the nutrition centers supported by the NGOs?

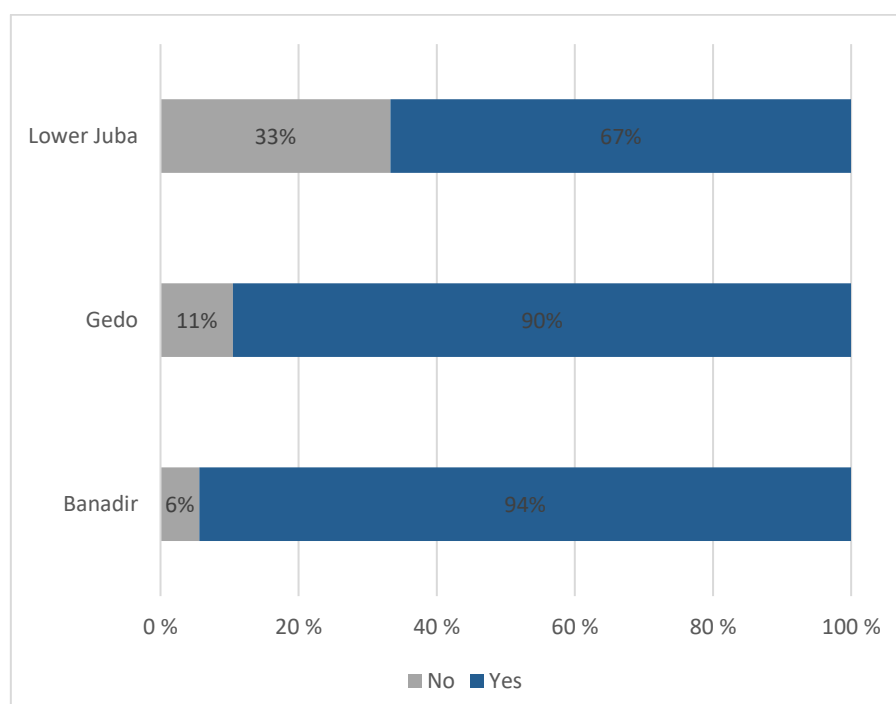


Figure 6: Which nutrition program was (s)he admitted?

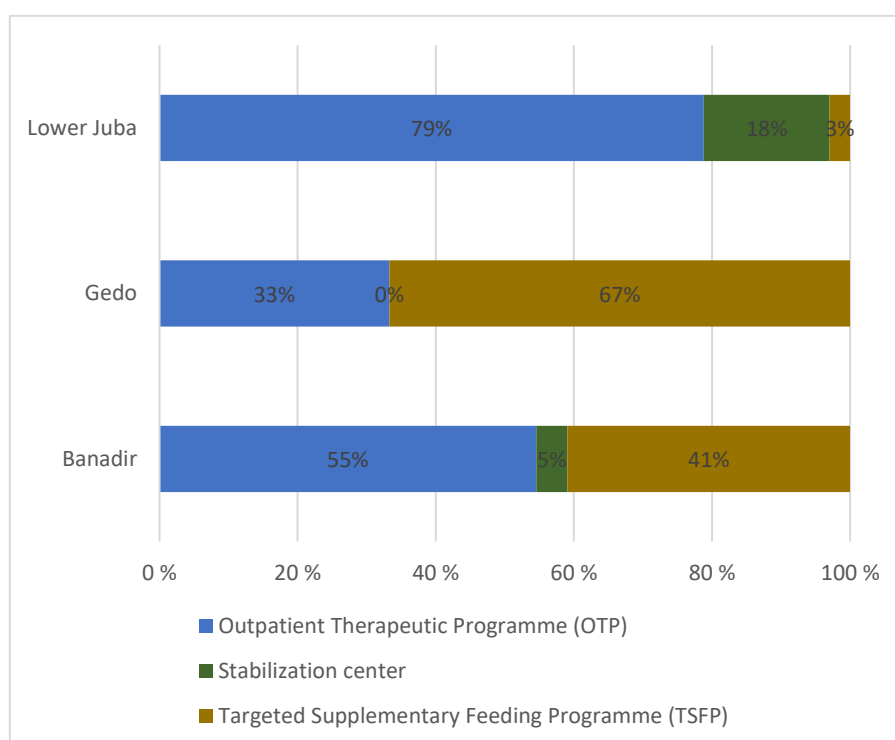
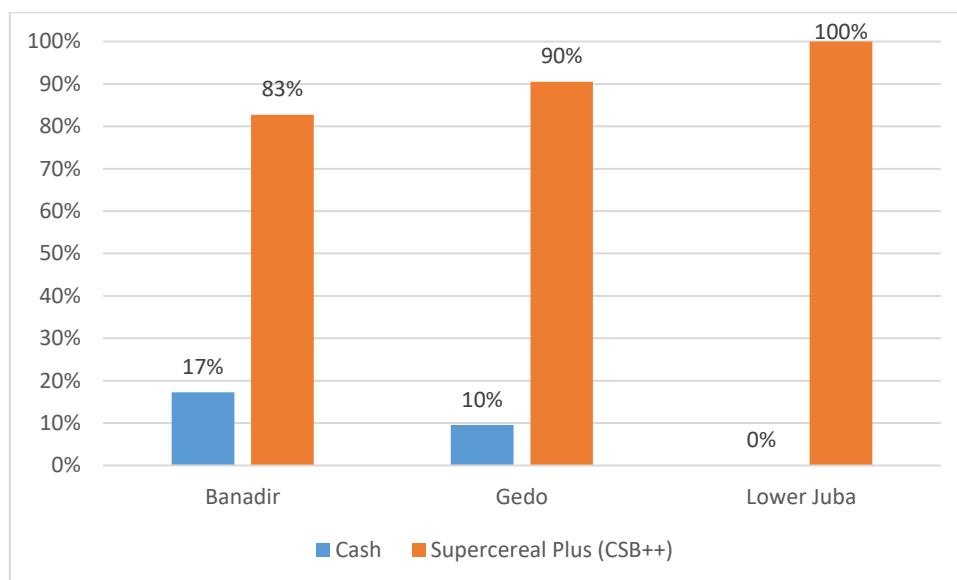


Figure 7: What type of nutrition assistance did you / household female receive during most recent pregnancy and lactation?

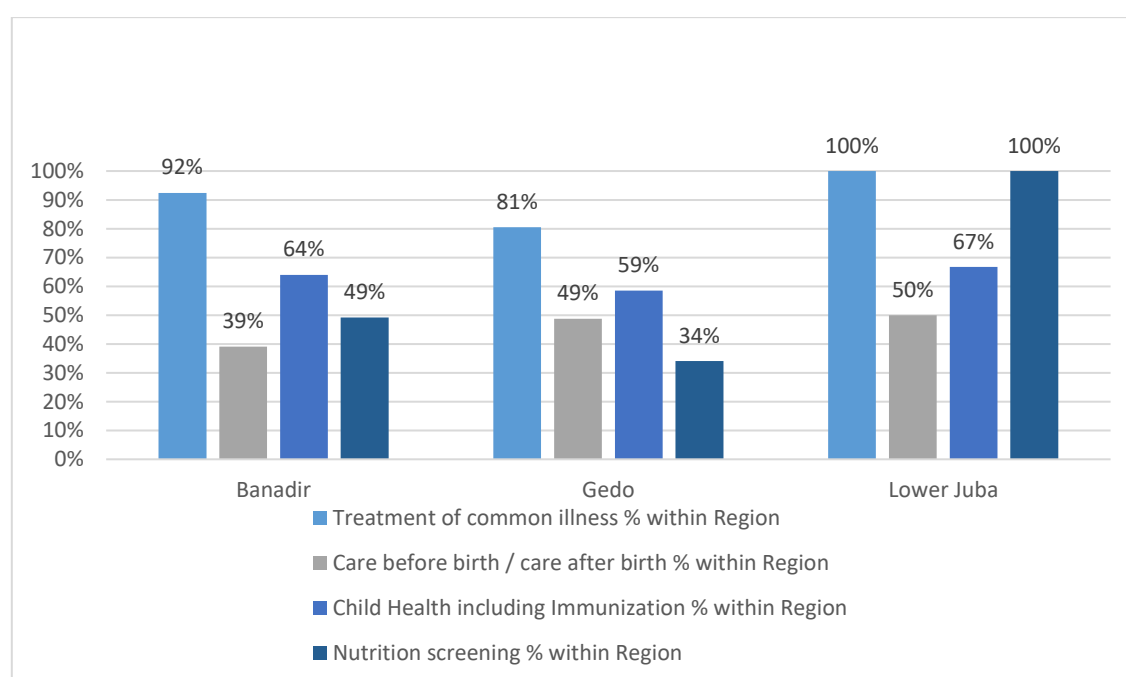


126. For nutrition support for PBWGs, super cereal plus was described as a widely spread, used and accepted support in all three regions (Figure 7). Cash assistance worth US\$ 15 per month was provided during Phase I to PBWGs to buy fruits and vegetables to improve their diet diversity, which presence can be confirmed in Banadir and Gedo.

127. The survey findings provided insights into the information gleaned from the KIIs, emphasizing the predominant provision of maternal and child **health** services within the health facilities supported by the project (Figure 8). Overall, 25% of the beneficiaries surveyed have benefited from health activities provided

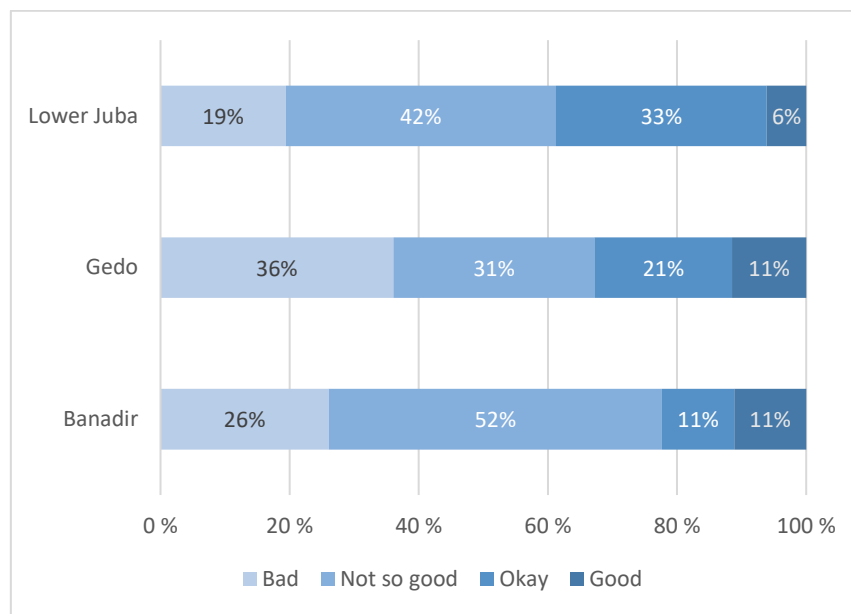
by the programme (Figure 1). These services encompassed comprehensive nutrition support tailored for children under five years old and PBWG, pre- and post-natal care, child health including immunization, and other treatments. Wide use of the health centers for common illnesses speaks for knowledge and acceptance of the services beyond emergency response. These activities aligned with the programme overarching goal of addressing malnutrition and promoting the wellbeing of vulnerable demographics in the community in the longer term. The household respondents reported varying levels of use of the services regionally, where nutrition screenings were reportedly most common in Lower Juba, who had also used the health center services the most for common illnesses. Assuming the lower numbers for nutrition screenings in Banadir and Gedo are explained by measurements done outside the health centers by CHWs, mobile teams and self-measurements that became more prevalent during COVID-19 due to mobility restrictions during Phase I.

Figure 8: What services have you received at the health center for children under five, mothers and adults?



128. The **education** response aimed to contribute to community resilience in the longer term through providing quality education and building capacities of the sector. According to UNICEF staff members, design and planning of the activities was done together with federal-level ministries who are responsible for coordinating and overseeing the overall education programme, and state-level ministries who implement and report on the programme. With longer term development objectives in mind, the Somali government has limited capacity to conduct evaluations but does conduct evaluations that are supported by donors and managed by international agencies, including UNICEF. Staff also report that coordination currently takes place with the MoPIED to assess the current evaluation capacity in the country and support the capacity to have more government-led evaluations.

Figure 9: Before 2018-2019, was there access to safe and functional sanitation/toilets in school?



129. In terms of **WASH** interventions a few respondents (Banadir: Wardhigley, Daynile; Gedo: Garbaharay) reported that the component has addressed their needs in terms of rehabilitation and excavation of wells and rated that the programme was highly effective and appropriate. This includes the school facility sanitation facilities which were largely deemed to be of poor quality before the JRP intervention (Figure 9). However, other respondents in Banadir (Yaqshid & Abdiaziz) reported that whilst the programme was well-designed, there was still a shortage of handwashing facilities and problems in terms of quality and non-continuity of services (see EQ 2 for further details). Camp Jiroon in Gedo has reported that the current programmes are neither effective nor appropriate. Respondents noted that although water tanks are present, they remain empty. The water supply is trucked in from distant locations, and there is no existing piped water system.

130. The **livelihoods** programme for nutrition beneficiaries to improve household food security and build resilience to withstand and recover from shocks is relevant to Somalia, given the high exposure to conflicts and political instability, and climatic events such as drought and floods. Livelihood activities such as crop farming, and livestock farming were relevant to household needs, and according to an implementing partner, developed through consultation with men and women to ensure they were appropriate. The expansion of the livelihoods programme in Phase III confirms its relevance to the context.

131. Other feedback from the CHWs suggested the need for adaptation and flexibility within the programme implementation to cope with contextual risks. **"The programme is well-designed for the country's context, but current challenges such as flooding, financial crisis and drought require urgent needs beyond the programme's scope.** People need temporary shelters and immediate financial assistance. To make the programme more effective, it should reassess its priorities and adapt to address these pressing concerns." Although CHWs primarily address emergency-related needs within communities, the evaluation has revealed that the integration of humanitarian and development activities has substantially enhanced community wellbeing (see Figure 42). This underscores the crucial role of sustained emergency assistance in the country, alongside resilience and developmental programming.

2.1.2. To what extent was the project gender-responsive and able to recognize, understand and address the diverse needs, vulnerabilities and perspectives of women, men, boys and girls in the Somali context through meaningful participation throughout the project cycle and tailored activities to respond to the identified needs?

132. The Somalia National Gender Policy aims for equality by targeting four areas: economic empowerment, health, education, and political participation. The SDG Goal 5 Gender Equality includes: ending discrimination against women and girls, eliminating all forms of violence, eliminating harmful practices such as early marriage and FGM, recognizing unpaid domestic work through the provision of public services, infrastructure and social protection policies, ensuring women's full and effective participation and equal opportunity for leadership in decision-making, and ensuring universal access to sexual and reproductive health and rights.

133. The JRP has been able to recognize the needs of women and girls. The design and implementation of the education component has been demonstrated as particularly relevant to increasing school attendance by both girls and boys and creating greater awareness and action on rights of girls. The training for head teachers, deputies and CEC members was strengthened in Phase 2 to include specific gender initiatives e.g. how CEC's can advocate for girl enrolment; promoting child protection and removing barriers through awareness raising and prevention of GBV, FGM, early marriages and pregnancy, social and cultural norms.¹⁵ Gender was designed and implemented as a core component of the CEC training. Cash transfers have supported school attendance particularly for girls who would usually miss school to carry out household labor during conflicts or crises when livelihoods are threatened.

134. CDCs have an important role as a link between the communities and the service providers and local authorities, raising awareness and monitoring services. Their effectiveness in shifting gender norms and increasing the voice and participation of women is unclear. The training curriculum of master trainers from the Ministry of Health does not emphasize gender and inclusion in the consultation methods and community score card, except suggest having separate focus group discussions with women, youth and elders.¹⁶ The approach is gender sensitive rather than gender transformative and appears to be an opportunity missed.

135. On an individual level, **50% of the household survey respondents agree across regions that women and girls have better autonomy over their own decisions on health and wellbeing because of the project** (Figure 48). This is likely a reflection of information provided by trained health workers at health facilities and mobile health units, and health promotion activities including engagement with CHWs, as well as school programmes. This expansion of autonomy is within traditional gender roles in households where males control family decisions and control family resources, while women are concerned with household chores, and childcare and feeding decisions.¹⁷

136. Along similar lines, IPs reported examples of targeting of women and young children for nutrition support, targeting and protection of women to receive cash transfers, inclusion of women in community decision making committees. This is echoed by 77% of the beneficiary respondents who report across the regions (72% Lower Juba, 78% Gedo, 84% Banadir) that as a result of the programme, women and girls can make their own decisions about their health and well-being.

137. Collaborative efforts were made with local groups, elders, and officials aiming to ensure that selection procedures were fair, transparent, and reflective of community needs. While the locations selection was mainly done based on regional GAM rates, individual sites were endorsed by the federal government and according to agency staff some pushbacks had to be made on the official endorsements to reflect observed community needs and findings of technical staff. The implementation of public vetting mechanisms further reinforces fairness and minimizes the risk of misuse of programme resources. Furthermore,

¹⁵ NCA ActAlliance, Leadership training for head teachers, deputies and CECs. 2022

¹⁶ IDC, Master Trainers' Workshop Report, October 2020.

¹⁷ Mohamed A, Mohamed M, Abdelrahman S et al. Gender roles and intra-household decision-making on child feeding practices: a qualitative study exploring gender power dynamics in Somalia. Popul. Med. 2023;5(Supplement):A1682

community participation extends to the development of programme documents, which are tailored to address local needs while remaining within the constraints of donor budgets. An integral aspect of the programme's methodology was its commitment to community involvement. Beyond ensuring fairness, this participatory approach fostered trust and ownership among community members, evidenced by active community groups in some locations, increased social cohesion (Figure 46), ownership and continued use of some WASH facilities as described by community group respondents, ultimately maximizing the programme's impact and potential sustainability. Implementing partners reported in KIIs that the programme created an atmosphere that was responsive, adaptable, and evidence based. Several informants reported that significant community consultation was undertaken as a part of the programme design. This collaborative process not only enhances the relevance and efficacy of programme interventions but also strengthens accountability and ownership at the grassroots level.

138. Regrettably, community **feedback mechanisms** and beneficiary participation through needs assessments, household consultations or through feedback or complaint mechanisms remain low among the beneficiary respondents. On average across the regions, only 8% of the respondents themselves have partaken in assessments or know their community members have. In Gedo (35%) and Lower Juba (22%), the respondents reported they were significantly more included in assessments than in Banadir (4%). The difference in inclusion in assessments is assumed to result from the great majority of the JRP programme beneficiaries coming from Banadir.

139. The interviewees underscored the critical relevance of the programme's design and implementation within the context of Somalia's pressing needs. Indeed, there was a palpable necessity for initiatives that empower communities to evolve into more resilient entities capable of withstanding future challenges. However, it was noted with concern that certain infrastructure, including several water points, have fallen into disrepair and are no longer functional. One of the key gaps identified revolves around **the limited capacity of schools and communities to sustain the benefits of the program once its direct interventions conclude**. This highlights the importance of not only implementing immediate solutions but also fostering long-term sustainability and self-reliance within the targeted communities. Addressing this gap requires strategic planning and capacity-building initiatives aimed at enhancing the resilience of both infrastructure and community institutions, ensuring that they can effectively manage and maintain the programme's benefits even after external support diminishes.

140. Government stakeholders described effective community engagement, with CECs and local leaders participating in programme planning. However, CEC members in Banadir state that they have not been involved by JRP in identifying and prioritizing the needs of the schools or developing effective work plans. One CEC stated that they provided feedback to JRP that the program was essential but noted that their recommendation was not taken into consideration because the programme was stopped. The household survey suggests that community feedback was limited especially in Banadir (Figure 11). Due to the challenges in data collection and lack of data from other community stakeholders, it cannot be determined that education programming was designed through meaningful participation of community members.

141. Food security has been a significant and ongoing challenge in Somalia, and respondents agreed about the relevance of the school feeding component of the education programme. The feeding component and **cash transfers** for vulnerable families supported beneficiaries' immediate needs and directly enabled children to enroll in school. According to UNICEF staff, the government is moving toward nationalizing the school feeding programme.

142. The Gedo livelihood IP reported that during the needs assessment and programme design Phases, data was collected to identify specific groups and their unique requirements, which helped to understand the concerns and challenges faced by men, women, boys, girls, persons with disabilities and minorities. Regular consultations at state, district and community level were reported for planning, monitoring and evaluation of activities.

143. All the three minority group representative organizations from Banadir reported not being involved in the program design at all nor being consulted during implementation. By contrast minority representatives in Lower Juba and Gedo indicated engagement in program design, policy development, and ongoing consultation and community engagement.

2.1.3. To what extent was the programme intervention response to COVID-19 effective and appropriate?

144. Most representatives of each stakeholder type reported that the COVID-19 response was good, providing preventative facilities such as sanitizers, facemasks, handwashing facilities, as well as conducting awareness-raising activities. The personal protective equipment (PPEs) was appropriate in hindering the spread of COVID-19 at times when personal contact could not be avoided. No instances of widely spread COVID-19 infections among beneficiaries were witnessed by the respondents, speaking for effectiveness of the measures taken. However, some challenges also existed, for example, respondents at Gedo Camp Jiroon reported that no-one came in response to COVID-19. There was also an impact on learning, with schools being closed and no alternative learning modalities offered. UNICEF reported that its usual interactive CLTS-type approach could not be implemented during COVID. Sanitation support continued using contactless forms of media such as television and radio. Whilst highly problematic for international NGOs (not able to mobilize trainers), local NGOs and the third-party monitor (contracted to counter restrictions) were also subject to the same restrictions (restricted movement).

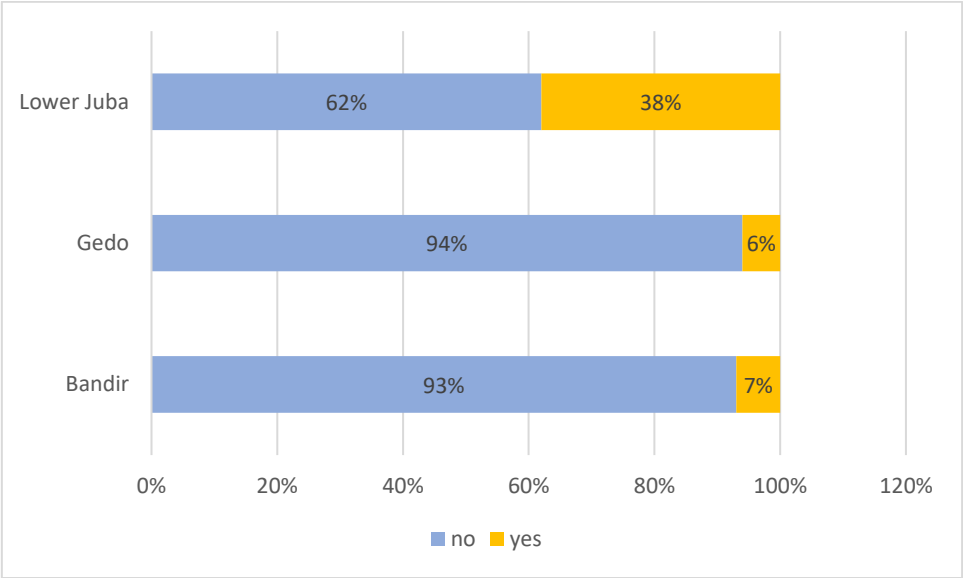
145. To restrict movement and possible infections, the programmes were adapted to be monitored by a third party, which contributed to the efficiency of the structures. Some training and educational activities had to be delayed for safety measures which a UNICEF respondent sees that should have been managed better. Yet, remote-learning opportunities could potentially not have been possible in their given contexts, while the response was as effective and appropriate as possible in relation to the beneficiary and agency resources.

146. CHWs also reported a positive response to COVID-19 with availability of preventative facilities (as above), and mass public awareness on preventative (vaccine) and protective measures for the community to take. UNICEF attributes this awareness campaign to a change of mindset and a significant increase in vaccination rates for COVID-19. SCOPE was used during this period.

147. Programmes were flexible and found alternative measures to implement lifesaving services. Health centers did incur restricted access to reduce overcrowding, which led to innovations such as home screening, and mother to mother screening for malnutrition. Furthermore, in response to the unprecedented challenges posed by the pandemic, programme protocols and communication strategies underwent necessary simplification to ensure their effectiveness in the altered context. In addition to these adaptations, sub-developments proactively introduced training initiatives aimed at empowering mothers to conduct household malnutrition screenings for their children and other household members. This proactive approach not only facilitated continued access to critical healthcare services but also empowered individuals within communities to take ownership of their health and wellbeing amidst the disruptions caused by the pandemic.

148. There were some differences across the regions concerning the impact COVID-19 pandemic had on the household and children's nutrition. The surveyed beneficiaries reported a greater effect in Lower Juba at 38%, with only 7% and 6% in Banadir and Gedo respectively (Figure 10). Furthermore, the disparities observed among the regions can be attributed to the challenges faced in accessing certain regions, particularly in Lower Juba, where the availability of PPEs is limited. The remote and difficult-to-reach nature of these areas exacerbates logistical hurdles, making it challenging to ensure adequate distribution of essential supplies such as PPE. Consequently, healthcare facilities in these regions may face greater obstacles in providing comprehensive care and protection for their staff and patients.

Figure 10: Has COVID-19 had an impact on your needs or your household and children's nutrition?



2.2. EFFECTIVENESS

EQ.2: How effective is the programme design and implementation in the country context and in responding to the needs of its target beneficiaries?

Key findings:

EQ2.1 The interventions are largely described as effective in responding to the community needs in a timely manner for the shorter term.

EQ2.1 The programme significantly contributed to community resilience during drought periods when JRS supported schools remained open.

EQ2.1 The school feeding programme supports the effectiveness of the education programming for student attendance, teacher incentives support keeping schools open, and paying school fees support retention.

EQ2.1 Whilst the numbers related to the WASH achievements are, in most cases overachieved, the level of quality is less evident thus questioning their sustainability and useability for longer term.

EQ2.2 The programme ensured women's and girls' inclusion in its components. Observing PwD access to the sites and interviewing minority group representatives, levels of inclusion beyond gender were not addressed to their best potential.

2.2.1. To what extent were the results and expected impact of the programme achieved? What were the main factors influencing the achievement or non-achievement of results?

