



FEDERAL GOVERNMENT OF
SOMALIA

First National Review Report
(2018-2022)

ASSESSING PROGRESS IN IMPLEMENTING THE ICPD PROGRAMME OF ACTION

30 Years After the Cairo
Declaration of 1994



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PREFACE

The ICPD Progress Review Report for Somalia, the first of its kind, provides an overview of the country's progress in implementing the commitments made at the 1994 International Conference on Population and Development (ICPD) for the period 2018-2022. The report assesses the achievements, challenges, and gaps in fulfilling the goals of the ICPD Programme of Action (PoA), particularly in the areas of sexual and reproductive health and rights (SRHR), gender equality, and empowerment of women and girls as well as international cooperation and partnerships.

The report also highlights the efforts made by the Somali government and its partners in advancing the ICPD agenda and addressing the specific needs of women, youth, and vulnerable populations. It outlines the policies, strategies, and interventions implemented in the areas of sexual and reproductive health, birth spacing, prevention and response to gender-based violence, education, and economic empowerment.

The ICPD Progress Review Report for Somalia is a valuable tool for policymakers, civil society organizations, and development partners to monitor progress, identify gaps, and prioritize actions to accelerate the achievement of the ICPD goals in Somalia. It contributes to strengthening accountability and transparency in the implementation of the ICPD Programme of Action and the Sustainable Development Goals (SDGs) related to SRHR, human rights and gender equality. The report forms a baseline review of the ICPD related efforts and interventions and is a valuable tool for informing the future progress of the country in reviewing the interrelationships between population and development.



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Minister of Planning, Investment and Economic Development
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Key Government Ministries/Institutions participated in the review consultative meetings. We remain grateful to the multi-disciplinary team drawn from the Ministry of Health and Human Services (MoHHS), Ministry of Planning, Investment and Economic Development (MoPIED), Somalia National Bureau of Statistics (SNBS), Ministry of Labour and Social Affairs (MoLSA), National Disability Agency (NDA), Women Organizations, Universities (Academia), and the Private Sector. The consultations, reviews and inputs in the draft report were led by the following: Dr Abdulkadir Weheliye Afrah (Senior Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Advisor, MoHHS), Dr Ubah Farah Ahmed, (Maternal and Child Health Specialist and Director of Family Health Department, MoHHS), Dr Naima Abdulkadir Mahamed (SRH Specialist and Maternal and Reproductive Health Manager, MoHHS), Mr Ibrahim Mohamed Nor (Health Information Management Specialist, MoHHS), Muse Mohamed Osman (Director of planning, MoPIED), Salad Hussein Abdile (Director of Policy, Planning, and Research, MoLSA), Hamiida Sheel (MICS coordinator, SNBS), Abdirahman Mohamed Sheik Abdi (Head Division of Migration and Displacement, SNBS), Hashim Abdinuur (Director of Economics, SNBS), Abdiwal Hassan Jama (Communication, advocacy, and partnership specialist, SNBS). The draft was further reviewed by Abdiaziz Abdilahi Mohamed (Demographer SNBS), Amal Mohamed Abubakar (M&E Specialist SNBS), Jama Barre Hared (Statistician SNBS), Shukri Yusuf Salad (Finance and Admin Specialist SNBS) and Abdirahman Omar Ali (Head Section of Population Statistics, SNBS).

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LIST OF ACRONYMS

ABE	Alternative Basic Education
AfDB	African Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
AU	African Union
BDS	Business Development Services
BEmONC	Basic Emergency Obstetric and Newborn Care
CBOs	Community Based Organizations
CEDAW	Convention on the Elimination of Discrimination Against Women
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
COVID	Coronavirus Disease
CRPD	Convention on the Rights of Persons with Disabilities
CRVS	Civil Registration and Vital Statistics
CSOs	Civil Society Organizations
CwDs	Children with Disabilities
DAC	Displacement Affected Communities
DPOs	Disabled Persons Organizations
EGRISS	Expert Group on Refugee, IDP and Statelessness Statistics
EPHS	Essential Package of Health Services
ESSP	Education Sector Strategic Plan
FESTU	Federation of Somali Trade Unions
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
FGS	Federal Government of Somalia
FMS	Federal Member States
GBV	Gender Based Violence
GBVOSC	GBV One-Stop Centers
GDP	Gross Domestic Product
GFF	Global Financing Facility
GFR	General Fertility Rate
GPE	Global Partnership for Education
HARDN	Horn of Africa Disability Rights Network
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HLP	Housing, Land and Property
HRCS	Human Rights Centre Somalia
HRH	Human Resources for Health
HSSP III	Health Sector Strategic Plan 3rd Edition

ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
ICRC	International Committee of the Red Cross
ICRMW	International Convention on the Protection of Rights of All Migrant Workers
IDA	International Development Association
IDPs	Internally Displaced Persons
ILO	International Labour Organization
IMF	International Monetary Fund
INDC	Intended Nationally Determined Contribution
iPRSP	interim Poverty Reduction Strategy Paper
ITU	International Telecommunications Union
JIPS	Joint IDP Profiling Service
LARCS	Long-Acting Reversible Contraceptives
mCPR	modern Contraceptive Prevalence Rate
MHPSS	Mental Health and Psychosocial Support
MICS	Multiple Cluster Indicator Survey
MoECHE	Ministry of Education Culture and Higher Education
MoHHS	Ministry of Health and Human Services
MoPIED	Ministry of Planning, Investment, and Economic Development
MoWHRD	Ministry of Women and Human Rights Development
MSMEs	Micro Small and Medium-sized Enterprises
NDA	National Disability Agency
NDP9	National Development Plan 9th Edition
NGOs	Non-Governmental Organizations
NHPC	National Health Professional Council
NPA	National Plan of Action
NYCS	National Youth Council of Somalia
OSCs	One Stop Centers
PESS	Population Estimation Survey
PFC	Provisional Federal Constitution
PoA	Programme of Action
PwDs)	Persons with Disabilities
SCRP	Somalia Crisis Recovery Project
SDGs	Sustainable Development Goals
SEND&IE	Special Educational Needs Disability and Inclusive Education
SERP	Somalia Enhancing Public Resource Management Project
SGBV	Sexual and Gender Based Violence
SHDS	Somali Health and Demographic Survey
SHINE	Somali Health and Nutrition Programme
SIHBS	Somali Integrated Household Budget Survey
SiYA	Somali Inclusion Youth Association

SMEs	Small and Medium-sized Enterprises
SMS	Short Message Service
SNAD	Somali National Association of the Deaf
SNBS	Somalia National Bureau of Statistics
SNE	Special Needs Education
SNHCP	Safety Net for Human Capital Project
SODEN	Somali Disability Empowerment Network
SOHRA	Somali Human Rights Association
SOWDA	Somali Women's Disability Association
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
SWDC	Somali Women's Development Center
SYDN	Somali Youth Development Network
SYEI	Somalia Youth Enterprise Initiative
SYLP	Somali Youth Livelihoods Program
TVET	Technical and Vocational Education and Training
UDHR	Universal Declaration on Human Rights
UK	United Kingdom
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UNESCWA	United Nations Economic and Social Commission for Western Asia
UNFCCC	UN Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNYPS	United Nations Youth Programme in Somalia
VCAT	Value Clarification and Attitude Transformation
VNR	Voluntary National Review
WB	World Bank
WGSS	Women and Girls Safe Spaces
WHO	World Health Organization
YPN	Youth Peer Network
YPS	Youth Peace and Security

1. INTRODUCTION

The International Conference on Population and Development (ICPD) was held from 5 to 13 September 1994 under the auspices of the United Nations. The ICPD was the largest intergovernmental conference on population and development ever held, with 179 governments participating and some 11,000 registered participants from governments, UN specialized agencies and organizations, intergovernmental organizations, non-governmental organizations and the media. The outpouring of interest and participation from civil society was unprecedented.

A new Programme of Action (PoA) was adopted as a guide for national and international action in population and development for the next 20 years. It emphasized the indissoluble relationship between population and development and focused on meeting the needs of individuals within the framework of universally recognized human rights standards instead of merely meeting demographic goals. The adoption of this Programme marked a new phase of commitment and determination to effectively integrate population issues into socio-economic development proposals and to achieve a better quality of life for all individuals, including those of future generations (United Nations, 1995).

Countries undertake a review of the implementation of the ICPD programme of action every five years

to monitor progress, identify emerging trends and highlight the challenges and enabling factors regarding meeting their commitments. The reviews done on each of the occasions found ICPD-PoA to be still relevant to the target populations and hence the justification for its continuation. Against this background, in October 2022, UNESCWA, UNFPA and the League of Arab States launched the sixth regional review of ICPD, ten years after the 2013 Cairo Declaration which renewed the commitment of member states to the 1994 programme of action of ICPD as a plan to guide Arab countries. The review process includes developing a guiding template to assist countries in the preparation of their national reports; organizing capacity-building workshops for member countries' representatives; and convening multi-stakeholder dialogues. The regional review process will culminate in a regional conference to be held in 2023. Key messages emanating from the conference will inform the Secretary-General's report to be presented to the fifty-seventh session of the Commission on Population and Development convening in April 2024 (United Nations, 2013).

The climate is the primary determinant of the life of a Somali, and over a quarter of the population are pastoralists where the timing and amount of rainfall are crucial factors determining the

adequacy of grazing and the prospects of prosperity. Unfortunately, Somalia has been highly susceptible to the effects of climate change and extreme weather conditions, such as periods of extended drought, flash floods, erratic rainfall, disruption to the monsoon seasons, strong winds, cyclones, sandstorms and dust storms. Recognizing the impact of climate risks on the country's future, in December 2009, Somalia became a signatory to the UN Framework Convention on Climate Change (UNFCCC). In 2013, it formulated its National Adaptation Programme of Action to Climate Change. In 2015, Somalia became one of the 165 countries that submitted its Intended Nationally Determined Contribution (INDC) action plan of the Paris Summit, outlining proposed programs and interventions that would contribute to emissions reductions and the adaptation of its agricultural systems for improved climate resilience. Together, the National Adaptation Programme of Action to Climate Change and the INDC provide a road map to inform and guide technical and financial contributions from all stakeholders (Environmental and Social Management Framework, 2021).

Somalia has been ranked as one of the most vulnerable countries and least prepared to deal with the effects of climate change. Rainfall totals during the first half of the April to June Gu season are some of the highest on the 1981-2017 record, equivalent to between 130 and over 200 per cent of the average. The heavy rainfall marks the end of prolonged drought across much of the country and is supporting crop development and the regeneration of pasture and water resources. However, the heavy rainfall and subsequent flooding have also led to fatalities, massive displacement, and damage to infrastructure and cropland. Needs are expected to increase in displacement sites and riverine areas in the near term (World Bank, 2020).

Somalia has experienced numerous waves of displacement over the past thirty years, caused by multiple and overlapping sequences of drivers

and factors that trigger displacement, including protracted conflict, recurrent climate shocks, and floods that force thousands of families to leave their homes, lose their source of employment and force children out of school. Conflict and climate hazards remain the top drivers of displacement, with increasing climate-related crises placing additional strains on communities for more than three decades and fighting between the military and non-state armed groups, particularly al-Shabaab, continues to force people from their homes. The displaced people usually head to large cities that cannot absorb the growing population. Upon arrival, IDPs have no choice but to set up housing structures on vacant private land where they are constantly threatened with eviction. A survey that was conducted in four towns in Somalia that host the majority of IDPs by the Somalia National Bureau of Statistics in 2022 showed that the highest proportion of displaced people was caused by droughts, which accounted for 70 per cent, followed by fighting at 23 per cent and floods at 6 per cent. Other factors constitute less than one per cent of the displacement (Somalia National Bureau of Statistics, 2023).

1.1. OBJECTIVES OF THE REVIEW

The main objective of the review was to assess the progress achieved and the constraints faced therein in the implementation of the ICPD PoA for Somalia. Specifically, the review aimed to:

1. Assess the implementation status of the ICPD PoA with emphasis on legislation, policy formulation, the establishment of governance structures and actions realized.
2. Identify new priorities and emerging trends.
3. Highlight the challenges and enabling factors regarding meeting the implementation of commitments and the way forward.