149. Acknowledging the dynamics of adapting to evolving contexts, the programme has successfully integrated its monitoring plan with real-time field observations and assessments aimed at gauging improvements in resilience. Continuous efforts were made to enhance responsiveness by strengthening the capacity of programme staff to interpret and utilize monitoring and evaluation data, establishing robust feedback mechanisms to capture shifts in context and beneficiary needs, and implementing ongoing data collection and analysis processes to enable timely programmatic adjustments. These initiatives aimed to ensure that M&E data serves as a powerful tool for adapting the programme to changing circumstances and optimizing its overall impact. Looking at Phase I achievements evident from the results framework, outcome 1.1 indicators on increased safety nets for vulnerable populations to ensure stable acceptable food and nutritional status have been achieved. 2/3 of the outcome indicators for outcome 1.2 on increased capacity of actors and systems to plan and manage shocks have been achieved by the time of the results framework, leaving number of people living in PDF communities underway.

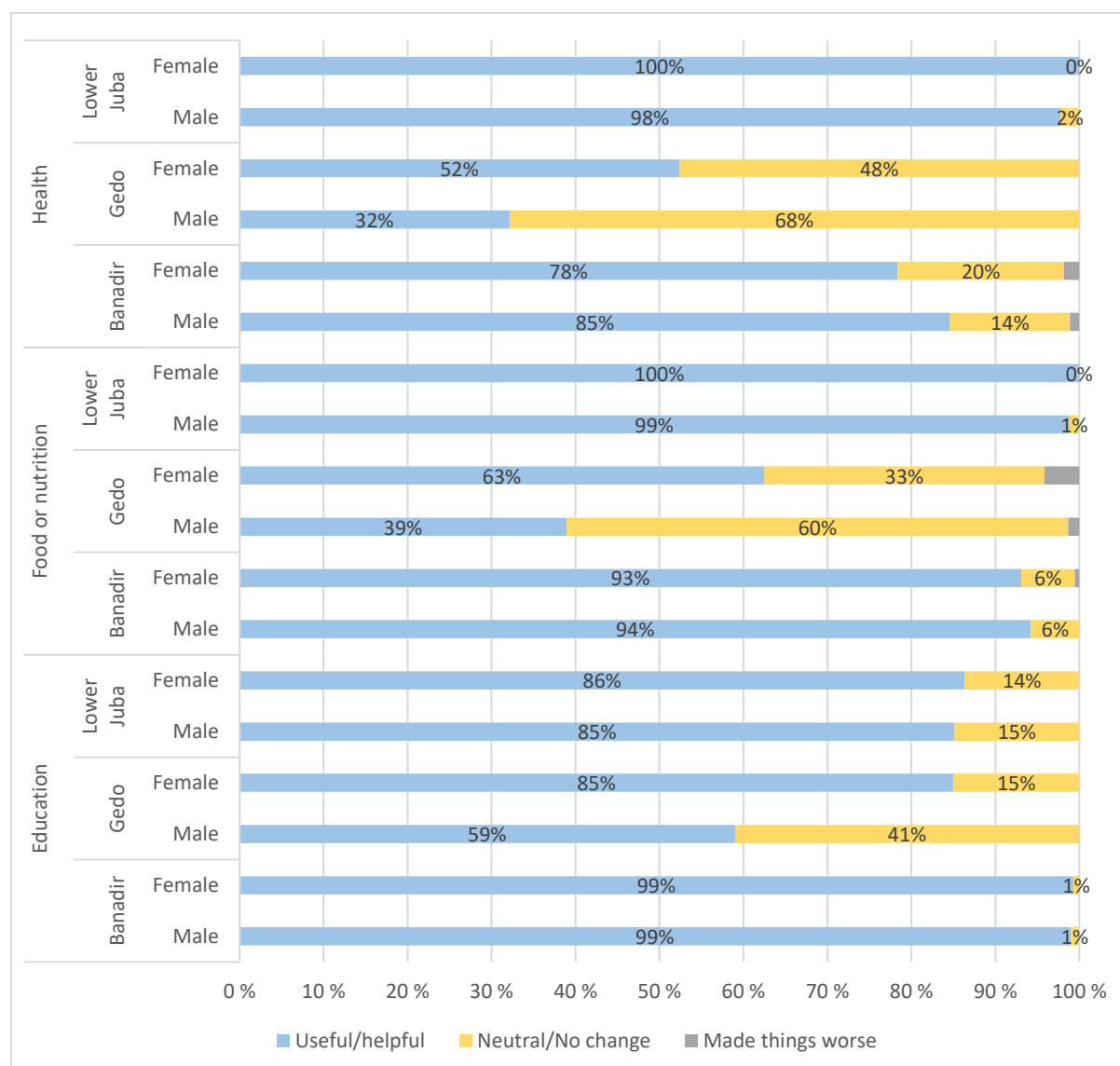
150. The respondents share widely that the Phase I and Phase II activities were complementary and contributed to achieving outcomes from each of the Phase. The Phase I activities laid a crucial basis by securing nutrition, health and WASH services to vulnerable communities, followed by more resilience and development-oriented activities (education, livelihoods). This was echoed by the surveyed beneficiaries who largely reported that the multi-year and activity programme provided them with stability and a sense of trust with multi-sectoral services that responded to their needs.

151. JRP contributed directly to the establishment of national policy on school feeding resulting from the good results of the JRP activity. This includes multiple ministries to cooperate and create linkages to farmers and other local producers. UNICEF describes the national stakeholders are identifying international and national financing opportunities to ensure its functioning in the future.

152. Observing the quality of the help received, beneficiaries largely consider the assistance useful and helpful; 91% among education support recipients, 87% food or nutrition, 76% health activities (Figure 11).

Across all programme components, respondents from Gedo showed less satisfaction with the assistance received. In all cases but among health beneficiaries from Banadir male respondents rated the usefulness of the assistance less impactful than female respondents, which can stem from the programme's target group being primarily women, leaving the male respondents less aware of the programme's activities and possible impact.

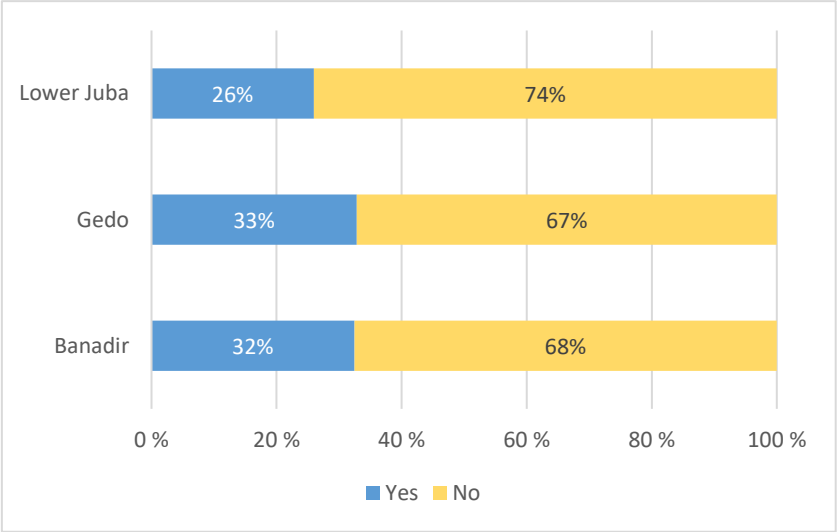
Figure 11: Rank the assistance received



153. Emphasizing community-driven approaches, the programme incorporated local insights and suggestions into its programme design and implementation, thereby ensuring effectiveness and alignment with the contexts and seasonal variations prevalent within the targeted regions. This holistic strategy crafted to bolster resilience by addressing multifaceted challenges related to food security, nutrition, health, and livelihoods. The **nutrition** component has been actively engaged across various districts, implementing comprehensive food security programmes since 2013 and extended crucial support to farmers and rural communities through a diverse array of interventions, including cash/food vouchers, cash-for-work programmes, and the distribution of farm inputs. It appears that the integration of the nutrition programme, with support from both UNICEF for the SAM programmes and WFP for MAM programmes, coupled with livelihood initiatives, has emerged as an effective measure to raise the communities' nutrition levels and support their resilience to feed themselves, as expressed by community group respondents and IPs. Beneficiaries of the Phase I nutrition support were overwhelmingly female (99.9% in Banadir, 97.6% in Gedo).

Among female respondents, only a minority had received nutrition assistance when giving birth at a health center supported by the JRP (Figure 12), with most assistance received in Gedo at 33%.

Figure 12: Have you ever received any nutrition assistance when you gave birth at a health center supported by World Food Programme/UNICEF? [Female respondents who have given birth]



154. As evidenced by the preceding data, over 80% of the respondents across Phase I regions (Banadir 94% Gedo 89%, Figure 13) reported that their children have had access to and received malnutrition treatment at the supported health facilities operated by NGOs through the funding from the JRP. Furthermore, a significant majority, over 94% (Figure 14), emphasized that their children's conditions improved as a direct result of the services provided. Both community views underscore the programme's

effectiveness. No recovery data was received from centers providing nutrition services to be able to confirm the findings.

Figure 13: Was any of your children ever admitted to any nutrition programme supported by the NGOs in the area?

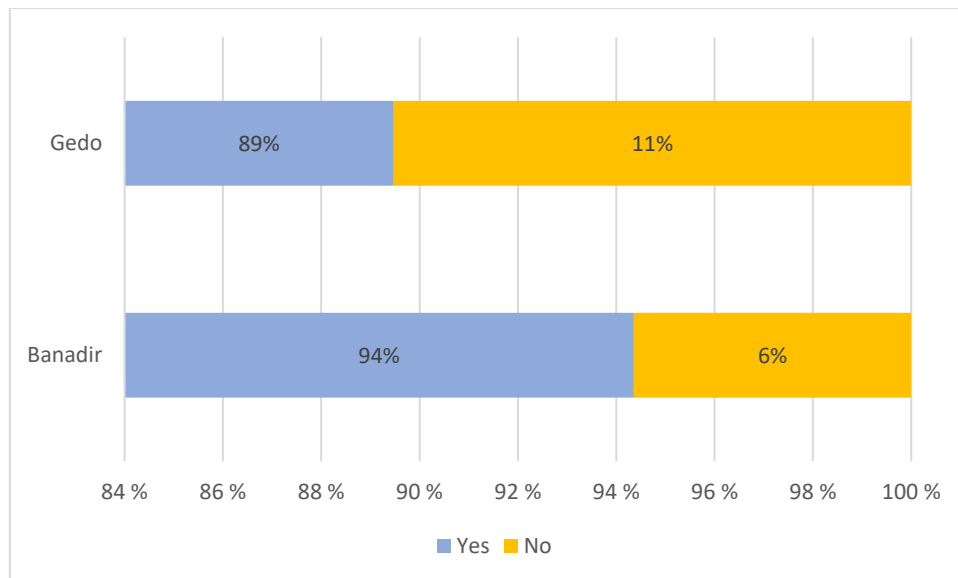
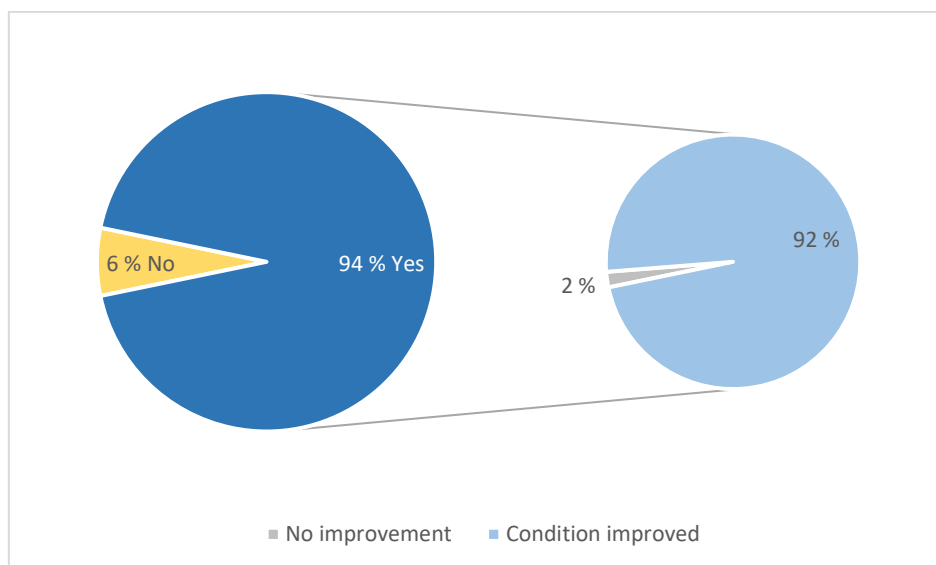


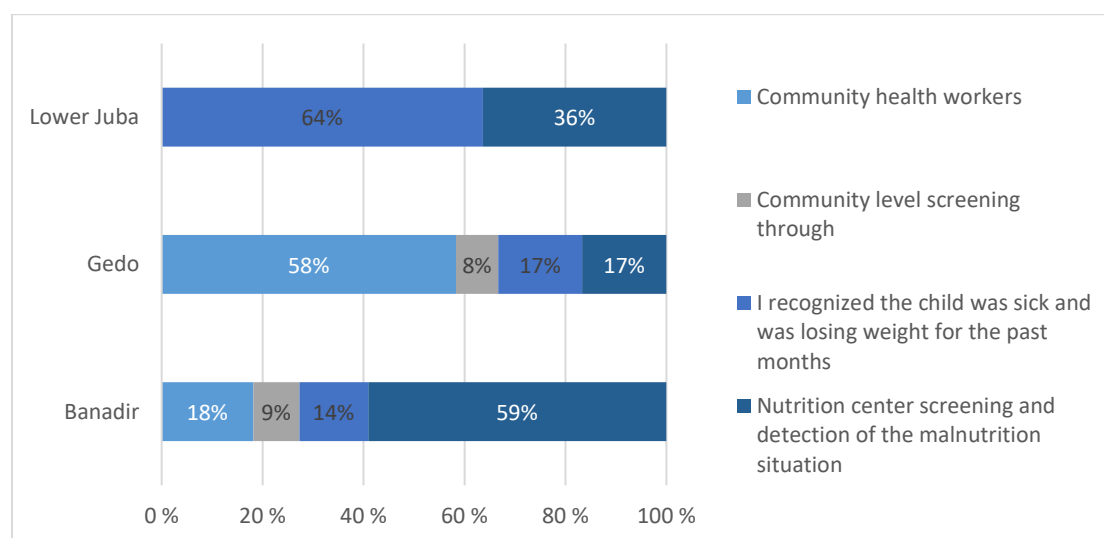
Figure 14: If yes, did his/her condition improve?



155. Awareness of malnutrition and how parents had learnt of their children's malnutrition status were slightly different across the locations. The majority (64%) of the respondents from Lower Juba had personally

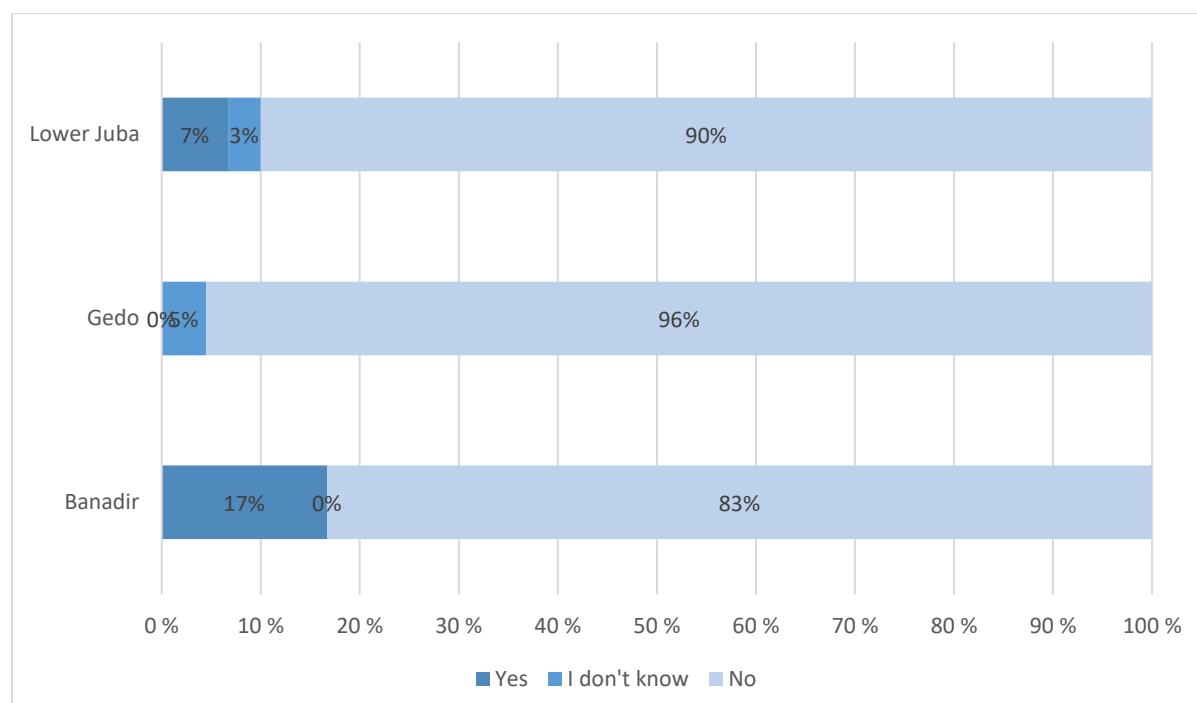
noticed the deterioration of their child's health (Figure 15). In Gedo the CHWs were most commonly at 58% the source of information for their state, with nutrition center at 59% in turn in Banadir.

Figure 15: How did you get to know your child was malnourished and needed nutrition's treatment?



156. The education programme has been able to support children who have not been enrolled in school before. The great majority of household respondents whose children partook in the education component became enrolled at school during the JRP Phase II (Figure 16). Additionally, the programme support enabled re-enrolment for some children in Banadir and Lower Juba (17%, 7% respectively).

Figure 16: Have these children been enrolled in school before?



157. The effectiveness of the JRP programme in improving children's access to **education** was evident while the programme was being implemented, in line with the aim of the service delivery. Respondents note that enrolment and attendance dropped significantly when the programme was discontinued in Lower Juba and Banadir. MoE officials in all three regions describe a positive impact of the JRP on enrolment and attendance, and state that the programme meets the essential needs of the community, including access to

water, food, health care and education. UNICEF staff members who have conducted field visits echo this sentiment, noting that supported schools are functioning well, and attendance is high. The education programme was also implemented during a crucial time, while Somalia was experiencing a drought. MoE officials and UNICEF staff note that many schools in Somalia closed during the drought and attendance fell in general, but JRP-supported schools remained open, and students were in attendance.

158. Respondents in all categories cite the school feeding programme as the main factor supporting the effectiveness of education programming. This supported student wellbeing hand-in-hand with the WASH interventions, where increased water access improved the schools' operational capacities and contributed to the surrounding communities' wellbeing and willingness to remain in the same area. Other programme components such as teacher incentives supported schools to remain open, and payment of school fees supported retention. The quality of education in the schools was observed by the MoE which included 6 KfW supported schools among the top 10 best performing schools in the country (Annex 14). Altogether, the initiatives aided the schools to remain open during the droughts, contributing to the community's continuity and sense of normalcy.

159. MoE officials stated that the school feeding programme contributed greatly to school attendance, which cannot be confirmed due to the evaluation team's lack of access to school attendance or enrolment records to verify these statements. The MoE representative stated that the establishment of a national school feeding programme is ongoing, school attendance has improved, and the community is more independent. However, the programme has been discontinued in Banadir and Lower Juba at the conclusion of Phase II, and attendance has reportedly decreased drastically in these locations. Teachers and CECs in Banadir stated that while the programme was being implemented it had very positive results, the schools were crowded, and parents chose to stay in the area surrounding the school for access to education and food. Teachers and CECs from Banadir and Lower Juba requested the return of JRP activities (WASH, school feeding, capitation grants) to their schools and cite the programme as vital to ensure the continued enrolment of children.

160. The two CECs who participated in FGDs described that the education programme support was essential in increasing school enrolment and attendance but was limited in scope. Both schools received nutrition and school feeding components, which they described as essential, as well as a WASH component. Neither of the schools received capitation grants, construction or rehabilitation of classrooms, or materials that could be alone attributed to the JRP. Most of the CEC members have not received training under JRP, except two members who received training from UNICEF five years ago on how to treat children.

161. UNICEF staff members cited **the school capitation grants** as being effective in addressing the specific needs of schools and communities. They state that schools have been successful in using these grants to establish income-generating activities, which have made schools more independent and motivated. However, none of the KII or FGD respondents had received capitation grants, so the statements made by UNICEF regarding the effectiveness of the grants could not be confirmed.

162. All three MoE representatives cite their use of monitoring tools, including a school supervision checklist, which was unavailable for the evaluation team. Two officials describe the monitoring process as being effective in capturing the programme's effectiveness, and state that the data was used to adjust and respond to shifts in the context and needs. The monitoring tools captured school transfers and retention, and challenges faced during the programme's implementation. They state that reports are shared monthly from schools to the MoE, then to programme partners.

163. There are some shortcomings in the training provided to teachers under Phase II that can have influenced the skill development of the teachers and student learning objectives. It does not appear that teachers of JRP-supported schools received a consistent and standardized programme of training. $\frac{2}{3}$ of the teachers had received training, although on different topics. Those who did not receive training and were only taught about JRP-related details requested more training opportunities to develop their professional and thematic skills.

164. As set out in the results framework, the results relating to **WASH** are mixed with some indicator targets being met or over-achieved whilst other indicator targets have not been met. For example, in Phase I the number of community members collecting water from WASH-committee managed water sources was

only 43% of its target of 153,000 people. This means that fewer women would have benefited from the community WASH facilities than envisaged. There is limited qualitative evidence to substantiate the results, however the observation checklists and household surveys provide some evidence. For example, in schools, the mixed results are demonstrated by respondents reporting in some cases that the toilet facilities are adequate and other cases need improvement or completely inadequate (Figure 17). In terms of health centers, a large proportion of respondents in Gedo and Banadir reported that health facilities have adequate toilets whereas respondents in Lower Juba reported that they need some improvement (Figure 18).

Figure 17: Do your children have adequate toilet facilities at school (i.e. enough toilets, that are clean, functioning, private and well lit)??

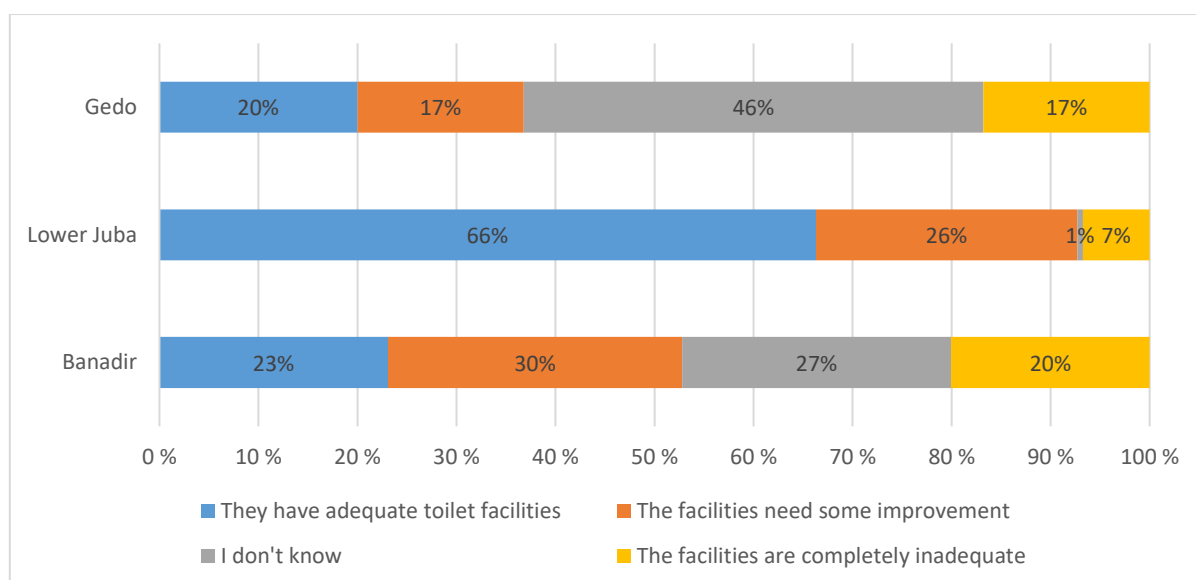
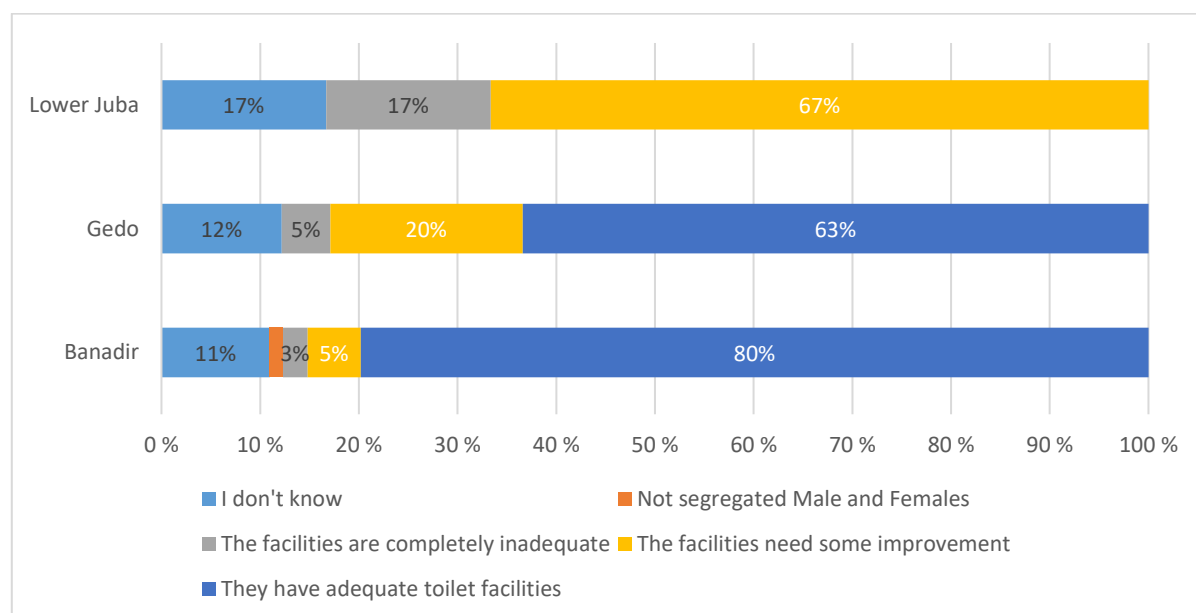


Figure 18: Did the health facility have adequate toilet facilities?



165. **The recommended ratios for school toilets for humanitarian situations¹⁸ or development contexts¹⁹ are not met.** Of the 20 schools (6 in Gedo, 7 in Banadir; 7 in Lower Juba) observed, with a range

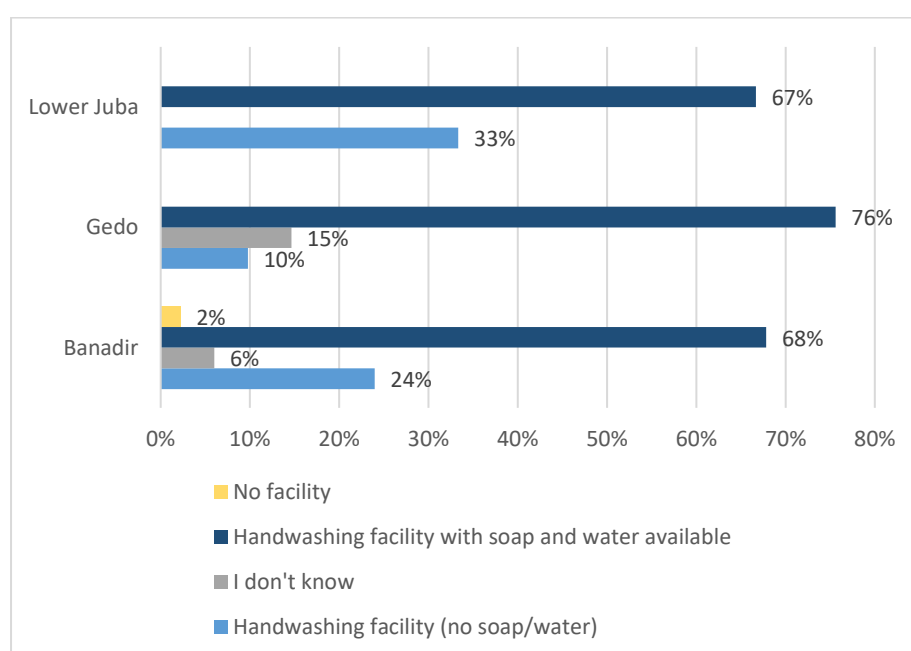
¹⁸ 1 toilet for 30 girls/1 toilet for 60 boys

¹⁹ 1 toilet for 20 students

of student numbers which fluctuated up and down from the start to the end of the school year, appear to have a consistent proportion of teachers to students. The pupils to toilet ratio and teachers to toilet ratios, however, significantly vary both across region and within region. The ratio of girls to toilets is as high as 192:1 and averages 110:1 across the sampled schools. For boys the situation is worse with an average of 129:1, and the highest ratio being 293:1, which reduces the likelihood of toilets being used consistently by all boys. One school had no staff toilets despite having 27 staff (including 1 female). Most toilets appear to be pour flush with some pit latrines. The quality of the toilets is generally basic. Handwashing facilities with both water and soap were observed in only 25% of schools, 35% of schools water only, another 25% neither water nor soap with the balance not having any response. Whilst MHM facilities of some form, either bins, supplies or education materials were observed in 40% of schools, 60% did not have any facilities or education materials. Generally, the levels of WASH facilities seem to be worse in Gedo than the other two regions. Mostly, schools have kitchen space for food preparation, have water available, waste is via sewage and black bags, the compounds are generally clean however, some vectors were observed; mosquitoes due to stagnant water after the floods and in Gedo a couple of cases of rodents.

166. Of the five health facilities (1 in Gedo; 4 in Banadir) observed, with populations ranging from 500 to 100,000 beneficiaries per year, between 50 and 500 outpatients daily and between 150 and 3500 visitors per month, the facilities grounds are reported to be free from rubbish, and most free from vectors, apart from in two out of five being subject to flies. There are mixed observations in terms of the quality of latrines, with the one in Gedo considered poor quality whereas those in Banadir are more favorable. As witnessed during the observation rounds, all facilities appear to have adequate piped water facilities, were functioning at time of visit, available and perceived as good. Handwashing facilities were also functioning, and waste management bins existed, and waste was removed, by local government and in some cases open burning. The majority of beneficiaries also support the findings from the site visits, stating that the health facilities had handwashing facilities with soap and water available (Figure 19). Environmental cleaning protocols were available and in many cases (four out of 5) all staff responsible for cleaning received training.

Figure 19: Did the health facility have handwashing facilities with soap and water available?

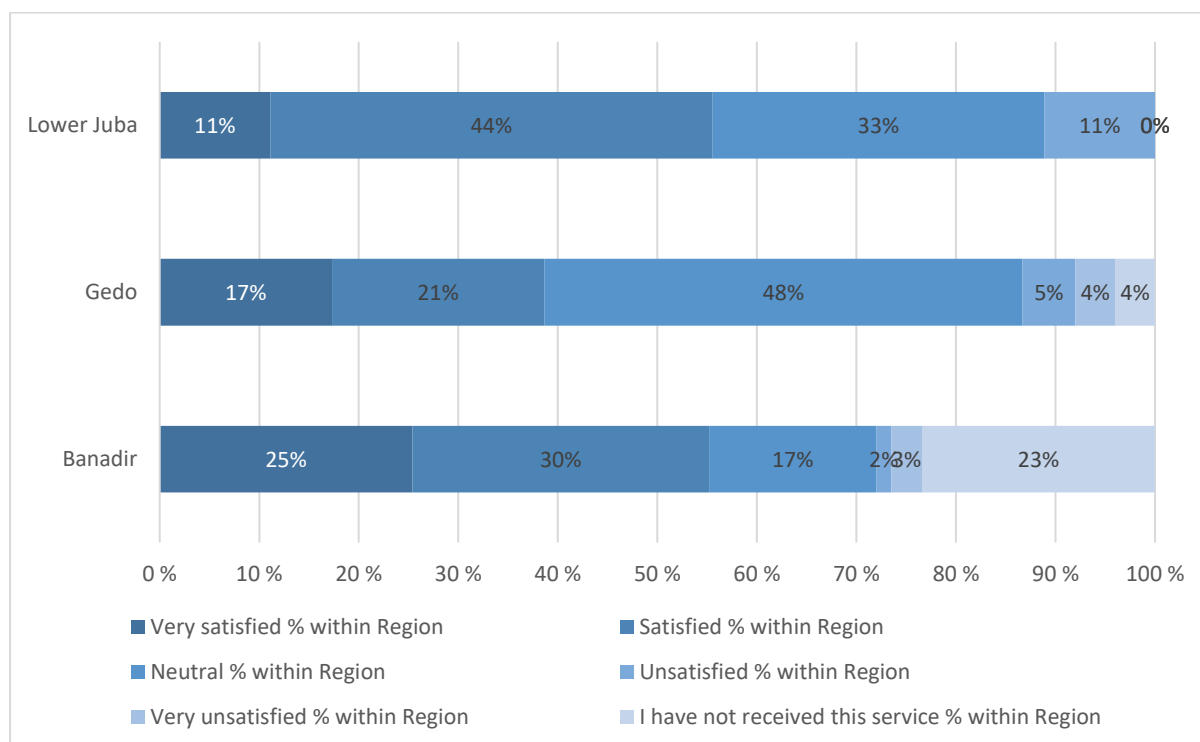


167. The WASH committee respondents reported having received various capacity building training including sanitation and hygiene promotion training as well as water management. The child-to-child groups were formed of groups of children or adolescents and received age-appropriate training; The MHM groups reported having received MHM training enhancing their knowledge about menstrual hygiene.

168. Household survey respondents provided varying accounts to their satisfaction with the CHWs (Figure 20). Among those unsatisfied, the beneficiaries describe lack of treatment options and knowledge,

unavailability of medication, and lack of access to some locations. Despite the CHW structure, the training and allocated resources have evidently been lacking in the experience of some beneficiaries.

Figure 20: How satisfied are you with the services and information provided by community health workers?



169. Factors that facilitated achievement of results according to UNICEF staff include the continuation of implementing activities across the two Phases, applying an integration approach, operating with multi-year funding and the capacity of the communities. Constraining factors, leading to non-achievement, revolved around COVID-19 restricting movement, implementation monitoring and training components. UNICEF also stated that using a reach and rehabilitation approach to WASH in schools meant a compromise on quality and coverage, where the facilities are basic and might have come at the cost of sustainability and useability in the longer term. The collaboration with national stakeholders was reported as both a constraining and facilitating aspect.

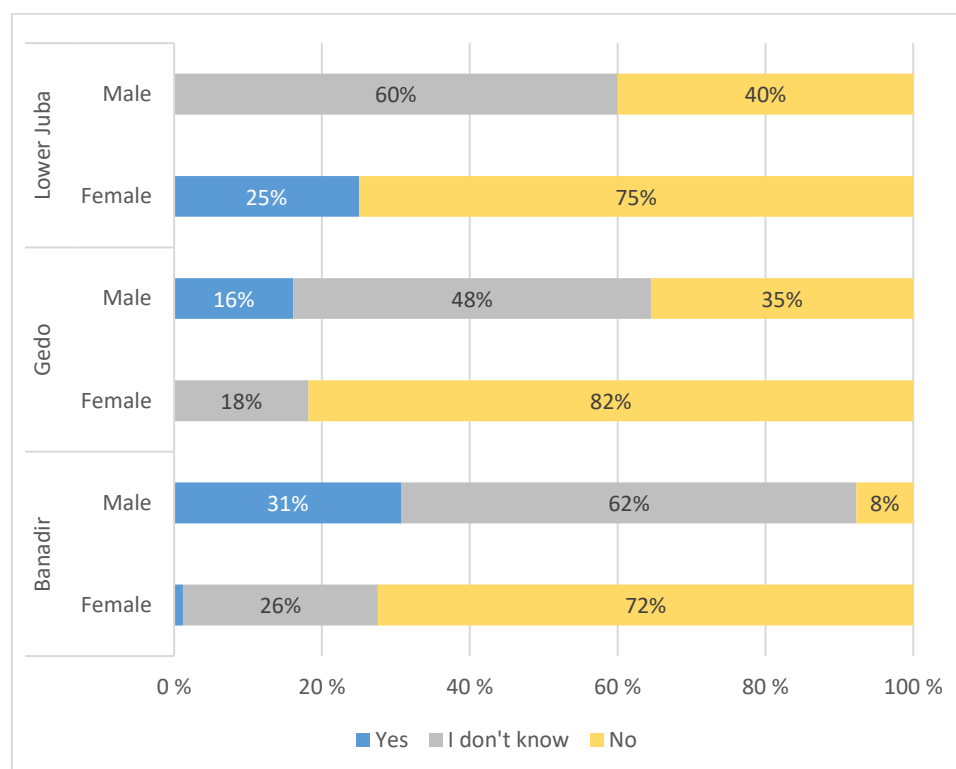
170. Beneficiaries surveyed reported that toilets at health centers were mostly gender segregated with slight regional differences, 86% in Banadir, 90% in Gedo and 67% in Lower Juba. However, evident from the site visits, toilets at health centers were observed to have steps and not be accessible to wheelchair users. The internal dimensions of toilets are unlikely to accommodate a turning circle for a wheelchair.

171. **Accessibility for PWDs is generally poor in both health centers and schools.** Only some schools observed had installed ramps to toilet blocks for students with mobility difficulties, however a number of these appear to have a slope greater than the accessible slope of 5%, or the ramp did not connect with other smooth pathways. No school observed had handrails or grab rails inside toilets. Heights (and depths) of handwashing stations would make access difficult for wheelchair users or small children at some facilities.

172. Minority representatives in Banadir reported that assistance was not effective in reaching them due to failure to identify those targeted for assistance, attitudes, and resistance of the majority, and coercive practices to co-opt benefits. Minority groups in Banadir felt disempowered, while minority representatives in Gedo and Lower Juba were much more positive. A Banadir Minority representative describes: "Dealing with health care is very poor for minority people but when you come to the truth private health facilities are preferred because when you go to JRP or even MCH government run health facilities you are not served well by the health workers."

173. Knowledge and use of **Community Feedback Mechanisms** differ greatly across the regions as reported by the beneficiaries. The respondents state having provided feedback or complained about the programme in Banadir were 2%, 15% in Gedo, and 33% in Lower Juba. Looking at possible gendered differences in complaints, female respondents know of less complaints than males (Figure 21). In turn, male respondents show less awareness if their community members have complained. These gendered differences can stem from the lack of targeted activities for male community members. On average across the regions, 8% reported having taken part or know that some from their community have joined in needs assessments, household consultations or other activities aiming to map out challenges in the community.

Figure 21: To your knowledge, have any of your community members provided feedback or complained about the programme?



174. Some agency staff members raised concerns about the influence of political factors on aid distribution. They noted that some interactions with government officials can be highly political, especially on social policy programmes and around cash transfers. They suggest that implementing partners are also affected by this politicization and are steered toward communities that are not the most in need of aid. While the regions were selected based on their GAM rates, the exact sites were endorsed by relevant national Ministries. Another agency staff member observed that during the planning stages, certain locations were approved by officials but were later discovered to be connected to community interests rather than actual vulnerability levels. This necessitated further discussions with government staff. According to minority representatives and agency staff, although regional selection based on GAM rates was crucial, the site selection process carried out by national authorities and the absence of clear beneficiary selection criteria resulted in minority inclusion in the programme becoming possibly compromised by political factors.

2.2.2. Has the programme appropriately considered gender and protection risks and the contribution of local power dynamics to possible inclusion/exclusion in its design, targeting and implementation processes?

175. According to the beneficiary respondents, the programme has been effective in design and has contributed to the individual women and girls' wellbeing. No tensions between groups caused by the programme are described in the material, indicating appropriate consideration of power dynamics. A UNICEF

staff member noted that there is always a lot of negotiation required to make programming decisions. They gave the example of creating boreholes and wells near schools and noted that decisions about their placement require extensive negotiation due to community and clan interests, that mainly reflect opinions of men.

176. Although providing food is essential, the programme's primary goal was to attract out-of-school children and reintegrate them into the educational system. This objective was demonstrated during a recent drought when WFP-supported schools remained open while many others closed as families struggled to find food.

177. The programme has considered gender and protection risks at all stages of the programme cycle through training, guidelines and implementation efforts. The inclusion of children with disabilities and minority groups was found limited. More emphasis on harmonization and knowledge of feedback mechanisms needs to be ensured in all locations.

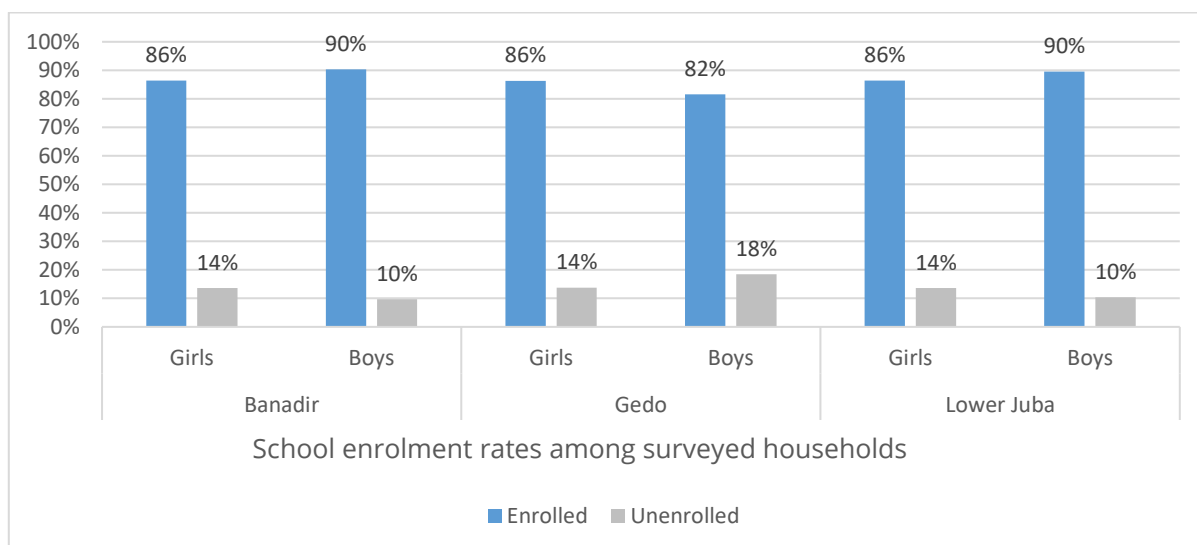
178. The consensus among high-level interviewees sounds to be positive, recognizing the significant emphasis on promoting gender equality and protection. Through a range of initiatives, the programme aimed to empower women by providing livelihood training and opportunities for income generation, fostering economic independence and agency among the female beneficiaries according to livelihood IPs. Central to the approach ensuring equal access to services and opportunities for individuals of all genders. This commitment is exemplified by deliberate efforts to involve both men and women as community workers, creating an inclusive and equitable programme environment that reflects and respects the diverse needs and contributions of all community members.

179. Contributing to community accountability and protection, **UNICEF described the use of Accountability for Affected Populations (AAP) guidelines in all stages of the programme**, including partner engagement and day-to-day implementation, with monitoring and follow-up. UNICEF has established mechanisms to anonymously receive community complaints including an online platform called U-Report, a phone line, and WhatsApp number. U-Report was launched in May 2023 in Somalia, but there is limited evidence of its use. If implemented, U-Report would allow community members, including CECs, to share information directly with UNICEF on specific education indicators. Mechanisms have also been set up to report sexual exploitation and abuse through a confidential hotline answered by trained operators. The Banadir minority representative confirms the WFP has collected complaint information as a part of their activities. Hotline or complaint information was not shared with the evaluation team.

180. **There appear to be a few existing mechanisms for collecting school-level data for programme design and targeting purposes.** One UNICEF staff member noted that schools do not currently have a mechanism to provide feedback directly to UNICEF, but that communication takes place between the CEC, head teacher, and implementing partner.

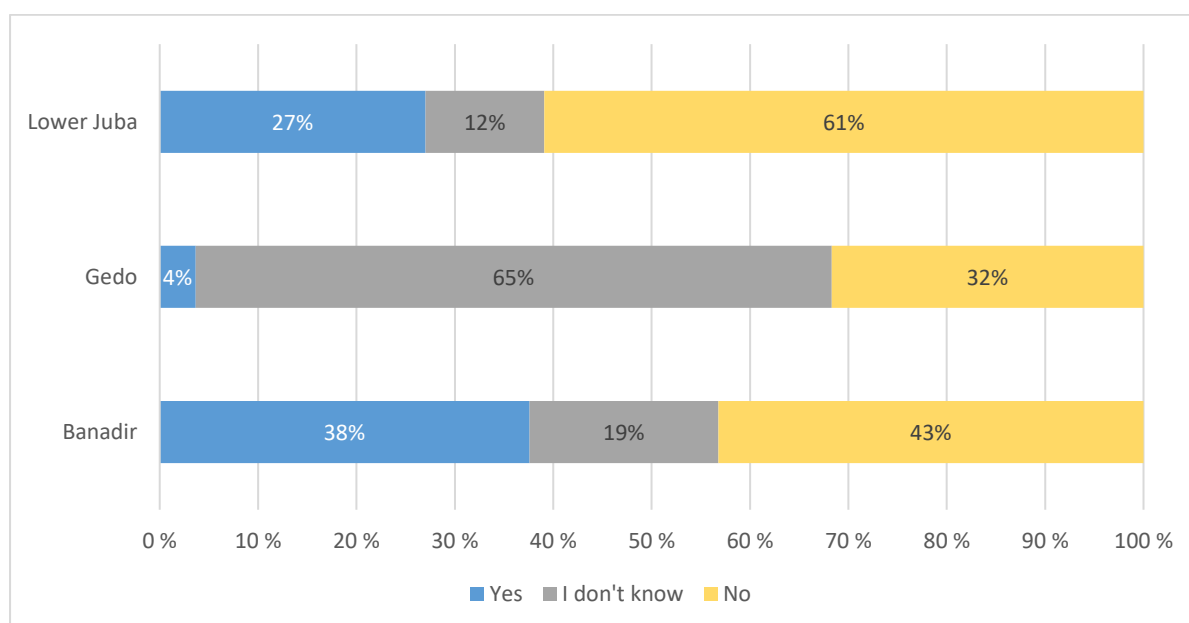
181. UNICEF has organizational policies on **protection from sexual exploitation and abuse (PSEA)**, and implementing partners have been trained on PSEA. Two of the three MoE officials interviewed were aware of how the programme considered gender and protection risks. The Lower Juba representative stated that all project workers had received training on GBV to address gender risks. The representative in Banadir stated that more girls have been enrolled in education, and that the morale of women and girls has improved because of the programme. Among the households surveyed, similar rates of girls (86.4%) and boys (87.6%) are enrolled in school (Figure 22).

Figure 22: School enrolment rates for boys and girls among surveyed households (Primary and secondary)



182. Considering gender mainstreaming, UNICEF staff described how **gender is prioritized in education programming**, including by ensuring a gender balance in programme activities, teacher recruitment, and in CEC membership. The two CECs with whom FGDs were conducted had an equal gender balance, and a UNICEF staff member observed representation of females in CECs during field visits. UNICEF staff also report that the female CEC representatives take a strong stance on enrolling and retaining girls in school until grade 8. CEC participants showed a concern for girls' education and described menstruation as a barrier to education for girls. CEC members report that girls do not currently have access to sanitary products or private facilities in the school, and at one school they are dismissed and sent home when menstruating. This lack of availability of menstrual hygiene products is backed up from the survey, particularly for the Gedo region (Figure 23). The CECs reported that this was not a problem in the past, when girls received sanitary products from an organization. There was not a gender balance among teachers at the schools visited for this evaluation; the average percentage of the teaching staff who were women is 15.9%, and the highest for any school is 37.1% (at a girls' school). Two co-ed schools have no female teachers.

Figure 23: Are there menstrual hygiene products provided at the school? (e.g. pads/napkins)



183. Beyond the JRP programme, the beneficiary respondents consider that there are categories of people who have difficulty getting NGO help in their communities (Figure 24). Most challenges were reported in Lower Juba, where 77% believe that not everyone is receiving assistance, compared to 29% in Gedo and 15% in Banadir. Accessibility for PwDs is concerning in Lower Juba and Gedo, where it is the most cited reason for having difficulty in accessing aid (Figure 25).

Figure 24: Are there any groups of people who have difficulty getting NGO help in this community?

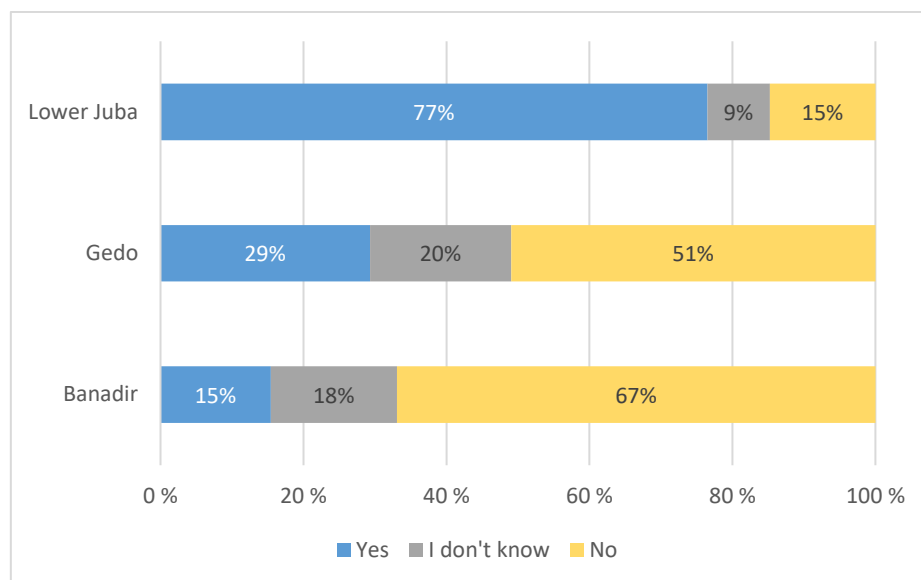
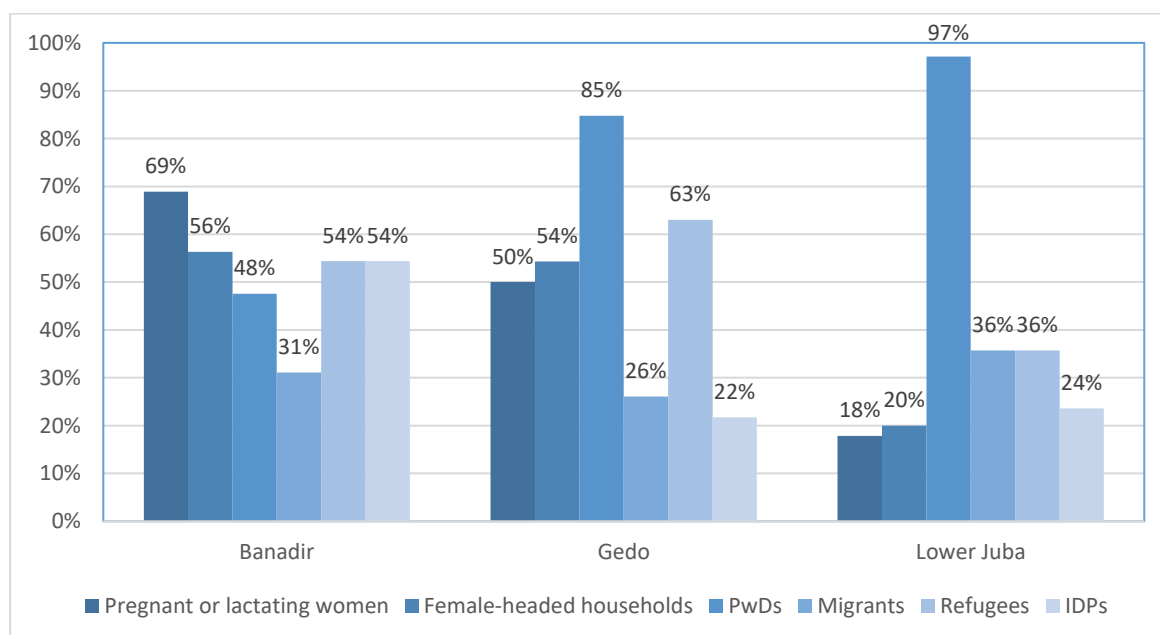


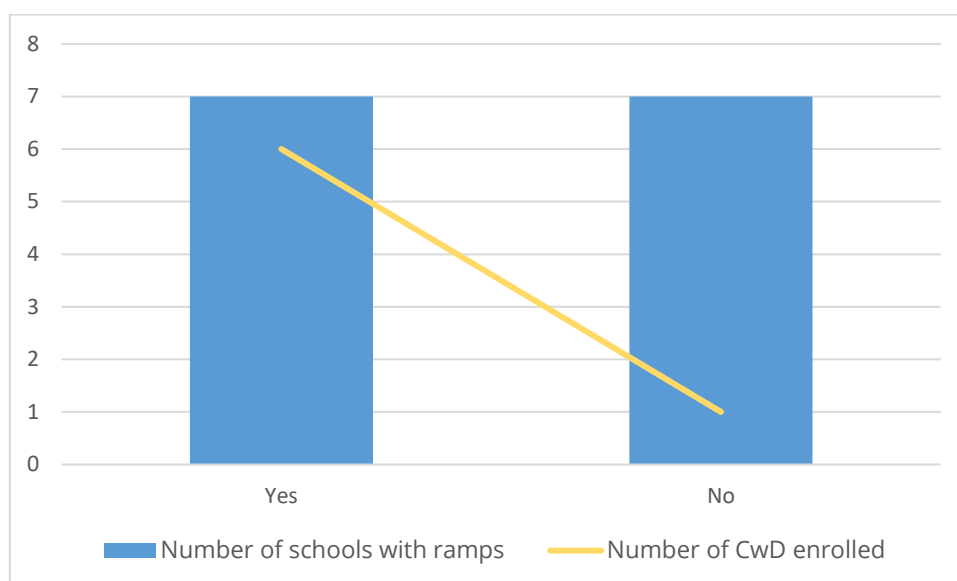
Figure 25: Categories of people who have difficulty getting NGO help in this community



184. Efforts to include children with disabilities (CwD) address the needs of those with physical disabilities in a limited way. UNICEF staff stated that access ramps and accessible latrines have been planned to support school access for CwD, but that efforts are not otherwise made, and they do not typically see CwD being included in schools during field visits. One staff member described a ramp that ends in sand, making it inaccessible. Likewise, one of the ramps encountered during data collection ended in a puddle of muddy water, making said efforts unreliable for those with wheelchairs or issues in mobility. However, according to the school observations made during this evaluation, schools with ramps are more likely to have CwD enrolled (Figure 26). Only seven of 14 schools (50%) have ramps, and among them, six had CwD enrolled

during the 2022/23 academic year. Among the seven schools that do not have ramps, only one had CwD enrolled. There are differences by region; none of the schools observed in Banadir had ramps, while all the schools observed in Lower Juba did. In Jubaland, three of the six schools had ramps.