2. METHODOLOGY

2.1. REVIEW OF DOCUMENTS

Subject matter experts from SNBS and UNFPA conducted a review of documents of the work done nationally and internationally. The experts reviewed internet-based soft copies or hard copies of documents accessed via institutional websites and their offices. The documents reviewed included National Development Plan (NDP9), Somalia Crisis Recovery Project (SCRP) Report, Somalia Health Sector Strategic Plan 2022–2026 (HSSP III), National Education Sector Strategic Plan 2022 – 2026, Policy Documents, Strategic Documents, Universal Periodic Review Report for Somalia 2021, Action Plans, Programme Documents, Survey Reports, Published Country Reports etc. This enabled the experts to assess the achievements, gaps, best practices, and lessons learnt from the implementation of the ICPD Programme of Action.

2.2. CONSULTATIVE DISCUSSIONS

A two-day national consultative workshop was held in Mogadishu, the capital city of Somalia to ensure stakeholders' participation, review and ownership. The consultative workshop had 40 participants drawn from the Federal Government Ministries, Civil Society Organisations, National Disability Agency, Women's Organizations, Universities (Academia), the Private Sector and UN agencies. All the consultations and discussions were guided by the structure and thematic areas outlined in the ICPD review template developed by UNESCWA and UNFPA.

2.3. REPORTING

The Somalia National Bureau of Statistics (SNBS) with technical support from UNFPA drafted a national ICPD review report. Findings from document reviews and consultation meetings with various stakeholders were compiled in a country report. The draft consolidated country report was presented to stakeholders in a workshop for validation and their input was incorporated into the final report.

The final country report is presented in chapters about the ICPD review template developed by UNESCWA and UNFPA. The first chapter discusses the demographic and social characteristics of the population. The second chapter focusing on Population and Strategic Planning addresses issues of planning population policies and programmes, developments at the institutional level, and how to ensure policy coherence. Chapter Three is about Dignity and Equality, which deals with the policies, mechanisms, and practices adopted by the government to ensure a decent life for all. In this chapter, a special focus has been placed on the issues of combating poverty and inequality. Chapter Four is on Youth and focuses on policies and actions taken by governments to empower young men and women and integrate them into national development processes, while Chapter Five talks about Persons with Disabilities, and focuses on the policies and measures taken by governments to protect the rights of persons with disabilities, enhance their access to services and opportunities without discrimination, and include them in national development processes. Chapter Six is about Health and focuses on policies and actions taken by governments to ensure a healthy life for all, with a focus on meeting needs related to reproductive rights and reproductive and sexual health services. The last Chapter Seven covers international cooperation and partnership.

3. DEMOGRAPHIC AND SOCIAL CHARACTERISTICS OF THE POPULATION



The first Somali population and housing census was undertaken in 1975, generating minimal results. The second census conducted in 1986 was not formally published because it contained significant biases, particularly over-counting. Five years later, the central government of Somalia collapsed, causing the country to experience a devastating civil war that led to the loss of lives of many people and the migration of millions out of the country. Despite the health challenges Somali women face, birth rates are high, resulting in high population growth. Due to the lack of reliable information to estimate the population dynamics, ad hoc, and anecdotal approaches were available to estimate essential socio-demographic and health indicators critically.

The third attempt was the Population Estimation Survey of Somalia (PESS) published in 2014, which estimated the Somali population at 12.3 million, with 51 per cent living in urban areas, 23 per cent living in rural areas, and 26 per cent in nomadic areas (UNFPA, 2014).

The Somali Health and Demographic Survey (SHDS 2020) shows that the age structure of the household members is typical of a society with a young population, with 55 per cent of household members below 15 years old. Around two-thirds of Somalis are aged less than 20 years, and around three-quarters (78 per cent) are below 30. Youth between 15-29 constitute 23 per cent of the household members, while older people (65 years and above) comprise only 3 per cent. Forty-two per cent of the household members are

within the working age population (15-64 years), highlighting the need to create jobs and ensure that the training or education offered addresses the needs of the labour market. Somalia has a very high fertility rate of 6.9 children per woman, and a GFR of 228 per 1,000 women (Directorate of National Statistics, 2020).