Figure 26: Does the school have a ramp for wheelchair users?



185. **Children with learning disabilities are not being included in a meaningful way;** one UNICEF staff member stated that only the standard curriculum is available, and in one instance they saw a child with learning disabilities in a classroom of younger children. CEC participants stated that students with special needs are bullied by other children, leading to psychological problems, and causing them to drop out of school. No measures to include children with hearing or visual disabilities were provided.

186. The MoE officials describe communities as being satisfied with the programme, particularly the school feeding component. Officials in Banadir and Lower Juba describe how **JRP has supported community resilience, in terms of reducing health risks and gender-based violence, decreasing conflict, and improving food security and the local economy through the school feeding programme.** The official in Jubaland described the school feeding programme as supporting the resilience of the entire community due to its interconnected nature; students benefited as direct beneficiaries, and farmers and traders benefited as secondary beneficiaries.

187. **CHW training aimed to target protection and vulnerability-related themes..** Topics of note included: stopping FGM; educating parents, particularly fathers, in the need to vaccinate their children; conducting follow up health, immunization, and nutrition checks of young children; and greater awareness about the poorest in the community. The Banadir CHW group regarded highly the training they received, and one CHW expressed a desire for further training in women's rights.

188. **Programme monitoring detected that men were not actively participating in MCH and nutrition at household and community level.** A SBCC programme was developed in response to this, however it was not implemented under Phases 1 and 2 but in general as part of the service delivery component at facility level whose uptake was not more efficient.

189. Through targeted initiatives such as **livelihood** training and income-generating opportunities, the programme actively empowered women. According to a livelihood implementing partner, fostering economic independence and agency within communities, the women have become less dependent and more equipped to respond to shocks. Importantly, actively involving both men and women as community workers fostered inclusivity within the programme environment. Programme participants describe the activities for having been transformative on an individual level, where the livelihood component effects on a communal level could not be confirmed.

190. A MoE official in Lower Juba said not much was done by the programme in relation to building resilience of populations to tackle gender-based risks and child sexual violence as these were not the focus of the programme. However, a MoE official from Banadir had a different opinion saying the programme enhanced population resilience to tackle GBV and that " 10 years ago no one could talk gender due to culture, today it's normal."

191. The inclusion of minority groups in the programme received mixed feedback from respondents. MoE officials believe that all beneficiary groups, including minority communities, benefited equally from the program. However, some minority groups in Banadir expressed dissatisfaction, stating that they had only received cash transfers for a limited period and did not benefit from other services such as education, nutrition, or hygiene support. Additionally, a minority representative organization reported that certain minority groups were not benefiting as expected from the programme. Concerns were raised about beneficiary identification in implementation areas and the sudden cessation of services after a short period. Furthermore, it was noted that there was a lack of support for individuals who lost their WFP cards, and some beneficiaries were asked to return their cash transfers. Minority representatives from Gedo and Lower Juba were satisfied with the services, especially quality health centers, although a Gedo minority group representative stated more could be done to include minorities and achieve greater impact at the community level.

192. A Gedo IP stated that opportunities were given equally to all clans regardless of their background and status. Opportunities for women were either seen as neutral - equal opportunity to men and women - or women given priority. **Minority representatives from Banadir described a lack of consultation in the programme design.** They also described resistance from the majority population to them receiving benefits, and diversion of some benefits to "middlemen", which they were powerless to do anything about. This situation was not reported for Gedo and Lower Juba.

2.3. COHERENCE

EQ.3: To what extent is this programme coherent with other on-going relief, recovery, and development efforts?

Key findings:

EQ3.1 The programme is coherent with ongoing relief, recovery and development efforts. It was linked to other responses through cluster meetings, and inclusion of national stakeholders in design and planning.

EQ3.1 There are concerns about possible attribution of results and double counting of beneficiaries in Gedo and Banadir where there was another intervention in the same locations.

EQ3.2 The programme laid foundations for future relief efforts with distinct site rehabilitation and establishing community groups which have continued their work since the programme ended. These are hoped to attract more donors and interest toward sustainable interventions.

EQ3.2 The multistakeholder partnerships particular to the nutrition and education sector cooperation in the school meal planning were appropriately and effectively leveraged and an example of successful knowledge exchange and utilization of efforts.

2.3.1. How was the programme synchronized and linked with the overall response of UNICEF, WFP, other UN agencies and partners interventions in relief/recovery/resilience building /development and with the relevant sector(s) that might have impact on education, health, and nutrition outcomes in the targeted regions?

193. National authorities and cluster partners were included in selecting locations, identifying target groups and setting indicators to synchronize the interventions to other ongoing efforts. UNICEF and WFP shared many of the same implementing partners which contributed to linking the activities to other organizations working on the ground and ensuring collective response efforts.

194. **Bureaucratic processes and cross-sectoral coordination have emerged as a challenge, impeding the efficiency of work streams within and across agencies. No staff member expressed knowledge of the existing JRP Coordinator at the FMS level identified at the MoP. Some agency staff emphasized the need for a multi-sector coordinator, a role that could have provided comprehensive oversight and facilitated collaboration across teams, helping to prevent the current siloed approach where teams lacked awareness of each other's activities.** Specifically, it was described that the absence of dedicated field focal points for critical sectors such as WASH, nutrition, and education complicated the work, and the agencies encountered obstacles in effectively collaborating with all field-level units. Furthermore, efforts to mitigate duplication of activities and resource allocation have been undertaken through strengthened coordination with clusters and partner organizations. This proactive approach ensures optimal resource utilization and maximizes the impact of interventions across the programme's target areas.

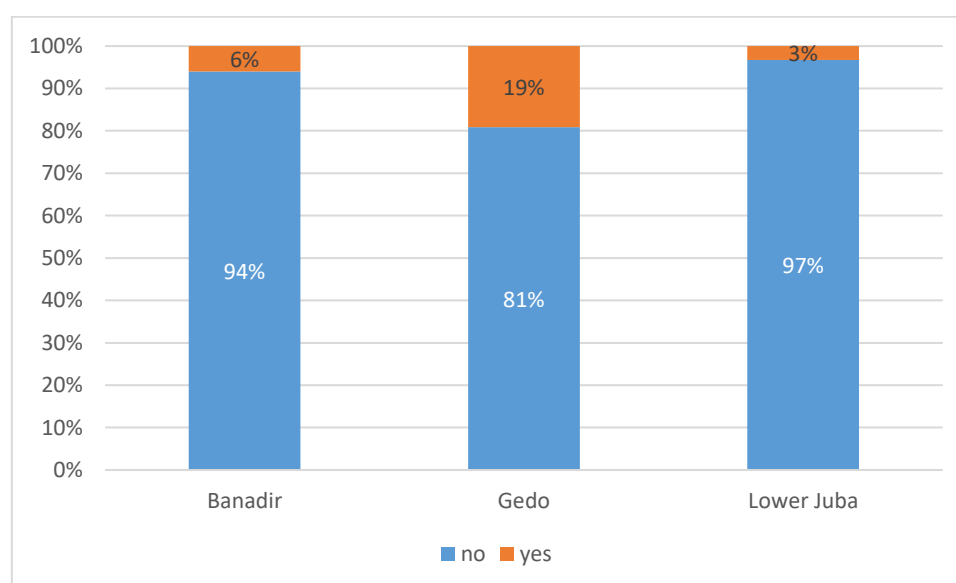
195. **A UNICEF staff member stated that the JRP program has had ripple effects on the way UNICEF works in other emergency and development programmes in Somalia.** UNICEF also reported that the multi-year JRP experience has attracted more donors willing to engage in longer term sustainable interventions using humanitarian funding e.g. USAID's Bureau for Humanitarian Assistance, FCDO, and ECHO. At the implementation level, partnerships between WFP, UNICEF and the government created effective collaboration and a joint programme visibility. However, coordination was hindered by bureaucratic processes at times. WFP noted that "each UN agency has a long list of bureaucratic processes. This sometimes slows work down, for example in developing a concept or writing a report, getting the necessary reviews and approvals could take time".

196. **UNICEF is the WASH cluster lead and aimed to ensure the response goes hand in hand with national capacities and priorities by cochairing in cluster meetings.** A UNICEF WASH respondent

explained that this aimed to ensure a stronger link with national and INGO interventions while building the national and sub-national level authorities' skills. As a result of this, they witnessed that overtime the authorities have a much clearer line of site how humanitarian assistance can contribute to development and national programmes.

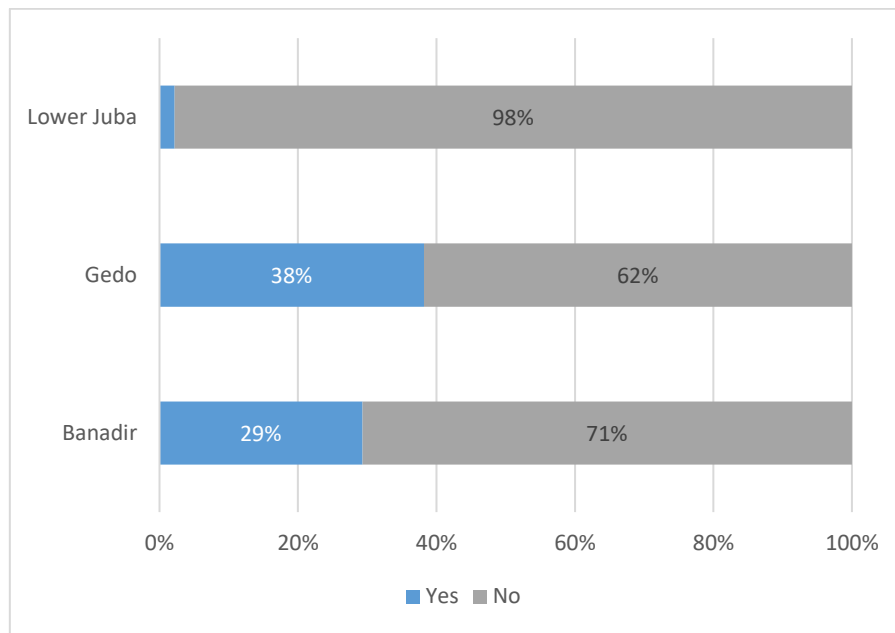
197. Considering the visibility of the activities in the communities and possible aid-driven **migration** patterns, the surveyed beneficiaries' knowledge of ongoing relief efforts in other locations varied. Highest of the three, 19% of the respondents from Gedo report knowing of (I)NGO support in other locations than where they are currently living, with only 6% among Banadir respondents and 3% in Lower Juba reporting the same (Figure 27). Considering the high percentage in Gedo, this could indicate that the need for further aid services is highest in the region as the respondents have sought out and mapped existing aid services in other locations. Gedo is adversely affected by impacts of climate change and knowing existing support structures can be crucial for household survival. Historically, people in need have migrated to Banadir's informal migrant settlements in hope of support. Currently, the severity of needs in Banadir is as high as in Gedo and higher than in Lower Juba.²⁰ Support is increasingly directed to Lower Juba due to pertaining insecurity, where populations gather in settlements bordering Kenya, but the region is more affluent with natural resources than the two others. Similarly, surveyed respondents showed regional differences in knowing of existing support or aid in their destination location prior to migrating (38% Gedo, 29% Banadir, 2% in Lower Juba, Figure 28). **This would indicate that in Lower Juba that organizations' work is less visible, and the levels of aid-driven migration are less prominent in Gedo and Banadir.**

Figure 27: Are you aware of any other offers of organizational/NGO (non-private) support in other locations?



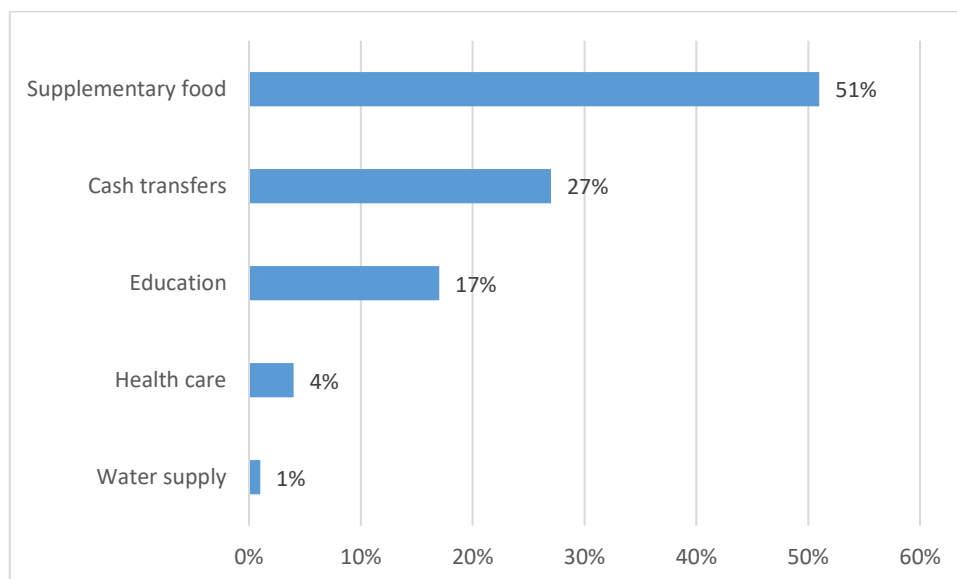
²⁰ Humanitarian needs and response plan Somalia (2024)

Figure 28: Were you aware of any NGO support or aid being available before you arrived?



198. Averaging across regions, those that were aware of support in their destination, reported having known of nutrition aid (51%), cash transfers (27%), education (17%), health care (4%) and waters 1%) (Figure 29). Above all, the significantly high level of nutrition aid in the locations demonstrates primarily the high need for supplementary food assistance, and secondly the role of aid as a possible pull factor for people in need. It is not clear from the data that these supports are determining factors in choosing a new location but may be perceived as added benefits when choosing to move. The multi-sectoral services provided (nutrition, WASH, education) were understood as supportive factors for the households to remain in the locations, and even seen as measures to increase community resilience and social cohesion. In the view of staff members and beneficiaries, the multi-year and multi-sectoral approach has supported the families' resilience to shocks, which supports settling down.

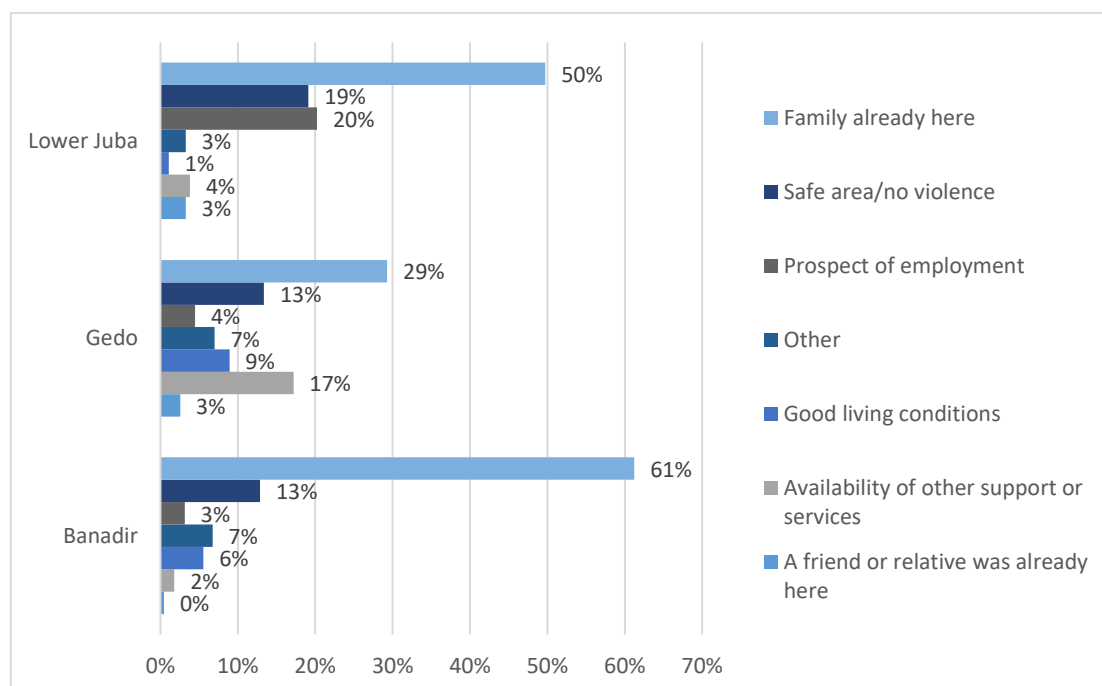
Figure 29: If you knew of existing support prior to migrating, what was the support?



199. In turn, the evaluation confirms that **social ties and security have been drivers for migration among the communities**. Family members can provide crucial material and emotional support, and help migrants settle into the new area. On average, 53% of the beneficiaries' state having chosen the location they

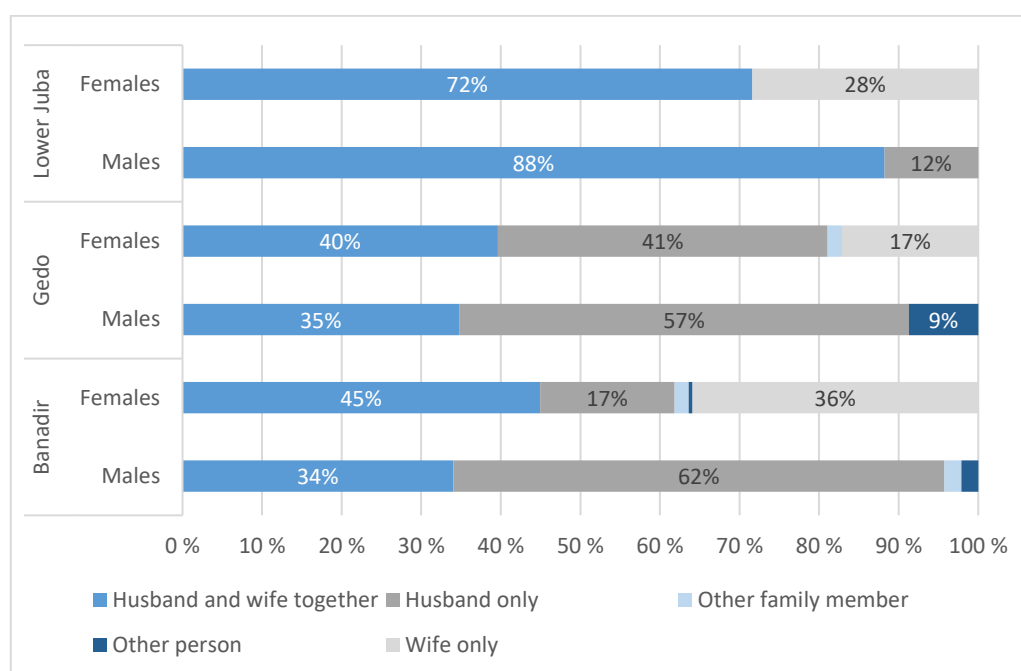
were in, at the time of the programme, due to having families living in the vicinity, 13% due to the area's safety and 9% for the known availability of support from WFP / UNICEF (Figure 30).

Figure 30: What was the main reason you chose this location?



200. The survey data does not provide much insight into who in the household influences decisions about displacement, as the results vary markedly by region. On average, respondents reported that decision on displacement is made together by the husband and wife in 50% of the cases, with the highest in Lower Juba at 81% and lowest in Gedo at 38% (Figure 31). In Gedo, 46% reported the decision is made by the husband only, with 20% in Banadir and 7% in Lower Juba. In Gedo and Banadir more female respondents than males stated this was a joint decision of the husband and wife, while in Lower Juba more males stated it was a joint husband and wife decision. This indicates some levels of regional differences in migration decision making and the gendered perspectives in it. Most male influence in decision making was in Gedo.

Figure 31: Who makes decisions on displacements within your household?



201. **The stakeholder perceptions on linkages and integration with the wider response is mixed.** UNICEF reports the linkages made between health and WASH and that they always try to harmonize and integrate efforts when considering disease control. For example, community group meetings of WASH Committees and Health Committees are held together. However, no knowledge of linkages was reported by CHWs or WASH committees. **UNICEF also reported that the FCDO programme in Gedo and Banadir was providing health services at the same location, whereby given one program is not sufficient to cover the whole area, complementary programmes cover the different catchment populations. This raises questions about double counting or service delivery to the population.** With UNICEF also involved in cluster coordination at both national and sub-national level prioritization and accountabilities and engagement around site selection across different programmes is facilitated. In addition, the dialogue around transition from emergency to development is also happening across the whole country. However, this transition can undermine certain activities. For example, a case during JRP was reported whereby parallel activities were underway such that CLTS activities were being implemented (a non-subsidized approach) at the same time as other partners were trying to provide subsidized latrines, which can in turn undermine the CLTS activities which are aligned to the draft Government WASH Sector Policy (2019) could be a consequence of limited coordination or strategy among the cluster partners and the government, a risk that could have been mitigated. MoPIED also reported that JRP is very relevant to other ongoing efforts particularly those with respect to relief and recovery.

202. Staff members from the implementing partners have emphasized effective management of task division and information sharing within their collaborative efforts. Notably, insights derived from the **education** programme have directly contributed to enhancing school meal planning, showcasing successful knowledge exchange and utilization on national level policy.

203. **MoE officials noted that the education response was unified, partnerships were successful, and there was no duplication of effort.** One CEC in Banadir underlined that they have received support from a variety of sources; school feeding was provided by WFP, while transportation and materials have been provided by other organizations. This approach is preferred due to the unwillingness be reliant on a single source of support. On the other hand, the other CEC in Banadir only received support from JRP, which has been discontinued, and their only source of support now is the MoE.

2.3.2. To what extent and how were multisector and multistakeholder partnerships and actions across the joint programme appropriately and effectively leveraged (sequenced, layered, integrated) for overall programme coherence and impact?

204. Active and ongoing capacity building of implementing partners and enhancing coordination with them was identified by agency staff as essential for effective partnerships. According to a development organization from Gedo, “There is ample evidence of uptake of practices, partnerships, and collaboration introduced via the programme. The right combination of commitment, support, and favorable circumstances, there is a strong likelihood that the practices, partnerships, and collaborations introduced via the programme can be sustained over the long term”.

205. Agency staff discussed the importance of regular follow-up and interaction with IPs and local community groups to ensure fluid cooperation and appropriate implementation. UNICEF respondents raised the point that working in collaboration with multi-partners can bring obstacles for programming, including decision-making around differing priorities.

206. Agency staff members noted that sectoral collaboration tends to happen in silos, showing unawareness of the identified JRP Coordinator at the MoP for FMS level. They suggested that a more integrated approach would be more beneficial, and that JRP would benefit from a multi-sectoral coordinator at the federal level.

207. **A prominent example of effective coordination arising from the JRP across various emergency and development programmes is the integration and coordination of the nutrition programme.** This collaboration between UNICEF and WFP has been exemplified by their shared mandate, with UNICEF supporting the treatment of Severe Acute Malnutrition (SAM) and WFP supporting the treatment of Moderate Acute Malnutrition (MAM). According to UNICEF staff, this integration ensured systematic treatment of patients and enabled the joint delivery of SBC messaging, thereby enhancing the effectiveness and impact of interventions in addressing malnutrition and related issues. The beneficiaries report reliable referral mechanisms across the nutrition programme, underlining sufficient integration (Figure 32).

208. Several coordination mechanisms were reportedly established for programme implementation, including regular and quarterly coordination meetings between WFP, UNICEF, and government ministries.²¹ Regrettably, no agency informants knew of the presence of a JRP Coordinator at the MoP for FMS level they could have turned to for coordination. The programme also conducts joint monitoring with government agencies; MoE staff report that they have been trained and were active in monitoring the programme. UNICEF staff underscored the successful partnerships forged between WFP, UNICEF, and the government. These collaborative efforts effectively capitalized on the unique strengths of each agency, with technical experts from both organizations actively contributing to training initiatives, irrespective of the organizing body. For education programming, UNICEF provides monitoring and technical support to IPs, including through a dedication education officer in Dolow who works closely with IPs. Staff members based in Dolow and Mogadishu conducted regular site visits.²² A UNICEF staff member described trainings and policies for IPs at the field level, on topics including AAP, PSEA, and prevention of sexual exploitation.

209. In terms of WASH, with UNICEF being the cluster lead agency they reported that they have ensured that the government has a presence in cluster coordination at both national and sub-national level which aids prioritization and helps in terms of accountabilities due to the level of engagement.

210. Effective partnerships between UNICEF, WFP and the government were reported by WFP as creating smooth collaboration and leveraging each organization’s strengths. An example was given of the interchangeable and joint technical inputs provided by both agencies during training events, regardless of who was organizing the event. WFP and UNICEF have good coordination, with quarterly meetings held with partners and government to share the progress of the intervention and agree on actions to be taken.

²¹ Building Resilient School Communities in Somalia: Year 3 Mid-Year Report, April 2022 – August 2022.

²² Ibid.

2.4. EFFICIENCY

EQ.4: How efficient is the programme?

Key findings:

EQ4.1 The multi-year funding and a joint programme built on phases is commonly deemed efficient and more comprehensive compared to the short-term programmes more commonly practiced in the region

EQ4.1 The tour of duty in the agencies and staff turnover among other stakeholders have led to a lack of institutional memory and stagnated learning, impacting the efficiency of the programme.

EQ4.2 The long-term nature of the programme facilitated broader service delivery, enhancing its ability to reach vulnerable communities and ensuring it was accepted and implemented in a competent manner.

EQ4.2 Some distress about the influence of political factors on aid distribution was brought up, where some interactions and activities can be highly political, especially on social policy programmes and around cash transfers.

EQ4.3 The target groups have been reached in a timely manner to the communities equally, although ruling out some minority groups. The quality of some of the rehabilitation work and programme impact in the longer term are questioned.

2.4.1. How cost-effective is this programme compared to similar programmes in the country or within the sub-region?

211. The respondents indicate limited knowledge of the programme's cost-efficiency due to a lack of engagement in financial matters. The common understanding is that the multi-year funding and working in phases that build on each other have contributed to the wellbeing of the communities. The different sectoral activities have supported each other, providing a sense of normalcy and stability for the communities. According to UNICEF staff, the multi-year funding, combined with timely monitoring and evaluation, has allowed for flexibility in adapting the programme during times of need. This approach has also fostered a different mindset among the staff, enabling more learning and development, which is often not possible with shorter-term funding that the respondents have witnessed in the region.

212. Although the phases allowed for adaptation and flexibility, according to feedback from agency staff, budget inflexibility and unilateral donor suspensions at times jeopardized beneficiary support during critical junctures. WFP staff suggested that "During the drought, there could have been some flexibility and adaptability to changing circumstances and evolving community needs. For example, if there had been some flexibility to possibly re-programme funds from some activities such as government monitoring visits which could wait and focus on those that could support early recovery such as expanding the coverage of Maternal Child Health and Nutrition activities."

213. UNICEF staff highlighted factors such as the UNICEF tour of duty every two years, high turnover of staff and having frequent rest and recuperation cycles as having an impact on the delivery of the programme. They also reported that reviewing budget, resources and programmatic expenditure was dealt with by Planning and Monitoring colleagues as opposed to the MEAL staff at the agencies. Specific mention was also made in respect to the team composition, where the agency staff were calling for more multi-sector coordination-related roles. Furthermore, some discussions were held in terms of the efficiency around reaching HCF in remote communities and suggested that further evaluation and assessment needs to be conducted to see how rural and nomadic communities can be best treated, for example having mobile teams and working nights.

214. Additionally, KII highlighted the achievement of programme objectives and the notable improvement in community **livelihoods** to a higher standard. Importantly, the report indicated the absence of duplication of efforts within the programme, reflecting streamlined coordination and efficient utilization of resources.

2.4.2. How efficiently does the joint initiative contribute to coverage in service delivery (SAM, MAM, Vit A, immunization, school feeding, attendance, retention, and others)?

215. Respondents had limited views on the efficiency of the joint effort, attributed to their short-term participation in the program and the segmented nature of its components, which hindered full cooperation and dialogue between different sectors. However, they acknowledged that the long-term nature of the programme allowed broader service delivery coverage, better enabling the programme to reach vulnerable communities and ensure its proper acceptance and implementation.

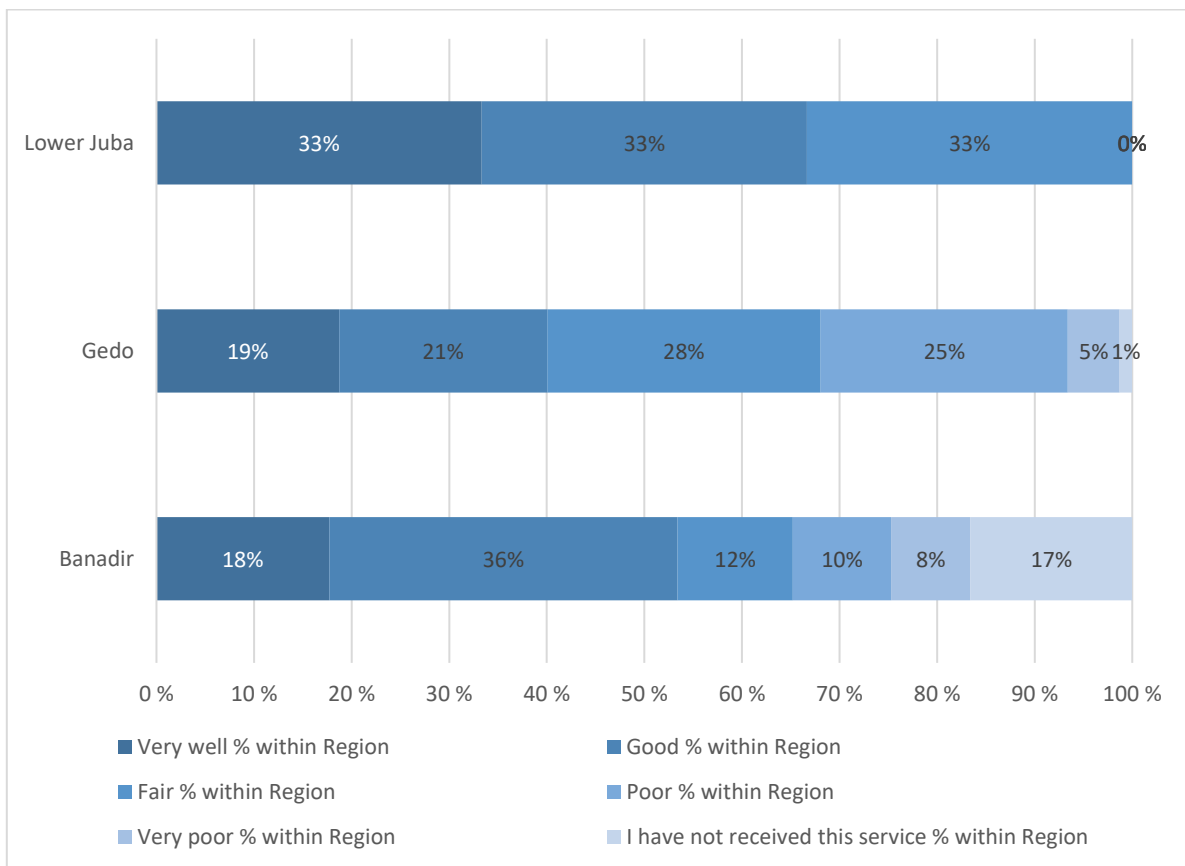
216. Respondents' ability to evaluate the coverage of service delivery and procurement vary. A WFP staff member noted that UNICEF and WFP procurement teams could utilize the other organization's vendors to speed up procurement time. However procurement processes were still slow, leading to delays in inputs to the field. UNICEF representative highlighted that the ample supply availability significantly contributed to efficient service delivery, preventing any stock outs during that period. Moreover, effective logistics management and close collaboration with partners played key roles as well. However, a restriction imposed by donors prevented the sharing of supplies with other locations, aimed at ensuring the resources were utilized for the intended component and enhancing service delivery coverage.

217. A UNICEF education staff member stated that when they joined the team there was underspend in the budget, which meant that a large sum needed to be utilized in a short period. This was reportedly due to disagreements in how the money was to be allocated, but it was quickly allocated and disbursed to implementing partners before the funding expired. They report that this has been avoided recently due to improvements in planning and resource management. The ability of partners to utilize funding is strong, and there are monitoring mechanisms in place through which UNICEF and the MoE collaborate in monitoring the use of resources and the quality of education programming.

218. Another UNICEF education staff member noted that funding is used efficiently by partners, and for the purposes intended in the programme design, such as classroom construction and rehabilitation, WASH facilities, teaching and learning materials, incentives, and teacher training. All three MoE officials also view the programme as very efficient. They noted that the required human, financial and material resources were mobilized in a timely manner to implement each Phase of the programme. The official in Jubaland noted that there were some delays, but in general, resources were effectively managed within the planned timeline. This appears to have contributed to children's attendance and retention in school during programme implementation, as reported by multiple respondents at the school level. However, it does not appear to support retention in education past the life of the programme, as respondents from Banadir noted that attendance dropped when programming ended in their schools.

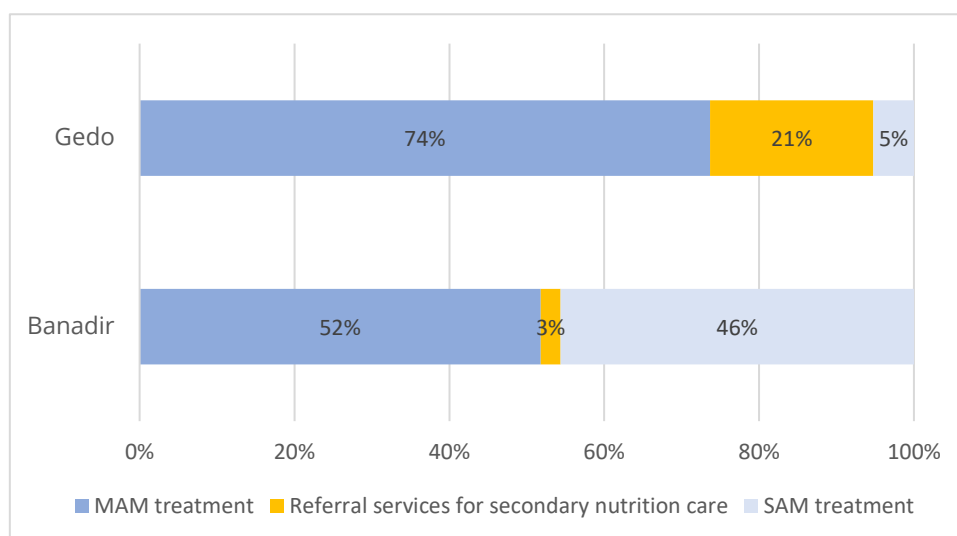
219. The increase in numbers gaining access to both water and sanitation has clearly contributed to improving service delivery coverage (signpost needed to data on access numbers) in schools and health care facilities. Operational efficiency is evidenced as previously reported (see section 2.3.2 above) through the early engagement of sector coordination at national level and local level which enables ownership and need based prioritization. Conducting joint monitoring field visits with the government to raise awareness and build capacity to continue the approaches in the longer-term. However, there is no clear evidence in terms of the extent of economic efficiency. According to representatives from WFP and UNICEF, **nutrition** centers play a dual role, functioning not only as treatment facilities but also as primary referral points for malnutrition cases. These cases are identified through various channels, including community-level screenings conducted by trained health workers, self-referrals, and even reports from schools. Upon identification, all cases are directed at the nutrition centers for treatment and comprehensive support. These centers are strategically positioned in IDP camps, host communities, and specific remote villages to ensure accessibility. This observation is corroborated by household survey data, where respondents indicated that health and nutrition centers serve as referral points for malnourished cases identified by CHWs within their respective communities. Health centers provided nutrition services part of the JRP in some locations with no dedicated nutrition centers. As noted in the Phase II MTR, all stakeholders (WFP, UNICEF, MoH, NGO partners and beneficiaries) agreed that having the same NGO partner on board for management of OTP, TSFP and MCHN programmes at each health facility contributed to holistic service delivery, it has resulted in less delays in the referral process. Developments in the referral process have been mostly successful with the majority of household survey respondents describing it as well functioning, good or fair (Figure 32).

Figure 32: How well have the referral mechanisms to other health and nutrition programmes functioned?



220. Among the Phase 1 respondents who benefited from the nutrition programme, 53% received MAM treatment, making it the most received treatment across the regions. Needs for SAM treatment was more prevalent in Banadir than Gedo (Figure 33). This goes hand in hand with IPC's reports on Somalia's food security which estimated food security and acute malnutrition to have been worse in Banadir than in Gedo during Phase 1.

Figure 33: What are the common malnutrition treatments your child received from the nutrition centers in the area supported by the NGOs?



2.4.3. To what extent is the assistance reaching the different groups of beneficiaries with the right quantity and quality of assistance, and at the right time?

221. The programme logframe results indicate that many people have benefitted from the JRP, and targets were exceeded for PBWG and young children. The household survey confirms that food or nutrition support was received by beneficiaries in all 22 districts surveyed²³ and education interventions have benefitted 259 of 381 surveyed households (68%) in Phase II locations within the last 5 years. The logframe results data does not indicate the extent to which subgroups such as PWD, and minority groups have benefitted, suggesting the JRP has taken a broad view of vulnerability, without more granular targeting and monitoring.

222. Despite the objective of serving the most disadvantaged, a UNICEF staff member suggested that the selection criteria for programme interventions were not sophisticated enough to distinguish between different groups and their needs. Furthermore, another staff member discussed the role of lobby groups and prevalence of certain clans and minorities in the political system, which can have impacted site selection when minority groups were not directly included in the programme design.

223. A widely held view (government, WFP, UNICEF, and CHWs) was that equal services were equitable services, and that all beneficiaries had an equal chance to access services, received equal services and treatment, with no group gaining more than another group. Providing a service was equated with providing equal access to that service. An example was given of water supply systems located in disadvantaged and minority communities where it was assumed that the beneficiaries were women, children, some men, and the elderly. The view of equal service delivery was challenged by minority group representatives and 77% of beneficiary respondents in Lower Juba, 29% in Gedo and 15% in Banadir who saw that some community members are not receiving assistance. The most cited reason for having difficulty in accessing aid is disability in Lower Juba and Gedo, and being pregnant or breastfeeding in Banadir (Figure 24).

224. WFP noted that because there were no complaints from minorities that the approach was inclusive, yet it is possible that some groups i.e. Banadir, felt disempowered to complain. Minority groups suggested greater engagement with representative organizations to better target appropriate services and manage incentives.

225. According to UNICEF staff, rural and nomadic communities, particularly in areas of insecurity, were the most challenged to access services. Multiple survey respondents also suggested that more support should be given to orphaned children.

226. Instances of poor registration, denial and unexplained discontinuation of services were reported in Banadir by CHWs and minority representatives. The CHWs described that after successful running of the health center for some months, the medicine and service provision suddenly ended without explanation while the beneficiaries were kept registered in the center but had to seek out assistance in other locations. Registered beneficiaries of the nutrition components were denied services after having lost their WFP cards without providing opportunities to redeem them. Multiple beneficiaries had reported to a minority organization that they were requested to return part of their cash assistance in Banadir.

227. Staff members from the partner organization have emphasized the pivotal role played by CECs in advancing the importance of education, WASH, and nutrition within the framework of the JRP to deliver services at the right time to the target groups. These committees serve as vital platforms for engagement and collaboration, bringing together diverse stakeholders such as community members, schools, local authorities, and humanitarian organizations to collectively address key challenges and priorities. One CEC in Banadir agreed with this, noting that the programme was balanced and supported every student.

²³ Banadir: Heliwa (Huriwa), Kaaran, Kahda, Shibis, Shangaani, Waberi, Wadajir, Wardhiigley, Yaaqshid. Gedo: Belet Xaawo, Burbudho, Dolow, Garbaharay.

2.5. IMPACT

EQ.5: What was the impact of the programme?

Key findings:

EQ5.1 The programme has provided lifesaving services and a sense of stability to the communities in a timely manner, while their long-term impacts remain uncertain.

EQ5.1 Beneficiaries estimated that their ability to cope with future crises is better now than 5 years ago among 56% of the respondents from Lower Juba, 64% from Banadir and 64% from Gedo.

EQ5.1 The Community-Led Total Sanitation (CLTS) approach has positively impacted the communities' perceptions of sanitation at both personal and community level, with links to WASH, health and nutrition in Gedo, whilst no similar accounts are recorded in Lower Juba or Banadir.

EQ5.2 Programme beneficiaries report the multi-sectoral programme has contributed to their resilience and ability to respond to future crises, with most effects described by participants who benefited from the education programme.

EQ5.2 The programme has improved girls' enrolment, health activities and the MHM group increased the female participants' decision making for their own health and wellbeing.

EQ5.2 Stronger referral pathways have supported the communities to access the health center. The subsidized and supported health services have positively impacted the nutrition of mothers and young children.

EQ5.2 The provision of cash assistance and farm inputs to restore food production capacities of the communities as a part of the livelihood activities have according to the respondents yielded positive outcomes.

EQ5.3 The household survey respondents describe that the communities' social cohesion has bettered from what it was 5 years ago, and the stakeholders see particular importance of water access for the communities' conflict mitigation. EQ5.4 The programme has improved gender equality through targeting of women and girls and improved their decision making on their own health and wellbeing, but the changes in power dynamics at the community level are less certain.

2.5.1. To what extent did the intervention contribute to long-term intended results? What are the main factors for the positive/negative impacts and what are the intended/unintended impacts?

228. The household survey respondents whose children benefited from the education programme were more than twice as likely in Gedo (83%) and Lower Juba (82%) compared to Banadir (35%) to think that their children could enroll in public school after their ABE programme (Figure 34). This goes hand in hand with the quality of education as inquired from the parents who largely report less satisfaction with their learning progress in Banadir (28%) than Gedo (73%) and Lower Juba (82%) (Figure 35). Reasons behind regional differences in satisfaction of education are not revealed in the material. The longer-term results of the education component depend on the households' capacities and willingness to keep their children enrolled at school.

Figure 34: Do you think that your children will successfully transfer from the ABE program to formal school?

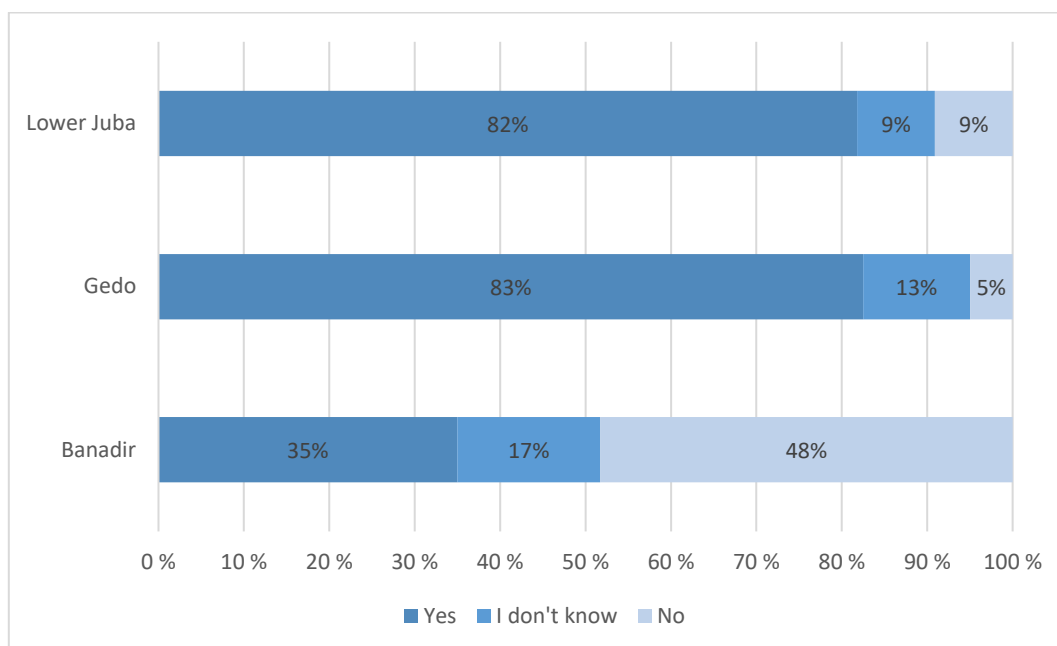
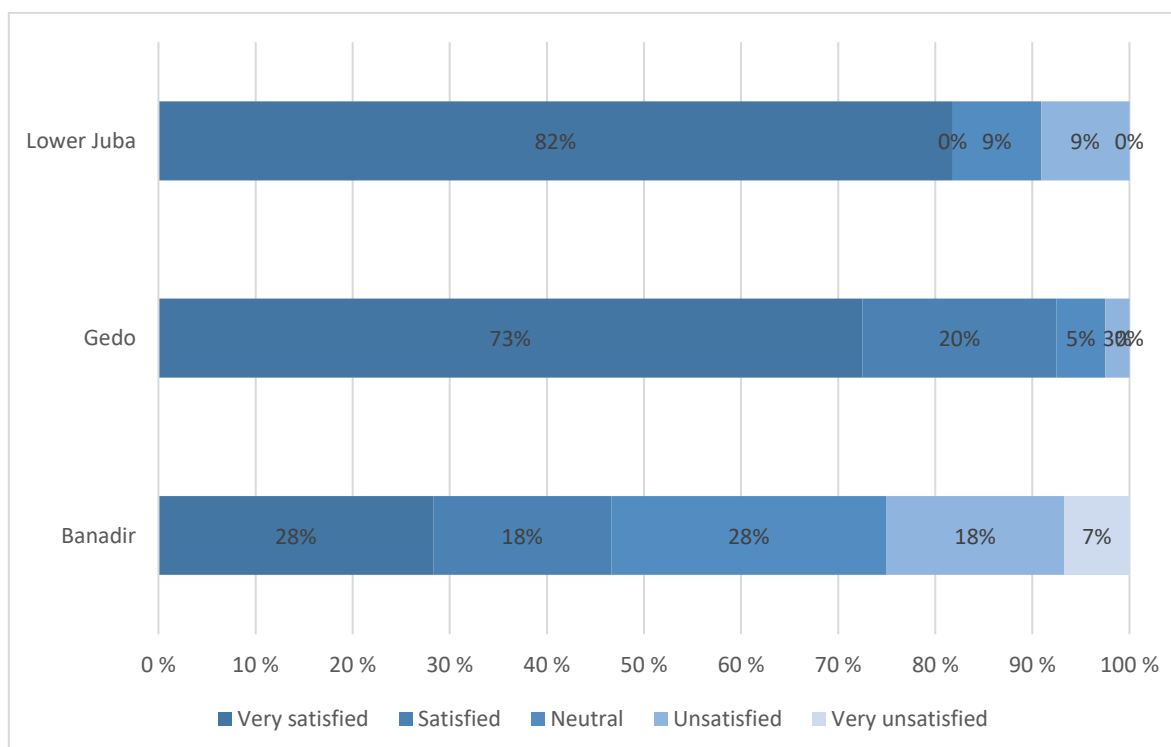


Figure 35: How satisfied are you with the learning progress of your children enrolled in the ABE program?



229. **Although the education interventions were largely effective while it was implemented in schools, the long-term impacts on education access and quality are uncertain.** UNICEF staff describe the programme as having a large impact on student school enrolment and retention, and all three MoE officials agree. CECs and teachers also report that enrolment increased while JRP was implemented in their schools; however, CECs and teachers in Banadir reported that enrolment rates were not sustained after the JRP programme ceased to support their schools. One teacher mentioned that a significant number of children

have left school since the feeding programme ceased, and that if it was resumed the children would come back. Another teacher mentioned that they are still using equipment supplied by the programme, but they are currently not able to enrol as many students as they would like to due to a lack of sufficient equipment, food and other resources.

230. Interviewed UNICEF staff report an impact on student learning, measured by the latest national examination conducted by the MoE. According to data from the Jubaland MoE, among the ten schools with the highest examination scores in Jubaland, six are JRP-supported schools (Annex 12). While this is positive, the evaluation team does not have enough evidence to attribute student outcomes to JRP support; e.g. general school characteristics are unknown, as are the criteria for selecting programme schools in Jubaland.

231. MoE officials noted that the programme was able to have a positive impact by addressing the needs of the community; one provided the example of improved access to water, which met students' needs and increased school enrolment. CECs also described specific ways that the programme impacted the community, including by reducing malnutrition and improving student health, and improving students' morale and love for education.

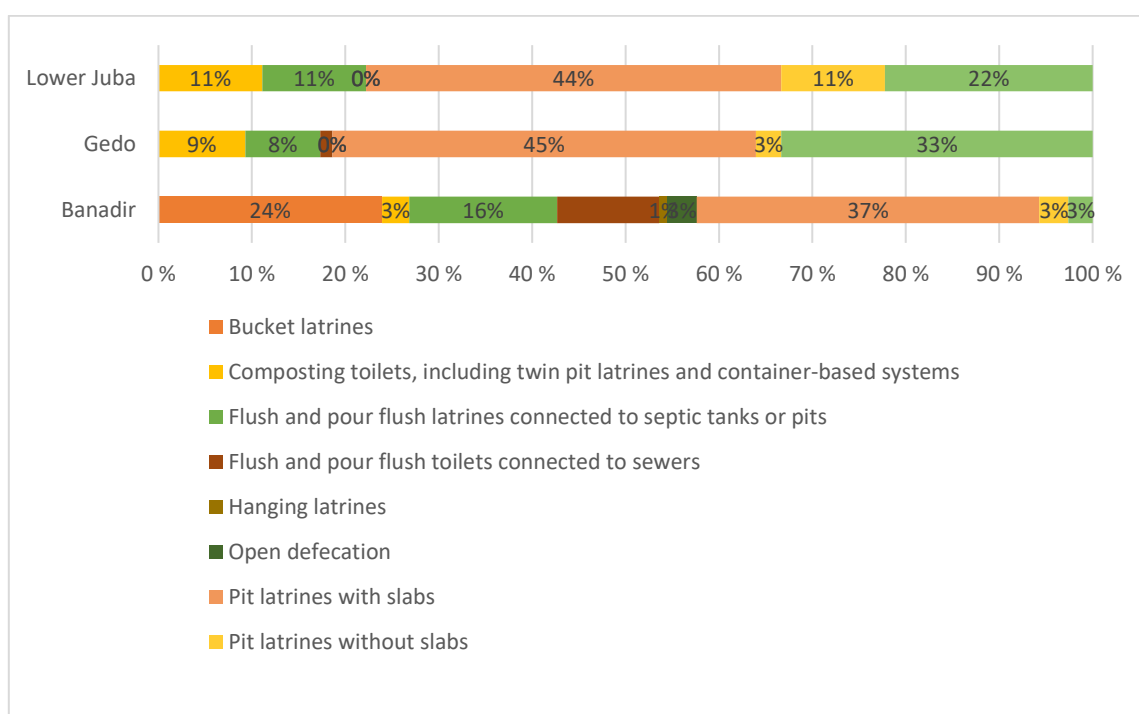
232. The programme has a potential negative impact by drawing children away from schools that do not receive JRP support. The MoE official in Lower Juba noted that the programme was limited to specific schools and left out some schools that could have benefited. A UNICEF staff member noted that the school feeding programme pulls children away from schools without feeding programmes. They cast doubt on the idea that the school feeding programme is successful in enrolling out-of-school children but believe that it is effective in supporting the retention of children in school.