Although there is no available information related to the movement, it is believed that Somalia has high patterns of internal migration caused by multiple and overlapping triggers of drivers and factors, including protracted conflict, recurrent climate shocks, and floods that force thousands of families to leave their homes and in some cases, lifestyles, lose their source of livelihood.

Evidence shows that the federal government of Somalia has made some progress in attaining the ICPD goals by investing in the people to realize the promises made 20 years ago. While maternal mortality in Somalia remains high, it has dropped from 732 per 100,000 live births in 2015 to 692 per 100,000 live births in 2020. Common causes of maternal deaths in Somalia include postpartum haemorrhage, pre-eclampsia/ eclampsia, obstructed labour, sepsis, low uptake of birth spacing, limited delivery care, and limited involvement of skilled birth attendants. The proportion of births attended by skilled health personnel is low at 31.9 per cent. In contrast, the percentage of women of reproductive age who need birth spacing satisfied with modern methods is very low at only 2.1 per cent (Directorate of National Statistics, 2020).

4. POPULATION AND STRATEGIC PLANNING



4.1. POPULATION PLANNING, SUPERVISION OF THE IMPLEMENTATION AND EVALUATION OF POPULATION PROGRAMMES

Population planning, supervision of the implementation, and evaluation of population programs in Somalia are the responsibilities of various government institutions, international organizations, and civil society organizations.

The Ministry of Planning, Investment and Economic Development (MoPIED) is the primary government institution responsible for coordinating, implementing as well as monitoring & evaluation the national development plan (NDP9) which consists of four pillars including economic, social, inclusive politics and security and rule of law. The population programs fall under the social pillar. The Somalia National Bureau of Statistics (SNBS) coordinates all data collection efforts in the country in line with the National Strategy for Development of Statistics (NSDS). The Federal Ministry of Health and Human Services (MoHHS), leads the development of policies, strategies, and guidelines for reproductive health and birth spacing services, including the distribution of contraceptives, and maternal and child health. The Ministry of Women and Human Rights Development (MoWHRD) oversees women's empowerment, prevention and management of gender-based violence, elimination of FGM and addressing issues of child marriage as well as child rights. The Ministry of Labour and Social Affairs (MoLSA) is responsible for the protection and development of the labour force and employment

in the country to contribute to poverty reduction and social economic development. The National Disability Agency (NDA) raises awareness, while advocating for the rights of persons with disability, fights the stigma and stereotypes and draws the attention of the government and international partners to address challenges facing persons with disability.

UN agencies such as UNFPA, NGOs, donors and other development partners provide technical and financial support to the government in implementing population programs. UNFPA works with several government agencies including MoHHS, SNBS, MoWHRD and MoYS as well as other implementing partners to strengthen the health system, improve access to sexual and reproductive health services, support the implementation of NSDS, promote gender equality and women's empowerment, FGM, prevention of child marriage, life skills training, supporting SMEs among others. Other organizations such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and UN Women and non-governmental organizations (NGOs) also provide technical and financial support to the government in implementing population programs.

Evaluation and monitoring of population programs are critical to ensuring their effectiveness and impact. The government and its partners conduct regular assessments, surveys, and research to evaluate the progress and impact of population programs. The SNBS, MoPIED, MoHHS, and other institutions collect data and analyze them

to inform program planning and decision-making. Evaluation and monitoring activities are also carried out by external evaluators, including consultants, universities, and research institutions, to provide independent assessments of program effectiveness and impact.

4.2. LINKAGES AND COORDINATION OF POPULATION AND DEVELOPMENT

The linkages and coordination of population and development in Somalia are critical to ensuring that population programs contribute to the overall development goals of the country. The Somali government, development partners, and civil society organizations work together to promote the integration of population concerns into development policies, plans, and programs.

The Ministry of Planning, Investment, and Economic Development (MoPIED) is responsible for coordinating the integration of population issues into the National Development Plan. The National Development Plan outlines the country's population challenges and strategies to address them. The Ministry works closely with other government ministries, departments and agencies to ensure the integration of population issues into sectoral plans and programs.