233. CHW reports there is a "strong bonding linkage between the **health** center and the community (with) strengthened referral pathways from the community to the services update". They go on to report that whilst needing further support regarding medicine, as it is often not available at the health center, "the biggest issue people face is the inability to access the service if they lose their card". This aligns with the findings of the household survey, wherein more than one third of respondents expressed satisfaction with the referral mechanisms to other health and nutrition programmes (Figure 32).

234. Services at health centers, such as free medical care, medicines, nutrition supplements, and free delivery are described by CHWs as "valuable" and "previously unavailable". These services positively impacted the health and nutrition of mothers and young children and relieved the worry of finding money to pay for services. Banadir CHW reported "the JRP will have a positive impact on mothers and children's wellbeing physically and mentally because they will become healthy...will result in them pursuing other parts of life such as education, work and so on". Respondents also reported that "the society has now understood that boys and girls have the same role in health, education and career and general wellbeing. JRP has taken a very good role on this matter. Health workers management and CHW have been advocating for girls' right to education". However, CHWs were not aware of the preventive package of the programme, did not know their distinct role in the programme and mentioned that 'as a significant stakeholder they need to be included in the design and implementation.

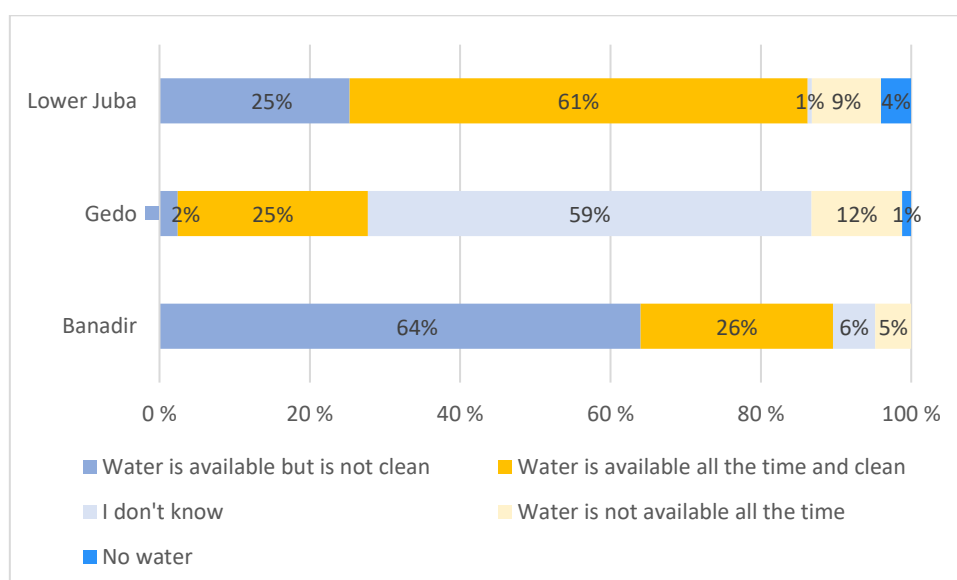
235. UNICEF staff report that with the **CLTS** approach it transforms how communities view sanitation at a personal and community level in turn having direct links with health and nutrition at the household level. Among the surveyed households, responses on open defecation (3%) and hanging latrines (1%) were only described in Banadir (Figure 36). Reference was made to the change in reported cholera outbreaks, something that was continuous in 2017 with regions endemic and yet up to 2023 there have not been any cases of cholera within the Gedo region, although there are not any cholera specific reports from communities beyond general improvements in health. However, according to the e-IDSR weekly epidemiological bulletins for 2023, there are several suspected cases being reported. There is also reported to be "improved capacity within the communities to manage the water systems...for example during droughts of 2020-22 we would see water supply more resilient, taking through the real severe droughts, some areas becoming centers of attraction for new populations" [UNICEF WASH]. In contrast the Banadir WASH committee SHC Daynile, and MoPIED suggested that there was no impact/long-term impact on WASH facilities.

Figure 36: What type of toilet do members of your household usually use?



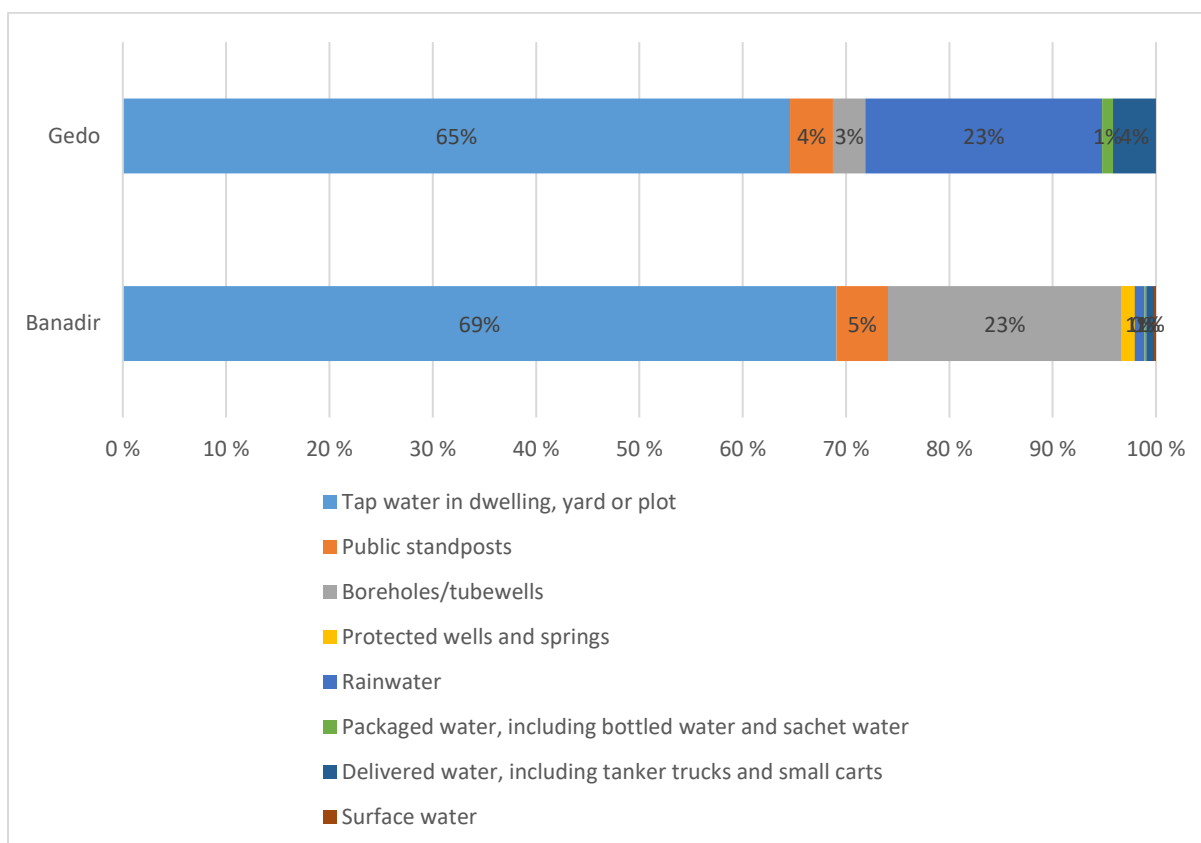
236. A CEC in Banadir noted that “WASH in schools (appropriate toilets, safe drinking water, menstrual hygiene facilities for girls, and awareness on handwashing with soap) had a strong positive impact”. Girls who attended MHM sessions said it tackled their very limited knowledge of menstruation, helped them practically manage menstruation, eliminated feelings of shame, and increased girls' confidence to attend school. The surveyed parents of school children report that water is available all the time and clean according to 26% in Banadir, 25% in Gedo and 61% in Lower Juba 61% (Figure 37).

Figure 37: Does your children have adequate drinking water provided by their school?



237. Majority of the Phase I respondents obtain their household drinking water from dwelling, yard or plot water tap (Gedo 65%, Banadir 69%, Figure 38). There were only single mentions of the use of surface water or packaged water. With no baseline data, it is not possible to compare to what extent WASH-related messaging has contributed to water use habits of the beneficiaries.

Figure 38: What is the main source of drinking water for members of your household?

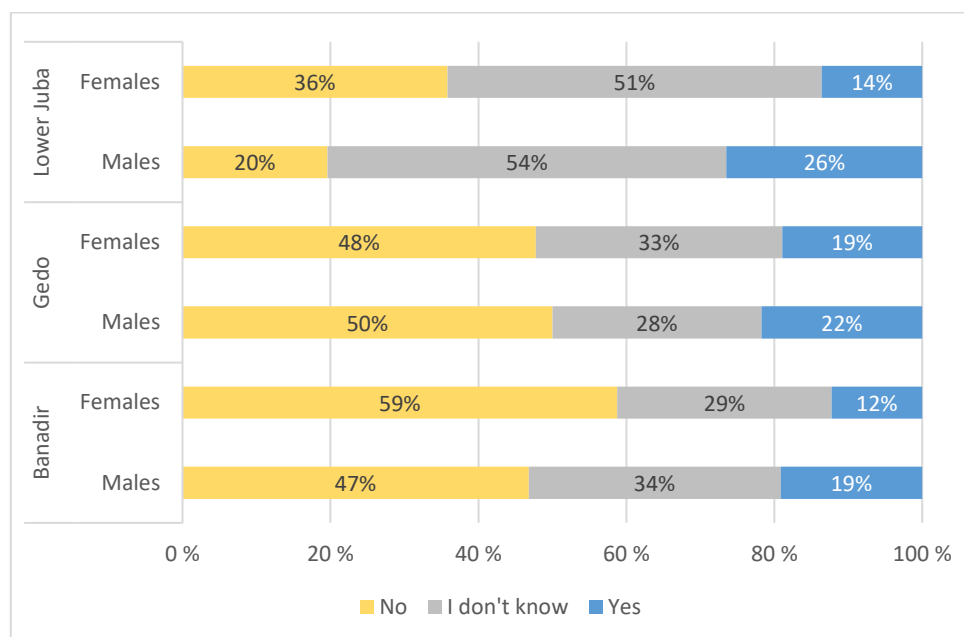


238. The results from the household survey show that there has been limited change observed by respondents in community power structures and decision making (Figure 39). However, across all three locations the proportion of men who perceive a change in community power structures is higher than for women. In Banadir 59% of female respondents said there had been no change. By inference this would mean that women are still not included in formal decision making. FGD respondents discuss similarly that the awareness of women's rights has increased but provide no examples of inclusion in decision-making.

239. Feedback from focus group discussions confirm there has been training for committees in various skills and the programme emphasized the need for including women in various committees. There appears to be variability in the role of women to influence these committees with some in Gedo confirming an equal role of men and women and shared decision-making responsibility. Women did make up a proportion of trainees for CECs but a minority proportion: leadership training for head teachers, deputies and CECs in 2022 indicate 74% males and 26% females, with a similar training in 2021 comprising 71% males and 29% females.

240. High turnover among CEC members was noted by a UNICEF staff member. Without more information it is difficult to assess the extent of real change. The findings tend to reinforce that community development and shifts in power dynamics is a long-term commitment and that change happens slowly and not always in a logical manner.

Figure 39: Have you witnessed any changes in the community power structures, decision making or governance in the past 5 years?



2.5.2. To what extent did the combined effect of the different components of the programme contribute to building resilience and developing human capital of target beneficiaries?

241. The data presented in the figure below indicates that a significant portion of respondents, approximately half, expressed confidence in their families' capacity to cope with future crises (Figure 40). This finding aligns with the insights gathered from KIIs, where respondents similarly conveyed a sense of preparedness and resilience within their families. Lower Juba respondents showcase the most gendered division among their responses with male respondents being more optimistic than female. When evaluating the beneficiaries' capacity to cope with future crises, responses differed across regions, with 56% of respondents from Lower Juba, 64% from Banadir, and 64% from Gedo expressing enhanced coping abilities in comparison to five years ago (Figure 41).

Figure 40: Our family is now better able to cope with future crises

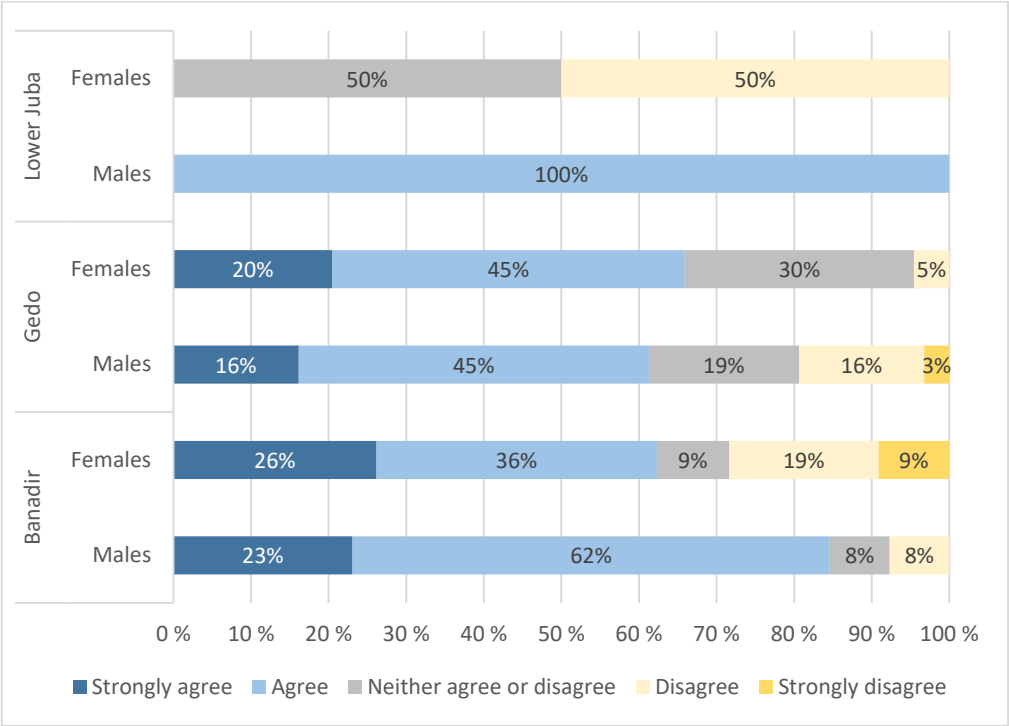


Figure 41: Our family is now better able to cope in a future crisis than it was 5 years ago

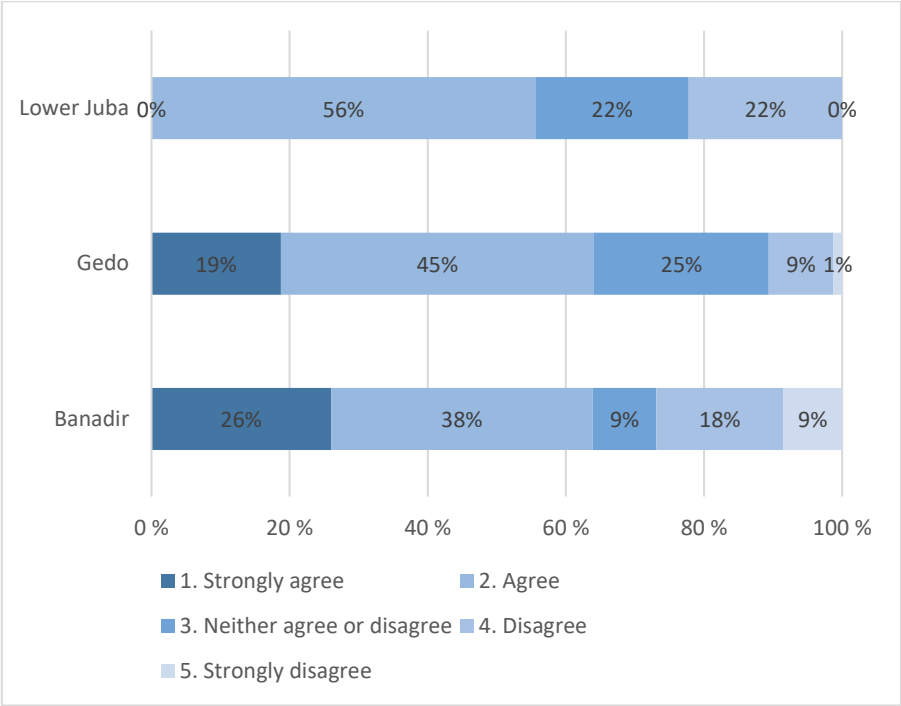
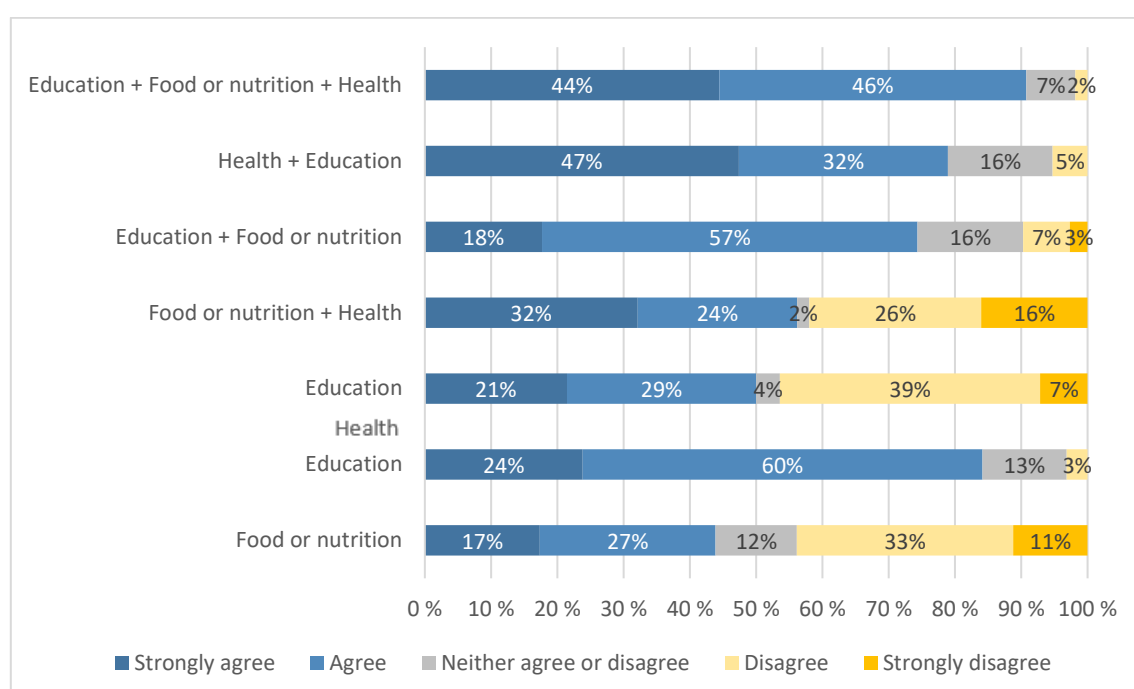


Figure 42: Our family is now better able to cope with future crises (in relation to assistance received)



242. **Per programme component, those respondents who received a combination of nutrition, education and health services rate highest their new ability to respond to future crises** (Figure 42). Those who benefited only from Phase I activities (nutrition and/or health) deem their capacity less than those when combined with education component activities.

243. UNICEF reported resilience is more significant in Banadir (Mogadishu & Kismayo) than in Gedo and in Lower Juba given the additional resources provided to make services stronger and people able to operate and maintain the services. They also stated that the resilience in Gedo has been negatively and heavily impacted on by climate change as compared to Banadir.

244. Data from MoE officials corroborates the finding that Banadir is more resilient than other locations, but school-level data suggest that communities are not resilient. The MoE official in Banadir believes that the combined effects of the programme played a significant role in developing the capacity of beneficiaries and building their resilience to respond to shocks and noted that conflict had decreased since the start of implementation. However, the same official also noted that although there were benefits during the programme, “everything went back to default” after it ended. Data from teachers and CECs in Banadir suggest that their communities are not resilient; one teacher stated that 90% of the students in their school are internally displaced, and many had stopped attending school since the feeding programme ceased. Of the two CECs who participated in FGDs in Banadir, one had never received training under JRP, and the other hadn’t received training in five years. They describe many ongoing challenges faced by their school, and the need for training. According to one CEC, “[we have] never been involved in identifying and prioritizing the needs of the school and developing effective work plans.”

245. MoE officials in Jubaland and Lower Juba state that the objective of building community resilience was not met because the programme was limited in scope and the period of implementation was short. One official stated “I don’t think the programme will address future shock events because the economic benefits were short term,” and suggested that the programme should be expanded for it to be successful in this regard. They also noted that some capacities were improved, including specific individuals, schools and the MoE; however, they note that there was not local ownership or capacity building or local authorities or wider communities, and this limited the impact on communities. There is a lack of school-level data from Jubaland and Lower Juba that would enable the evaluation team to further examine resilience in these locations.

246. The nutrition programme succeeded in tackling integrated malnutrition management in the communities through the provision of nutrition supplements and school feeding as expressed by the

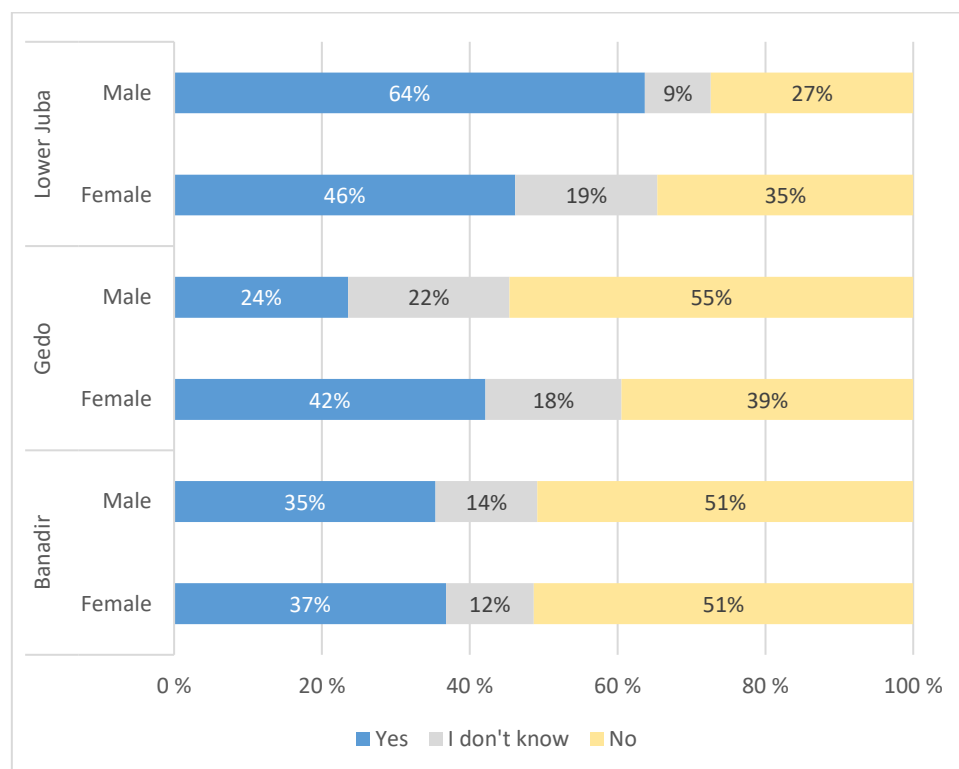
implementing agencies' nutrition-sector interviewees. As evidenced by the household data, over 80% of respondents across Phase I regions (Banadir 94%, Gedo 89%, Figure 13) reported that their children had access to and received malnutrition treatment at health facilities supported by NGOs through JRP funding. Furthermore, a significant majority, over 94% (Figure 14), emphasized that their children's conditions improved as a direct result of the services provided. These community views underscore the nutrition programme's impact. Recognizing there was no nutrition survey assessment conducted in the areas, thus exact rates cannot be determined.

247. The school feeding programme offered more than just meals to students; it also boosted local economies by purchasing food from nearby retailers and farmers, fostering strong cooperation with them. This represented a robust partnership between federal and state government ministries. The federal government was responsible for supporting the programme's design and planning, while state ministries managed its implementation, working closely with local authorities and the implementing partners.

248. Most respondents concurred that Phase II of the programme focused on accelerated **livelihood** programming, sustainable reconstruction, and development, has yielded positive outcomes. Key interventions included the provision of cash assistance and farm inputs to restore food production capacity, which significantly contributed to the overall success of the programme and facilitated sustainable recovery among communities impacted by crises. Another staff member highlighted the project's success in enhancing the long-term wellbeing of affected individuals through comprehensive social and economic development initiatives. The Gedo IP for the livelihood programme stated that the combined components of the JRP played a "significant role" in developing the capacity of beneficiaries and building their resilience to shocks. Whereby community benefitted integrated and completed designed activities from livelihood to the preventive and the curative services. The livelihood programme provided to the communities was described by an implementing partner as a crucial intervention to contribute to the social and economic development, human capital and resilience of the individual beneficiaries. According to the respondents, the livelihood interventions aided individuals in providing better conditions for their families, but their longer term or communal impacts cannot be estimated due to the remaining grave needs; The surveyed beneficiaries report high levels of unemployment and continued need for livelihoods and skills training.

249. The role of WASH in building resilience comes in with strengthening of WASHCOMs and the awareness and capacity of the communities and responsible institutions to maintain their facilities whether that is at household level, within schools and/or health care facilities. Added to this is the capacity and capability to being resilient to climate change – floods and droughts. Whilst communities through KIIs did not directly mention becoming more resilient, the survey respondents acknowledged albeit less than 50%, a positive change toward the various sectors including WASH by local authorities (Figure 43) suggesting an improvement in institutional commitment. In Gedo and Banadir, the female household survey respondents have witnessed more increase than males, possibly indicating a gender-sensitive change in these regions in women's only services. More broadly, 50% or more respondents in all three regions (Lower Juba, Gedo and Banadir) either strongly agree or agree that their family is now better able to cope with a future crisis than it was five years ago (Figure 41).

Figure 43: Have you witnessed any increased interest toward health, education, nutrition, and WASH by the local authorities?



250. Inquiring about the beneficiaries' perceived future migration patterns, there were some regional differences as to what impact the programme had on their willingness to remain in their areas. 86% of the survey respondents from Banadir estimated they would not move in the future, whereas those in Gedo and Lower Juba were at 50% and 33% respectively. These numbers could be connected to the level of support and environmental context, as also discussed by the key informants, Banadir received most support from the areas, whereas impacts of climate change are most prevalent in Gedo, and Lower Juba joined the programme only for Phase II. Yet, 53% of the respondents from Lower Juba consider that the programme has interrupted secondary displacement by providing support structures, e.g. infrastructure and improved governance (Figure 45). In Gedo 39% and Banadir's 28% agree with the same statement, possibly attesting to the importance and timeliness of the Phase II intervention for the community.

Figure 44: The support from the JRP means our family will stay in this location and are not likely to move in the future

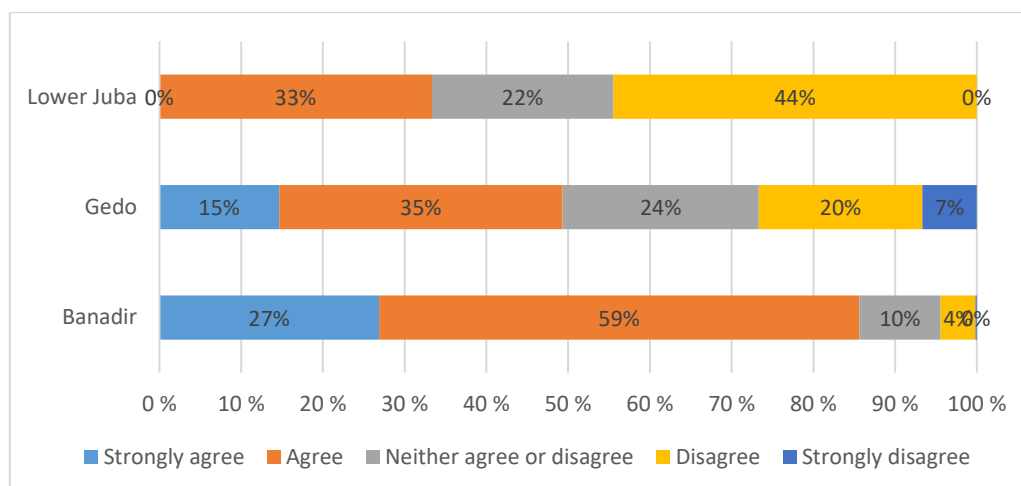
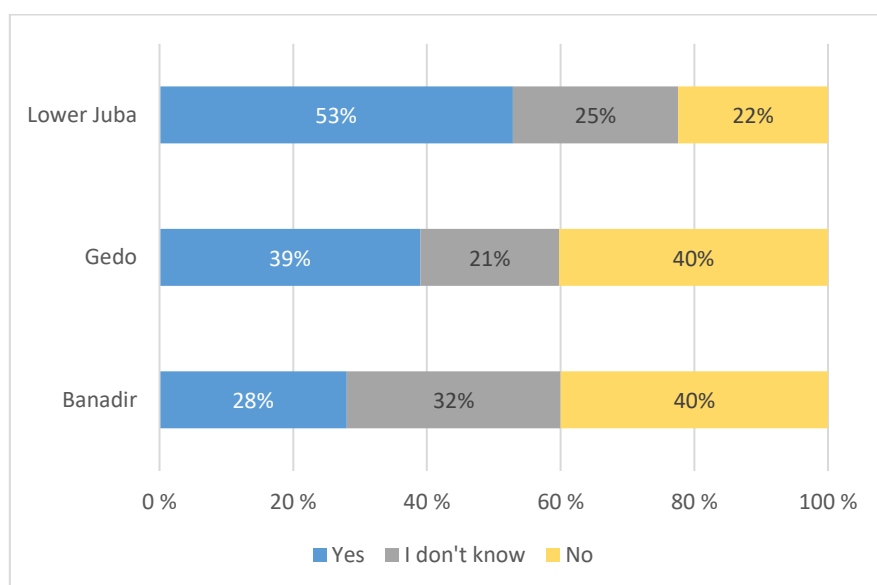


Figure 45: Has the joint resilience programme interrupted secondary displacement by providing longer term support such as infrastructure, improved governance?



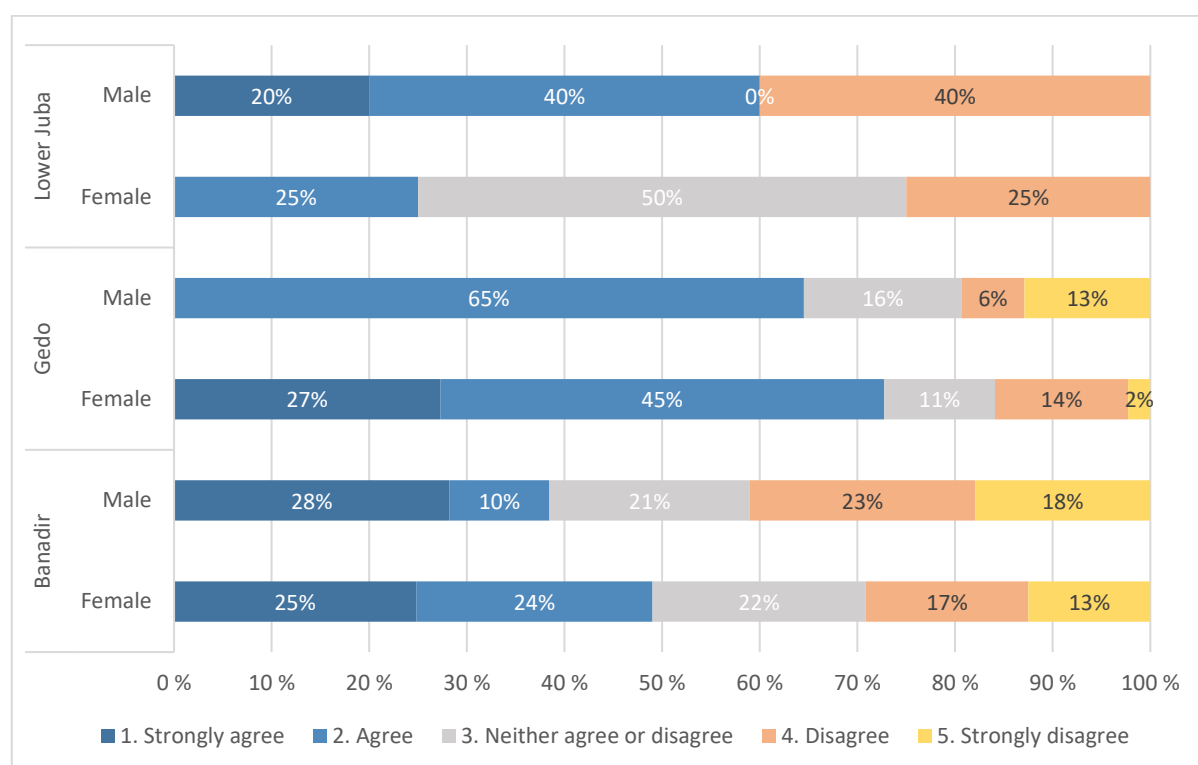
251. The programme's integrated support has been effective at helping people in many different parts of their lives and leading them to be better able to cope with shocks. The example below related by WFP staff (see Box 2) highlights how the programme's multiple scaffolded interventions help individuals and families (women and girls) to climb a ladder out of poverty and become more resilient. Had the woman in the example only received treatment for her malnourished child, and not the other programme interventions, her ability to cope with future droughts and economic shocks would be inadequate and her child would not have received the education support.

2.5.3. To what extent did the programme contribute to local conflict mitigation/resolution and possible peace outcomes?

252. There was widespread agreement (government, minority groups, implementation partners, WFP, and UNICEF) that the programme contributed to conflict reduction and social cohesion²⁴. An IP referred to a Programme Conflict Sensitivity Mainstreaming Strategy as providing valuable guidance to conflict sensitive programming, and risk management. This was further confirmed by the household survey respondents who saw that the communities' social cohesion has bettered from what it was 5 years ago (Figure 46). Most improvements have been witnessed by the Gedo respondents. Recognizing that Banadir has traditionally received the most assistance among the three regions, the programme impact might not have contributed on the communities as significantly as in Gedo which has received less (I)NGO support. The lesser impacts on social cohesion in Lower Juba can emerge from the fact that the region was only included during Phase II. This would also explain the lowest level of impact that was described by female respondents from Lower Juba, who did not benefit from the nutrition and health activities from Phase I.

²⁴ Shared sentiment of belonging, willingness to contribute to the community, decreased inter-group conflicts

Figure 46: Community social cohesion has bettered from what it was 5 years ago



253. Key stakeholders noted the importance of **WASH** services in maintaining stable, diverse, vibrant social and economic communities. For example, UNICEF staff believe that water has a strong emphasis in conflict prevention, particularly when decision-making for constructing water sources and drilling boreholes in arid environments such as in Somalia. Shallow water points can dry easily, and the specialists hope that more attention will be paid in the future toward climate resilient water supply systems. In addition, “WASH helps social cohesion because the availability of services means less people will be inclined to desert the communities and go somewhere else. So that means if different people can stay within the locality and contribute different activities, commercial, inputs or even different skills and it's a better community throughout”. Along similar lines, FGD respondents noted that improved water access positively impacts community members. They highlighted that better water access enhances the wellbeing of women and girls by reducing incidents associated with collecting water in the wild and increasing water accessibility for PwDs.

254. In some cases where the community households are without access to water, **schools** become a last resort for water supply thereby contributing to services stability and social cohesion. MoE officials in Jubaland and Banadir believe that the programme has reduced or mitigated conflict in the communities, but the MoE official in Lower Juba disagrees.

255. Both CECs in Banadir noted that the programme's end had a negative impact on their schools, including a decrease in enrolment. One of the CECs suggested that access to education mitigates children's participation in conflict and raised the concern that children who are not enrolled in school may become addicted to drugs or join terrorist groups such as al-Shabaab and ISIS. A UNICEF education staff member and a CEC FGD noted that the education sector is under-funded in Somalia and expressed the concerns that children without access to education are vulnerable to join armed groups.

256. Considering changes in power structures, decision making and governance in their communities, the surveyed beneficiaries, on average 51% report not having witnessed any changes, with 34% not sure and 15% having seen a change. The respondents are under the impression that the communities are most in need of financial assistance in order to maintain similar services started by the JRP.

257. The data in Figure 44 corroborates the findings as reported within previous sections, that Banadir is considered to be the most resilient given almost 60% of the respondents reporting their family would stay in

the location and be unlikely to move in the future. This is despite some reported concerns about the programme ending having a negative impact on enrolment in schools. The respondents from Lower Juba and Gedo are the converse with 50% or more indicating that they would likely move in the future.

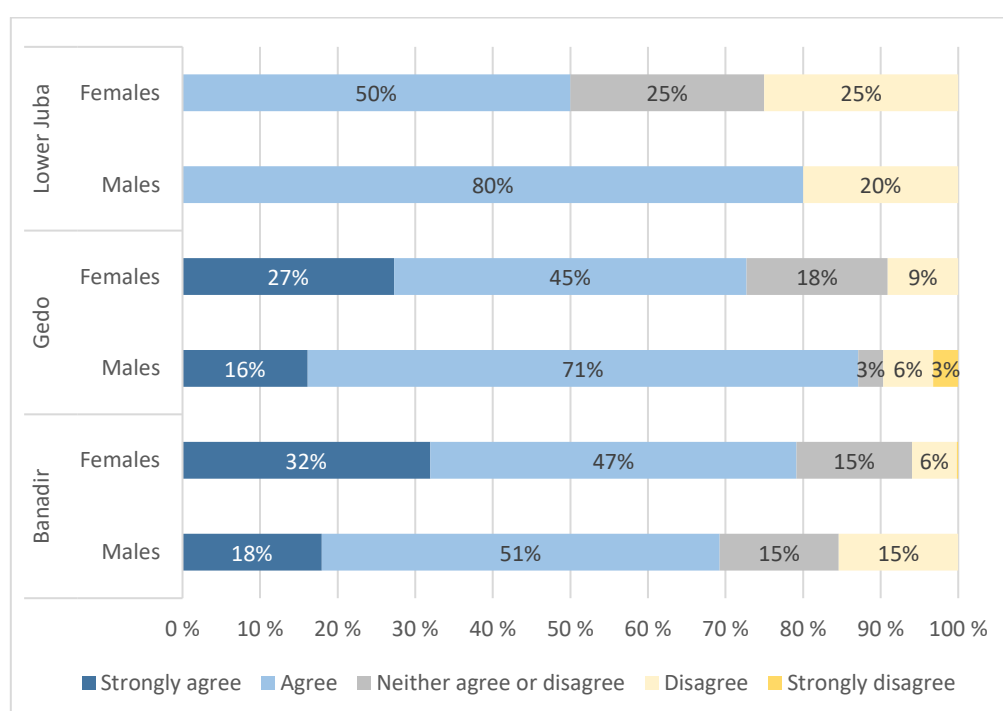
2.5.4 To what extent did the programme improve gender equality and empower women and girls?

258. The programme is strategically designed to embark on a more sustained and integrated approach to development efforts. This involves fostering linkages across various sectors, including livelihoods, drought-risk management, human capital development, infrastructure enhancement, peace and security, and institutional development. Notably, previous initiatives such as the implementation of food/cash voucher activities at the district level have targeted women in order to directly support household and children's needs for food and other basic items, notwithstanding the diversion of some cash transfers by middlemen.

259. A shift in attitudes around gender roles and equal education for girls is apparent. FGD respondents from Banadir's Waberi and Wardhigley described "Generally, society has now understood that boys and girls have the same role in terms of education and career. JRP has played a very good role on this matter. Teachers, school management and CEC have been advocating girls' rights of education". "The programme has had a positive impact on the understanding of gender equality. Nowadays, boys and girls receive equal education. In the past, female genital mutilation was a common practice, but now is being eliminated. Women and girls have more freedom to make decisions regarding their health, education, and overall wellbeing."

260. Similar sentiments are shared by the surveyed households where, starting at 50%, the respondents agree across the regions that women and girls are able to make their own decisions about their health and wellbeing as a result of JRP (Figure 48). In Gedo and Lower Juba male respondents were more positive about the programme outcomes than women.

Figure 47: As a result of this program, women and girls are able to make their own decisions about their health and wellbeing



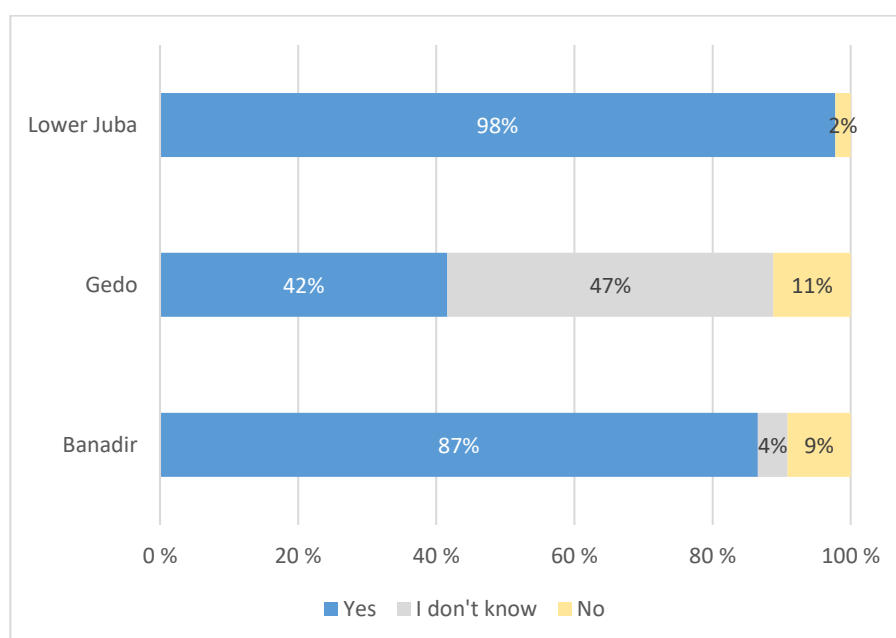
261. The programme made conscious efforts to improve gender equality and empower women. Initiatives included ensuring financial incentives were directed to women, encouraging women to participate

in CECs and CDCs, gender awareness training, targeting girls for improved education outcomes, MHM awareness, and a sexual exploitation and abuse hotline. MHM FGD participants explained: "The programme improved the understanding of the gender equality between men and women although there is a discrimination against women in society whether its gender roles or denial of resources or education." While women's participation and inclusion have become more mainstreamed part of the JRP components, women's inclusion in decision making in these structures has not been confirmed.

262. At Gedo's Camp Jiroon it was noted that both men and women in the **WASH** committee equally manage the programme. Women's representation on community structures is 50% in some cases, however their specific contribution to decision making within these community structures is unknown.

263. Steps have been taken to ensure girls' retention in schools through providing gender-sensitive facilities. According to the surveyed parents, the school toilets have been largely gender separated (81%, figure 48) but menstrual hygiene products are provided to a varying extent, least in Gedo at 4%, and to larger extents in Banadir 38% and Lower Juba 27% (Figure 23). According to the household respondents, the least gender-separated school toilets are in Gedo (11%, figure 48).

Figure 48: Are the school toilets gender separated?



264. **Multiple stakeholders noted that more value has been placed on girls' education because of the programme and that school enrolment has improved for girls.** There are reports of a gender balance in JRP-supported schools, even in grades seven and eight, where the number of girls often declines. **The programme has contributed to improved gender equality and empowered women and girls to make decisions about their health and well-being.** Advocacy efforts have also raised awareness of the importance of equal educational opportunities for both girls and boys. However, in some areas, gender equality has not been effectively addressed, and there remains resistance to such programming within certain communities. UNICEF staff also reported that there is now a gender balance among students in JRP-supported schools, even in grades seven and eight, a level at which the number of girls often dwindles. However, this could not be confirmed due to missing school-level data on enrolled students. Most of the schools visited during this evaluation had more boys enrolled than girls. There was one boys' school and one girls' school; among the others, on average girls made up 44.6% of the student body, on average, at the start of the 2022/23 school year. This trend holds in each region visited; excluding the boys' and girls' schools, the average percentage of the student body who are girls was 44.3% in Banadir, 45.8% in Jubaland, and 43.6% in Lower Juba. However, these percentages could reflect gender trends in the population. Among the households surveyed, 45.8% of the 1,090 children are girls and the rate of school enrolment of boys (88%) is only slightly higher than that of girls (86%) (Figure 22).

2.6. SUSTAINABILITY

EQ.6: To what extent are programme results sustainable?

Key findings:

EQ6.1 Due to staff turnover and community migration, the local ownership and learning improved temporarily, but stagnated and was lost among the local partners and government staff.

EQ6.1 The Somali government has begun to prioritize education with new policies, but having the public sector provide similar interventions without support is not currently feasible.

EQ6.1 The existing community groups, CECs and WASH committees have obtained a level of autonomy beyond the programme and play an important role in the communities. Yet, less than one third of beneficiaries are aware of the groups' existence.

EQ6.2 Some of the WASH facilities were built using a community participatory approach, that evidently created ownership of the facilities. Regrettably, the quality of these facilities is low, impacting their sustainability. Furthermore, some of the waterpoints are no longer operational, and conducting repairs and purchasing spare parts remain out of the communities' reach.

EQ6.2 The livelihood initiatives have offered various asset creation activities, increased their skillset and provided some income that is likely to continue beyond the programme duration.

EQ6.2 The JRP school feeding programme has translated to national policy with pending funding, showcasing possible longer-term results beyond the programme duration.

EQ6.2 While the programme integrated the gender-dimension greatly in its design, due to varying accounts to its impact, its sustainability cannot be confirmed. Wide inclusion of girls in the education component, women in livelihoods and in community groups, are likely to contribute to wellbeing and more opportunities for women and girls on individual levels.

2.6.1. To what extent did programme design and implementation support transition planning and sustainability, such as capacity-building, empowerment and handover to national and local government institutions, community structures, local actors, and other partners?

265. MoPIED resorts "the programme has neither promoted nor advanced owner and leadership". Whereas UNICEF staff report, "national actors are more equipped to take up similar programmes in the future" with UNICEF SBC stating that they "give capacity building to government counterparts as the real owners of the social communication". UNICEF WASH also reported that in terms of coordination of activities was largely through CECs and is a "key body in the schools to have the capacity enhanced...they are able to monitor all that is happening in their respective schools so that they have a wider picture of the needs in the school". However, the high turnover of government staff is recognized as a constraining factor, in that "even if they were well trained, the benefits will have been lost because these people have moved on to other ministries".

266. A Lower Juba official states that the capacities of certain individuals and institutions, including schools, were improved by the programme. The official stated that the experience was invaluable for the ministry, and the HR capacity of the MoE was improved by the programme, although its capacity was reduced again after the conclusion of the programme due to the stoppage of funding. They do not believe that the benefits of the MoE will be sustainable over the long term. They also do not believe that there was local ownership of the programme or capacity building for local authorities, and it is their opinion that the local authorities and wider communities have not been very impacted by the programme. The official from Banadir states that the capacity of communities and local authorities were temporarily improved by JRP, and that

everything 'went back to default' after the end of the programme. A UNICEF staff member also noted that they believe it is too early to determine whether government capacity has been improved.

267. With community development and ownership in mind, the JRP has delivered training aimed at building the capacity of local organizations. This support has been valued highly by an implementing partner: "Training Community Development Committees, CHWs, caregivers, PBWGs, IYCF counsellors all amount to capacity building of a large portion of the community targeted. This was an important component of the programme." This has led to an improvement in women's decision-making regarding their health and wellbeing (Figure 47).

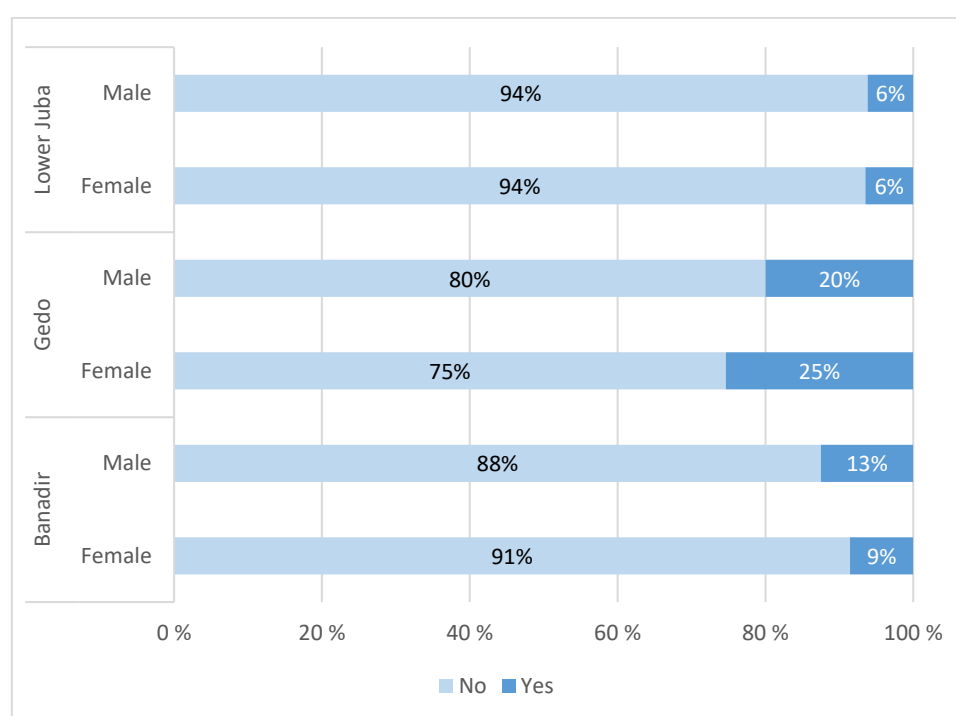
268. **The programme has played a crucial role in facilitating the establishment of local policies and building capacities for school feeding initiatives.** However, the current reality suggests that the government lacks the necessary resources to independently sustain school feeding programmes without international support. Multiple UNICEF staff members described a notable shift in the Somali government's prioritization of education, evidenced by the implementation of new policies aimed at increasing school enrolment and retention. This includes the introduction of a national school feeding policy and the establishment of a dedicated school feeding unit within the MoE. While progress is evident, the national school feeding programme is still in its developmental stages, with the government now taking the lead in most states, supported by organizations like WFP. Collaborative efforts involving the MoE, Ministry of Agriculture and Irrigation, and Ministry of Finance are underway to establish synergies between schools, farmers, and local producers, aimed at enhancing the sustainability of school feeding programmes. The current National Education Policy of Somalia is from 2020, but the 2023 Federal Government approved Children's Rights Act and Disability Act pave the way for institutionalizing children's rights in the country. The current NDP-9 (2021-2024) also identifies education as a priority and highlights the need for a national education strategy for the delivery of better education results.²⁵

269. They noted that the JRP has established infrastructure and systems for feeding within schools, so that when funding becomes available it can easily be provided again. Despite these positive strides, financing remains a significant challenge for the government. Limited budget allocations, coupled with competing priorities such as national security, hinder the implementation of comprehensive school feeding programmes. To address this challenge, suggestions have been made to explore public-private partnerships to leverage domestic funding for school feeding initiatives, although concrete actions in this regard have yet to be initiated.

270. Only a minority of respondents have received **nutrition or health-related SBCC** which can impede in the sustainability of the nutrition and health impacts sustaining longer term. Messaging was received most in Gedo at 24%. In Gedo 25% of the female respondents had partaken in SBCC sessions, where in Lower Juba male and female respondents were equally likely to have received said messaging (Figure 49). In Banadir, male respondents had accessed the training more than their female community members. Those who participated in the sessions described the topics to include advantages of breastfeeding, importance of hygiene and sanitation, malaria prevention, and importance of immunization.

²⁵ MPIED, 2020. Somalia National Development Plan 2020 to 2024: The Path to a Just, Stable and Prosperous Somalia.

Figure 49: Did you attend any nutrition/health education sessions?



271. Key stakeholders described UNICEF's strategy of **education** programme implementation through local implementing partners, including a performance management system that aims to improve their capacities. Partners receive guidelines and tools, initial training at the start of the programme, and ongoing training and technical support throughout implementation. The training topics include quality education, data management, accountability, and finance.

272. UNICEF Education team members describe **CECs as playing a crucial role in the school community, especially because they continue to support school management while other support may collapse**. They suggest that the main strength and benefit of CECs currently is social mobilization and awareness-raising campaigns to enroll children in school, and that they also take note of the school's needs throughout the school year. Furthermore, the CECs play a special role beyond the programme as their link and recognition by the government. They stated that some training has been provided to CECs, including on social mobilization, enrolment, school conflict resolution, and management. However, they also note that more training has been requested by the CECs themselves, and that the MoE has also requested more training for CECs, including on utilization of capitation grants and how to best support schools. A UNICEF staff member also suggested that CECs would benefit from training on child protection, referral mechanisms, PSEA, and school-based planning. The CECs who participated in FGDs continue to meet, albeit infrequently, despite the ceasing of the programme in their schools. They do continue to provide monitoring and support for the schools, such as by repairing WASH facilities. However, one of the CECs noted that they have not received training, and stated that they urgently need training.