UNFPA and other development partners also support the integration of population concerns into development policies and programs. They work with the government to strengthen the capacity of government institutions to plan, implement, and monitor population programs. They also support the development of population data and information systems to inform evidence-based policy and program planning.

Civil society organizations play a critical role in advocating for the integration of population concerns into development policies and programs. They draw the attention of the government to the challenges facing the population and call for intervention e.g., during natural disasters (droughts and floods). They work with the government and development partners to raise awareness about population issues and promote community participation in the design and implementation of population programs.

The linkages and coordination of population and development in Somalia are also promoted through participation in regional and international forums, such as those organized by the Arab League of States, African Union, the United Nations, World Bank, African Development Bank, International Monetary Fund etc. These forums provide opportunities for sharing experiences, best practices, and lessons learned in population and development programming.

In conclusion, the linkages and coordination of population and development in Somalia are critical to ensuring that population programs contribute to the overall development agenda of the country and are sustainable in the long term. They also ensure that population program goals are aligned with other national and international development initiatives such as NDP, SGDs, and Agenda 2063.

4.3. POPULATION DIMENSION IN THE NATIONAL DEVELOPMENT PLAN

Somalia's current National Development Plan (NDP9) covers the period of 2020-2024 and includes a comprehensive population dimension aimed at addressing the country's population challenges and promoting sustainable development. The population dimension of the NDP9 builds on the previous NDP8 and aims to reduce poverty, increase access to basic services, and promote inclusive and sustainable economic growth (The Ministry of Planning, 2020).

The population dimension of the NDP9 focuses on the following key areas:

Demographic and population dynamics: The NDP9 recognizes the importance of understanding the country's demographic and population dynamics to inform and design development plans. It aims to improve the collection, analysis, and dissemination of population data to support evidence-based decision-making.

Sexual and reproductive health: The NDP9 aims to improve access to sexual and reproductive health (SRH) services, reduce maternal and child mortality, and improve the health and well-being of women and children. It recognizes the importance of addressing cultural barriers that limit access to SRH services.

Youth development: The NDP9 acknowledges the value of investing in the development of young people to promote sustainable economic growth and reduce poverty. It aims to improve access to education, vocational training, and employment opportunities for young people to reduce unemployment and underutilization.

Gender equality and human rights: The NDP9 identifies the need to promote gender equality and human rights to reduce poverty and promote sustainable development. It aims to promote women's participation in decision-making, increase access to education and economic opportunities, and address gender-based violence.

The population dimension of the NDP9 is supported by a comprehensive monitoring and evaluation framework, which includes specific indicators and targets to track progress in achieving the population objectives. The government plans to work with development partners and civil society organizations to collect data and conduct regular assessments, reviews, and follow up of the population component to inform program planning and decision-making.

4.4. NATIONAL POPULATION POLICY/ STRATEGY

Somalia has not yet adopted a comprehensive National Population Policy/Strategy. However, the government has recognized the importance of addressing population issues and has undertaken steps to develop and implement population programs and initiatives.

In 2015, the government of Somalia adopted the National Health Policy, which includes a focus on improving sexual and reproductive health services to address high maternal and child mortality rates. In addition, the government works with development partners to improve access to birth spacing services, increase the availability of contraceptives, and promote education and awareness about reproductive health.

In 2019, the Ministry of Planning, Investment, and Economic Development (MoPIED) developed a National Development Plan (NDP9) from 2020 to 2024 aimed at addressing the country's population challenges and promoting sustainable development. NDP9 includes specific objectives and strategies



to promote sexual and reproductive health, reduce maternal and child mortality, address gender inequality, and promote youth development, among other areas.

While Somalia has not yet adopted a comprehensive National Population Policy/Strategy, the government's efforts to improve sexual and reproductive health and address population challenges through initiatives such as the NDP9, National Health Policy, and NHSSPII, demonstrates a commitment to addressing population issues and promoting sustainable development.

In 2020, the National Durable Solutions Strategy (2020-2024) was developed by MoPIED with the contribution of the National Durable Solutions Secretariat. The secretariat brought together 14 government institutions that provide technical expertise and high-level strategic guidance and oversight, ensuring that durable solutions initiatives are prioritized and implemented in Somalia across levels. The vision is to achieve durable solutions for displacement-affected communities in Somalia through evidence-based analyses, bottom-up and inclusive consensus-building approaches, and integrated and systematic programming.