273. There is evidence that the CECs and head teachers received training on leadership and advocacy for child enrolments, inclusion of vulnerable children in education, gender equality and child protection (including prevention of GBV, FGM, and early marriage). This training was appropriate for CECs and built capacity, however the extent to which the training reached all CECs, and every member of each CEC is not clear from training records. One CEC indicated they had not received this training and was very keen to have it. It is not clear how new CEC members will be upskilled. The needs of CWDs and accessible WASH were not covered in the training, according to the training reports. One CEC in Banadir was confident it had the skills and knowledge to continue to advocate for girl child enrolments and school attendance and continue to address other barriers to girls' education.

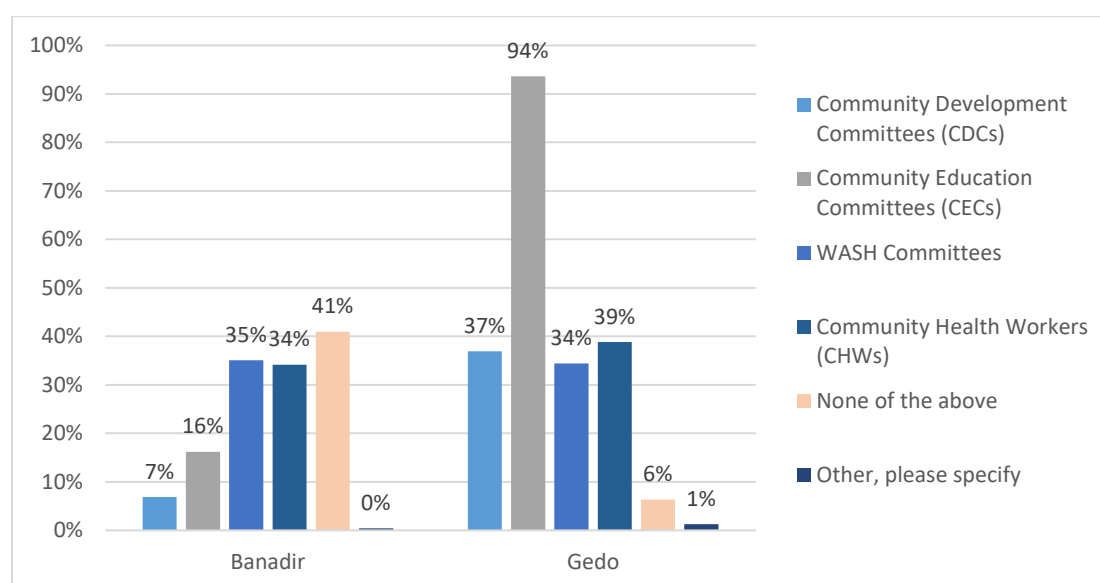
274. For **health**, the views of respondents are mixed with some members of Banadir CHW in Wardhigley district identified that the people don't have enough money for healthcare, the country is experiencing

drought, people are receiving free health care, and therefore, if the organization leaves, everything will shut down and cause problems for the people. On the other hand, one respondent from the same CHW states that “based on the fact that most people understand everything, I think we will move forward and not regress”.

275. In terms of responses from WASHCOMs, Gedo Garbaharay reported that the sanitation campaigns would continue, and the constructed and rehabilitated latrines will remain as a result of community ownership and the WASH committee with small defects being repaired using the collected fee. However, they also acknowledge that if ‘big damage’ is to come then the service will stop. In Banadir Yaqshid, CHWs suggests that the programme will be sustainable as long as continues as designed and includes control and regular evaluation.

276. Community groups and governance were strengthened as a part of Phase I activities. The extent to which community groups can influence their communities is uncertain. The household survey found that there was little familiarity with the various community structures which emphasizes their lack of integration as still new actors within the communities (Figure 50). There were some regional differences where the Gedo respondents were more acquainted with the community groups than their Banadir equivalents. Among those who were aware of the groups, CECs were significantly the most well-known group in Gedo at 94%, with CHWs coming second at only 39%. In Banadir the most well-known group was the WASH committees at 35%, with CHWs coming second at only 34%. The MTR indicated that CDCs were highly appreciated by the beneficiaries, but the evaluation could not confirm widespread knowledge of their functions among the surveyed beneficiaries.

Figure 50: What existing community structures are you familiar with?



2.6.2. To what extent is it likely that the programme's results and the benefits of the intervention will continue after WFP and UNICEF work ceases?

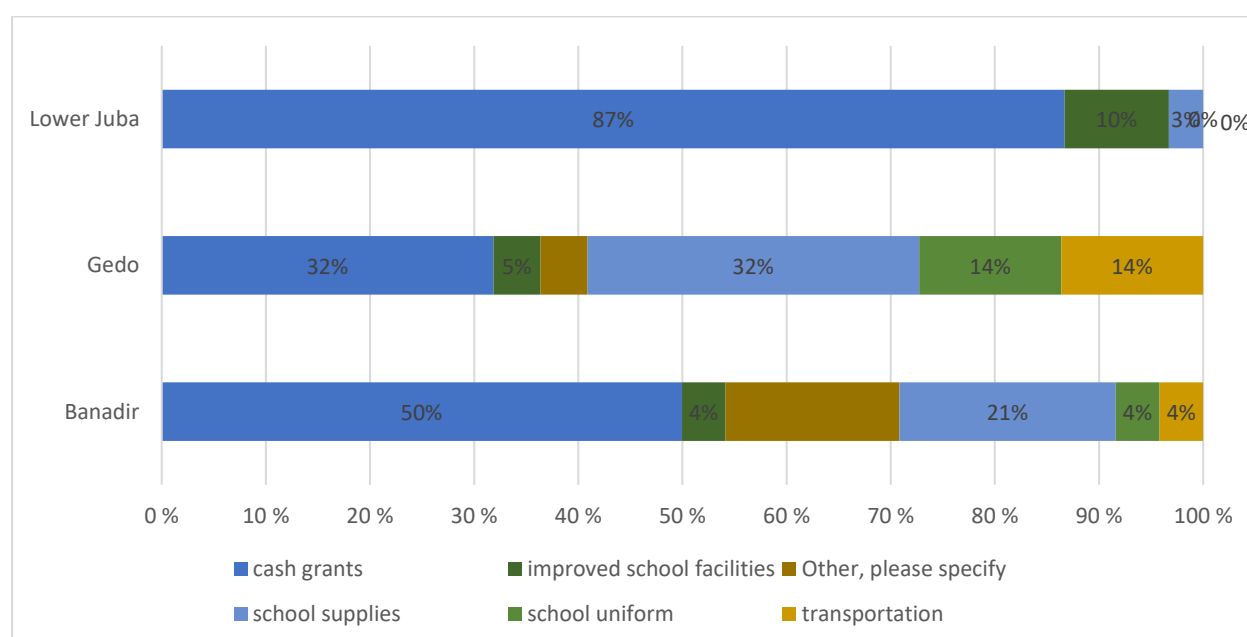
277. **Inadequate funding for the education sector makes it unlikely that education access can be sustained at the same level once JRP support ceases.** While MoE officials in Jubaland and Lower Juba believe the program's results are sustainable, the official from Banadir disagrees, stating that the program has already ended, and as a result, schools no longer have food or hygiene supplies. Without continued support from the government and international actors, there is a risk that the financial burden will shift to impoverished schools and communities. Two teachers in Banadir confirmed they still receive salaries from the government, but a teacher in Camp Ajuuraan reported that their school's teachers only receive incentives from the community and school funds, highlighting serious concerns about salary sustainability.

278. It is possible that improving community conditions and self-reliance will have an impact on **education** after the programme ceases. UNICEF staff describe certain educational inputs that they believe should continue to have a positive impact on schools and communities after the programme, such as physical improvements to the school structures and capitation grants. One education staff member stated that the schools will likely continue to function after JRP ceases based on this support. They note that this support makes the results more sustainable than other education programmes implemented by UNICEF, such as temporary learning spaces, which only function with international support.

279. UNICEF staff members described the capitation grants as successful in improving the self-reliance of schools. According to them, the school management and CECs have been able to utilize the capitation grants based on their school development plans. The schools now conduct income-generating activities which cover some of their day-to-day needs of the school, and they maintain bank savings. This cannot be verified by the evaluation team because no relevant input on capitation grants has been obtained from community stakeholders such as teachers or CECs.

280. The household survey respondents identified various forms of support needed to enroll their unenrolled children in school, which can also indicate the support required to keep other children enrolled (Figure 51). In Banadir, 50% of the support needed pertained to school-related materials, facilities, and access, compared to 68% in Gedo, with the remaining being cash assistance. In turn, in Lower Juba, cash assistance was deemed the most suitable form of support at 87%. Higher levels of need for cash assistance could indicate the children's participation in labor or need for increased school meal or nutrition-related support not included in the survey. Most unenrolled children were reported in Gedo, with 14% girls and 18% boys (Figure 22).

Figure 51: What support would help your unenrolled children the most to be able to enroll in school?



281. Agency staff and Gedo MoE respondents have witnessed that water points in school grounds increase enrolment and retention, seeing opportunities in having the practice further mainstreamed for communities' social cohesion and development in the longer term.

282. UNICEF **WASH** staff voiced some concerns that the quality of construction of WASH facilities where community participatory approach was used contributed to low sustainability of the facilities. The risk was these facilities would deteriorate quickly and fall into disuse. WFP noted that some water points were already not operational and there was low ability of communities and schools to make repairs. A package of works contracted to a construction firm was considered to produce better quality and sustainable WASH services at scale. This approach would also enhance consistency of design standards and inclusion of gender and disability features.

283. The first two Phases did now include geophysical or hydrogeological surveys. These were conducted for Phase 3 and are likely to contribute positively through a solid starting point based on water sources, aiming to provide equal access within the intervention areas.

284. To ensure sustainability of WASH services requires a few different aspects to be in place, not least an appropriately resourced system of O&M. At the time of the JRP, according to the SWA (2021), the WASH actors in Somalia were still “suffering from major gaps of human resource, management systems and accountability”. The IMWSC²⁶ still lacked legitimacy to govern and coordinate, with most WASH activities being donor funded, reporting to donors and mostly using the required donor guidelines. The fragility of the system is reported by the various stakeholders, for example CHWs (Wardhigley and Yaqshid) state that the benefits of the JRP interventions, once the WFP and UNICEF work ceases, will not continue for long albeit the government should continue.

285. Banadir WASH Committee from Abdiaziz reported that “the programme will be sustainable if it is implemented as it has been designed with continuity, control and regular evaluation”. However, they also reported that “if (the) WASH programme stops, school will become a place which is not suitable for studying”, reducing the likelihood of continuation of education and be led into other activities such as “addicted to drugs and some others may join terrorist groups such as Al-Shabaab and ISIS”.

286. KIIs with partners have revealed that protection and gender issues have been effectively integrated into the beneficiary selection process within the target communities. This integration entails ensuring support and protection for gender considerations within the livelihood programme’s food-for-assets interventions, along with enhancing women’s access to technology to facilitate cash transfers for food production, access, and protection. Several government counterparts reported that the programme improved understanding of populations to GBV through training. A CHW noted that the programme influenced gender equality and attitudes, noting that in the past FGM was a common practice but had been eliminated. A MoE representative summarized that the programme had increased community resilience to tackle GBV and discuss gender-related matters more openly. However, a MoE official from Lower Juba expressed that protection and gender issues were not the focus of the programme and not much was done in this area.

287. Partners have also identified various asset-creation initiatives, such as utilizing runoff water, constructing or rehabilitating shallow wells, water pans, and dams, and building or repairing small irrigation schemes and terraces to prevent soil erosion. These initiatives also include repairing feeder roads, establishing tree nurseries, and managing invasive plant species. Through active community engagement and participation, individuals receive food or cash in exchange for their work, while simultaneously constructing durable assets that strengthen resilience against future shocks. The primary aim of the Joint Drought Operation is to invest in resilience-building measures that not only provide more sustainable solutions to hunger but also reduce the risks associated with droughts, ultimately helping to break the cycle of vulnerability in drought-prone areas.

288. Phase 3 of the JRP seeks to integrate more environmentally sustainable practices. A UNICEF representative mentioned that incorporating climate and environmental themes at earlier stages could have been beneficial, as it would have allowed for a more significant positive impact on the environment for longer term effects.

²⁶ Established in 2015 by the Federal Government of Somalia, chaired by the Ministry of Energy and Water Resource (MoEWR) and with membership of the Ministry of Health, MoEWR, Ministry of Education, Ministry of Public Works, Ministry of Planning and UNICEF.

3. Conclusions and recommendations

289. WFP, UNICEF and their IPs have been implementing the JRP Phase I & Phase II, adapting to contextual changes without undermining the quality of the activities. The following conclusions have been derived from the evaluation findings.

3.1. CONCLUSIONS

CL.1. The program demonstrated high relevance to the context in Somalia and effectively addressed the needs of its beneficiaries. However, it primarily focused on immediate relief measures, with limited emphasis on long-term poverty prevention strategies. Transitioning from humanitarian response to development programming posed challenges due to the extensive multi-sectoral needs and limited national capacities.

CL.2. The program was well-aligned with ongoing relief, recovery, and development initiatives, fostering active collaboration and visibility among WFP, UNICEF, and government partners. Although bureaucratic hurdles and staff turnover hindered coordination, these partnerships laid a strong foundation for future relief efforts, with rehabilitated sites and active community groups likely to attract additional donors.

CL.3. Integration efforts among partners were particularly evident, especially within the nutrition program, where systematic patient treatment and joint social behavior change messaging played a key role. A notable example of collaboration was between the nutrition and education sectors in school meal planning, which demonstrated effective knowledge exchange and resource utilization.

CL.4. The programme's efficiency was mixed, with strong funding utilization by partners and effective collaborative monitoring mechanisms between UNICEF and the Ministry of Education (MoE) ensuring proper resource allocation and oversight of education program quality. However, concerns were raised about certain aspects of program quality, such as latrine rehabilitation, and coverage issues, including decreased school attendance after support ended.

CL.6. Several challenges impacted service delivery, including interruptions for registered beneficiaries, requests for cash assistance to be returned, and service denial for WFP cardholders. Instances of underspending due to disagreements over fund utilization highlight the need for stronger planning and resource management. Additionally, staff turnover, rest cycles, and rotation policies affected program delivery, with concerns raised about the allocation of budget review responsibilities and the absence of multi-sector coordinators at the federal member state level.

CL.7. Procurement delays significantly hindered programme implementation, and several stakeholders raised concerns about the influence of political factors on aid distribution, particularly in social policy and cash transfer programs, which complicated interactions with government officials. Agency staff also observed instances where programme components seemed to be directed toward communities with greater influence, rather than those most in need, during the site selection process.

CL.8. The programme has delivered essential lifesaving services to communities, but its long-term impact remains uncertain. The collaborative, multi-sectoral, and multi-year approach has been key in providing communities with a sense of stability throughout the programme's duration.

CL.9. The sustainability of programme outcomes after WFP and UNICEF support ends remains uncertain, with gaps in assistance from the government and international actors posing a potential financial burden on impoverished communities. Efforts to enhance government capacity for long-term impact are hindered by staff turnover and limited post-programme learning. While UNICEF and WFP staff are optimistic

about the skills of national actors, government officials expressed concerns regarding programme ownership and community inclusion.

CL.10. Some programme infrastructures, such as water points, have become non-functional over time, creating a challenge in sustaining the programme's benefits after its conclusion. Community groups, often lacking adequate resources, struggle to maintain the progress achieved in addressing malnutrition and securing access to clean water and sanitation facilities.

CL.11. The program places a strong emphasis on prioritizing women's participation in management and resource allocation processes. Additionally, it actively promotes sustainable solutions by developing community-driven assets focused on improving food security and resilience. By fostering local ownership and empowerment, these initiatives lay the foundation for long-term positive change within communities.

CL.12. Gender played an essential role in the program's design, but its integration during implementation could have been stronger to ensure more lasting impacts. Government and community group respondents raised concerns, suggesting that greater emphasis on gender could have been applied, along with increased community awareness and training to strengthen resilience against gender-based risks and GBV. A Banadir MoE official noted that discussions around gender issues have become easier, partly due to the JRP, while an MoE official from Lower Juba felt that the community might not have been as receptive to more gender-focused interventions.

CL.13. The programme included livelihood training specifically targeted at women and engaged them in various community initiatives to different degrees. Livelihood implementing partners reported that all genders and clans had equal access to their assistance, with minority clans and women being given an "equal chance" rather than being prioritized as beneficiaries.

CL.14. Key informants highlighted that access to water presents significant opportunities for conflict prevention, noting that the construction of water sources and boreholes, while sensitive, has had a positive impact on surrounding communities. Programme participants view improved water access as a means to enhance women's well-being and strengthen the role of persons with disabilities within the community.

CL.15. Partners have implemented various asset-creation initiatives that integrate environmental sustainability, rehabilitation, and livelihood support. These include harnessing runoff water, constructing or rehabilitating shallow wells, water pans, and dams, building or repairing small irrigation schemes and terraces to prevent soil erosion, repairing feeder roads, establishing tree nurseries, and addressing invasive plant species. These efforts are considered highly relevant for addressing Somalia's arid environment and the growing impacts of climate change in the country.

CL.16. Regional differences were evident in the program's impact on beneficiaries' future migration plans. In Banadir, 86% of respondents reported being unlikely to move, compared to 50% in Gedo and 33% in Lower Juba. These differences may be attributed to the varying levels of support and environmental challenges, with Banadir receiving the most assistance, Gedo experiencing significant climate-related issues, and Lower Juba joining the programme only in Phase II. Despite this, 53% of Lower Juba respondents believe the program helped prevent secondary displacement through infrastructure and governance support, with 39% in Gedo and 28% in Banadir expressing the same view.

3.2. RECOMMENDATIONS

290. The six following recommendations are directly derived from the conclusions based on the evaluation findings. They are presented in order of importance based on the Evaluation Team's judgement. These recommendations are mostly operational, and a few only are strategic. After a first draft of this report, a stakeholder workshop served to review and validate these recommendations. As the WFP and UNICEF CO are applying for further funding with BMZ/KfW, the Evaluation Team has phrased its recommendations in the expectation that a new Phase will be implemented from August 2024 onwards. The deadlines for recommendations have been proposed in this regard.

	Recommendation / Sub-recommendation	Type	Responsibility (and contributing entity if needed)	Priority: High / Medium	By when
	Recommendation I. WFP and UNICEF should reinforce and align monitoring and quality control of services carried out by the agencies, IPs, community groups and government stakeholders.				
I	Sub-recommendation 1.1: WFP and UNICEF should align and integrate monitoring structures for the sake of harmonizing practices, counting of beneficiaries, standards, and means of verification.	Operational	WFP / UNICEF CO (Monitoring and Evaluation Units)	High	September 2024
	Recommendation II. WFP and UNICEF should provide children with disabilities with more meaningful and tailored support as part of the education component and promote access and increase attention to disability inclusion for WASH in schools and healthcare facilities.				
	Sub-recommendation 2.1: Advocacy and awareness campaigns, along with the training of CECs and CDCs, can encourage the enrollment of children with disabilities (CwD) and ensure they receive proper care and support in school. The success of advocacy efforts around girls' education suggests that similar strategies could be effectively applied to promote the inclusion of CwD.	Operational	UNICEF CO (Education Unit)	High	October 2024
II	Sub-recommendation 2.2: Children with learning, hearing or vision disabilities can be provided with meaningful opportunities to learn. Additional programmatic components should be explored for addressing this, such as adapted learning materials, assistive devices, teacher training on topics such as universal design for learning (UDL) or extra academic support for children.	Operational	UNICEF CO (Education Unit)	High	October 2024
	Sub-recommendation 2.3: Accessibility to schools should be ensured for children with physical disabilities by applying disability design principles. Standards for	Operational	UNICEF CO (Education Unit)	High	August 2024

	school infrastructure should be adhered to, and any new infrastructure added to the school should ensure accessibility. Transportation means for children with disabilities to reach the school may also be considered by the programme.				
III	Recommendation III. WFP and UNICEF should improve targeting of beneficiaries by conducting analysis of different vulnerable groups, conducting needs assessments, and developing selection criteria that specifically target the most vulnerable, including minorities. Additionally, WFP and UNICEF could increase linkages and oversight of different community groups to ensure that there is knowledge sharing and cooperation across various locations and sectors. This will foster collaboration and learning among different community groups, ultimately enhancing programme effectiveness.				
	Sub-recommendation 3.1: Within project districts, undertake specific analyses and needs assessments of the most vulnerable groups including minority populations, and formulate specific interventions and additional support mechanisms. No specific analysis of minority groups or other vulnerable populations was conducted. They were just included in the targeting process. The recommendation suggests going further to identify specific vulnerable populations within the target area.	Operational	WFP / UNICEF CO (Monitoring and Evaluation Units)	High	September 2024
	Sub-recommendation 3.2: Enhance collaboration and information sharing among various community groups throughout all stages of the project cycle, across different sectors and locations, by reinforcing linkages and oversight mechanisms.	Operational	WFP / UNICEF CO (Monitoring and Evaluation Units)	High	November 2024
	Recommendation IV. WFP and UNICEF should integrate gender equality and social inclusion across all programme activities to shift attitudes and change gender relations while simultaneously promoting financial literacy and women's empowerment. This dual approach will contribute to more inclusive and equitable outcomes, empowering women and marginalised groups while fostering positive social change.				
	Sub-recommendation 4.1: Set gender transformation as a programme goal to encourage long term change in gender relations. The purpose is to explicitly have a goal that the programme will not just address gender equity	Strategic	WFP / UNICEF CO (Nutrition, Health, Education, WASH Units)	High	December 2024

IV	such as equal access to education but go beyond that to shift structures so that women and girls are equal in society.				
	Sub-recommendation 4.2: Include GEDSI training in all training curricula for implementing partners and local community groups.	Operational	WFP / UNICEF CO (Nutrition, Health, Education, WASH Units)	High	October 2024
	Sub-recommendation 4.3: Set criteria for community groups (e.g. CDC, CEC) to have representation from women and PWD and encourage leadership.	Operational	WFP / UNICEF CO (Nutrition, Health, Education, WASH Units)	High	December 2024
	Sub-recommendation 4.4: Engage male champions and influencers to advocate for the rights, protection, and well-being of women and girls. Encourage men to promote resilient communities through an extended course (e.g., 18 sessions) tailored to the Somali context. This course should use diverse, interactive teaching methods, including videos, guest speakers, handouts, activity sheets, role plays, case studies, and discussions to accommodate various learning styles. Topics should address gender inequitable attitudes that enable violence against women, unequal household task distribution, active involvement of male parents or caregivers, misconceptions about early marriage and child labor, violence between men, and maternal and child health and nutrition at both household and community levels. Course participants would be guided to develop alternative masculinities that promote pro-social roles and responsibilities. Diverse clan representation in each cohort would promote inter-community dialogue, easing tensions and reducing protection concerns.	Operational	WFP / UNICEF CO (Nutrition, Health, Education, WASH Units)	High	November 2024
	Sub-recommendation 4.5: Establish dedicated women's empowerment groups to build capacity and provide platforms for training, networking, peer support, skills development, leadership growth, and collective action. These groups would offer women	Operational	UNICEF CO (Livelihoods Unit)	High	December 2024

	opportunities to share experiences, access resources, and advocate for their rights, enhancing their voice in community decision-making processes. Training could focus on financial literacy and capacity building for income generation, helping women effectively manage household finances, pursue income-generating activities, and maximize the benefits of cash assistance programs.				
		Operational	WFP / UNICEF CO (Nutrition, Health, Education, WASH Units)	High	November 2024
V	Recommendation V. WFP and UNICEF should incorporate water point rehabilitation, borehole construction, and other water-related initiatives into their education interventions. This integration will enhance access to clean water and improve sanitation facilities, contributing to a healthier and more conducive learning environment for students.				
	Sub-recommendation 5.1: Improve water and sanitation access in terms of quantity and quality in schools to boost student enrolment (e.g. the ratio of toilets to pupils needs improving and the cleanliness too).	Operational	UNICEF CO (WASH Unit)	High	October 2024
	Sub-recommendation 5.2: Enhance the construction quality of WASH infrastructure to ensure greater sustainability. Contracting a comprehensive package of works to a construction firm was found to deliver higher-quality and more sustainable WASH services at scale. Tendering these packages should include contractor training and strict requirements for quality, as well as ensuring WASH facilities are gender-friendly and inclusive of people with disabilities. Additionally, involving local communities in on-site planning and monitoring can contribute to both building local capacity and improving overall project outcomes.	Operational	UNICEF CO (WASH Unit)	High	January 2025

	Sub-recommendation 5.3: Link the maintenance of facilities to institutional systems, budgeted for within the MoE budgets for schools, and then at household/community level through structures such as WASHCOMs. Explore the potential of introducing micro-finance, revolving funds, depending on available private sector/MFI's.	Operational	UNICEF CO (WASH Unit)	High	December 2024
	Sub-recommendation 5.4: Leverage water access for conflict prevention. Adapt the USAID Conflict Assessment Framework 2.0 to focus on social cohesion-related conflicts in the target locations. This assessment would have two stages: (1) diagnosing the current conflict dynamics by identifying grievances, resiliencies, key actors, and conflict triggers; and (2) developing responses and recommendations based on evidence, considering technical merit, impact, feasibility, and local context. WFP/UNICEF should break down the complex concept of social cohesion by distinguishing between its dimensions (horizontal/vertical), levels (local/national), elements (attitudes/behaviors), and drivers (proximate/structural).	Operational	UNICEF CO (WASH Unit)	High	December 2024
VI	Recommendation VI. WFP and UNICEF should integrate sustainability principles into programme design and implementation, emphasizing long-term resilience-building measures to empower vulnerable populations and enhance their capacity for self-reliance in the face of future challenges, while also considering appropriate exit strategies, reinforcement, and leveraging of programme efforts beyond the programme's lifecycle.				
	Sub-recommendation 6.1: Strengthen partnerships with a variety of stakeholders, including community-based organizations and government agencies, to maximize resources and expertise. This will support a comprehensive approach to addressing challenges related to education, food security, and nutrition in the region. Collaboration should also involve working closely with vulnerable and minority groups and their representatives across all locations.	Strategic	WFP / UNICEF CO (Health, Education, Nutrition, WASH Units)	Medium	April 2025

	Sub-recommendation 6.2: Examine and consider expanding mechanisms that could provide a sustained source of revenue for community groups (e.g. capitation grants and income generating activities), which could support the effectiveness of programme components such as capacity-building and advocacy at achieving long-term results.	Strategic	WFP / UNICEF CO (Health, Education, Nutrition, WASH Units)	Medium	April 2025

WFP SOMALIA

<https://www.wfp.org/countries/somalia>

World Food Programme

Via Cesare Giulio Viola 68/70

00148 Rome, Italy

T +39 06 65131 **wfp.org**