The four strategic objectives of the strategy are as follows:

SO1: To increase the resilience of displacement-affected communities by ensuring equitable access to public services, housing with security of tenure, and social safety nets through rights and needs-based approach.

SO2: To increase accountability of authorities towards displacement-affected communities by ensuring participation in peace and state-building processes by guaranteeing their safety, security, and access to a legal identity.

SO3: To increase access to sustainable livelihoods and employment opportunities by the displacement-affected communities through the creation of conditions conducive to the achievement of their self-reliance.

SO4: To increase access to justice and the rule of law by displacement-affected communities by strengthening formal and informal justice structures.

4.5. INCLUSION OF POPULATION ISSUES IN NATIONAL SECTORAL PLANS

Somalia has taken steps to include population issues in its national sectoral plans across various sectors. The government recognizes that population issues are cross-cutting and can have implications for various sectors, including health, education, employment, gender, youth and social services. As a result, it has worked to integrate population issues into sectoral plans to promote coordinated and comprehensive approaches to addressing population challenges.

The National Development Plan (NDP 9) is a broad strategic framework that incorporates the population dimension, particularly poverty drivers such as weak governance, insecurity, natural disasters and political instability. The NDP deals with the underlying causes of poverty. It seeks to lessen its effects on households and individuals by advancing the social development needed to fuel and sustain economic growth through human capital development, social protection, and disaster risk management.

In addition, the government has worked to include population issues in specific sectoral plans. For example, the Ministry of Health has developed a reproductive health strategy to improve access to reproductive health services and reduce maternal and child mortality rates. The Ministry of Education has developed a national education policy that includes a focus on promoting access to education and training for young people. The Ministry of Labour and Social Affairs has developed a national employment policy that aims to promote inclusive and sustainable economic growth and reduce poverty. Federal Member States have State and Sectoral development plans that guide planning in the respective States.

4.6. HUMAN, FINANCIAL AND TECHNOLOGICAL CAPABILITIES TO INTEGRATE POPULATION ISSUES INTO DEVELOPMENT PLANNING

The Federal Government of Somalia has made strides to address challenges in the areas of human, financial and technological resources necessary to promote sustainable development. However, the country still faces major challenges in fully integrating population issues into development planning.

Human capacity: Somalia has faced significant challenges due to decades of conflict and instability, which have resulted in a lack of trained personnel and limited capacity in government institutions. However, the government has worked to rebuild its institutions and capacity, including in the areas of health and education, which are critical for addressing population issues. For example, the government has worked with development partners to train healthcare providers and educators and improve their capacity to provide quality services and education. Since 2009, UNFPA has supported the establishment of 14 midwifery schools across the country. The schools are currently providing quality midwifery training to 600 midwife students enrolled from rural villages who after graduation can provide quality midwifery care. Around 2,000 midwives have graduated from 14 of the UNFPA-supported midwifery schools since 2009 and are currently working in urban and rural health facilities across Somalia. In 2016, the Ministry of Health and Human Services with the support of UNFPA developed a midwifery curriculum, revised in 2021. The undertaking was done in collaboration with the Canadian Association of Midwives and the University of British Columbia. UNFPA has also supported the development of the Midwifery Strategic Document (2018-2023) (UNFPA, 2022).

Financial capacity: Currently, Somalia faces significant constraints due to limited resources and a high debt burden. However, the government has worked to mobilize domestic resources through increasing tax collection as well as attracting international aid and investment to support its development agenda, including efforts to address population issues. For example, the government has worked with development partners to secure funding for sexual and reproductive health programs

and other population-related initiatives.

On the other hand, the country continues to make steady progress on reforms to reach the completion point of the Heavily Indebted Poor Countries (HIPC) global debt forgiveness process by November 2023. This will re-open access to critical additional financial resources to strengthen the economy, help improve social conditions, raise millions out of poverty, and generate sustainable employment for Somalis.

Technological capacity: Somalia faces challenges due to limited access to technology infrastructure, particularly in rural areas. However, the government has put in place a framework to regulate the technology infrastructure. In 2017, the Federal Government of Somalia passed the National Communications Law which established the National Communications Agency (NCA) to regulate the market and issue licenses to de facto operators. The following year (2018), with the assistance of the International Telecommunications Union (ITU), Somalia developed a national ICT Policy and Strategy (2019-2024), which provides the framework needed to leverage the benefits of ICTs to support social and economic development (Ministry of Communications and Technology (MOCT), 2019).

Since the advent of the war in 1991, technological advancement in the country has been largely driven by the private sector. Currently, the market comprises 5 major mobile telecommunication operators (Hormud, Somtel, Golis, Telesom, NationLink) and two Mobile Virtual Network Operators (MVNOs) (SomNet and SomLink). These are primarily Mobile Network Operators (MNOs), which provide voice and data services, mainly in urban locations and surroundings to about four million subscribers. Golis Telecom, Telesom, SomNet and Hormuud are interconnected, while Somtel is a subsidiary of Dahabshiil and is interconnected with SomLink. Nationlink has a very small market share and Somaphone is dormant, although it has an active network in Mogadishu (Ministry of Communications and Technology (MOCT), 2019).

Additionally, mobile money platforms like EVC (Electronic Voucher Card for Hormuud) and eDahab have become increasingly popular, allowing

people to send and receive money, pay bills, and access other financial services using their mobile phones. Mobile money has become an essential and widespread part of Somalia's economic ecosystem. Almost three-quarters of the population 16 and older (73 per cent) use mobile money. The value of mobile money transactions in Somalia is estimated at \$2.7 billion a month (World Bank, 2018).

In addition to telecommunications, there have also been some efforts to promote technology education and entrepreneurship in Somalia. Several organizations and initiatives have been established to provide training and support to young people interested in pursuing careers in technology. For example, the iRise Hub in Mogadishu provides training in coding, web development, and other technology skills.

However, the contribution of technology to the advancement of health and education remains a challenge. For example, schools still rely on manual techniques of instruction and learning, while most health facilities lack the necessary modern diagnostic equipment forcing patients to seek health care outside the country.

4.7. COOPERATION AND COORDINATION ON POPULATION ISSUES (NGOS, CSOS AND PRIVATE SECTOR)

Cooperation and coordination on population issues is critical for the effective implementation of population programs and initiatives. The government of Somalia has recognized the importance of partnerships with stakeholders in addressing population challenges and promoting sustainable development.

The Ministry of Planning, Investment and Economic Development, closely works with local and international NGOs in ensuring that their country programs are aligned with the national development plan priorities. Furthermore, the Ministry has submitted the NGO bill to the parliament for approval. This bill if passed will define the roles and mandates of NGOs as well as the coordination mechanisms.

Non-governmental organizations (NGOs) and civil society organizations (CSOs) play a crucial role in providing services related to sexual and reproductive health and promoting awareness and

education, gender awareness, FGM prevention, cash distribution, youth empowerment and peace dialogues. They also provide valuable technical expertise and support to government programs and initiatives. The government has worked to foster partnerships with these organizations, including through partnerships with international NGOs such as UNFPA, which provides support for sexual and reproductive health programs in Somalia.

The private sector also plays an important role in addressing population issues, particularly in areas such as job creation and economic development. The government has worked to promote public-private partnerships to support economic growth and job creation, particularly for young people, who make up a significant portion of Somalia's population. The Ministry of Planning, Investment and Economic Development, organizes investment forums which bring together local and international investors.

In addition to these partnerships, the government has worked to foster coordination and collaboration among stakeholders involved in population issues, including through the development of sectoral working groups and forums for dialogue and information sharing. These platforms have helped to promote coordination and collaboration among stakeholders and support the effective implementation of population programs and initiatives.

4.8. POPULATION AND HOUSING CENSUSES & SURVEYS SINCE 2018

Since its independence in 1960, Somalia has only conducted two population censuses. The first population census was carried out in 1975. However, the results were not published, and only an analytical report based on the census results was published in 1984. The second population census was carried out in 1985-86, and again the results were not published due to accuracy concerns. Development agencies have since made several attempts to compile reliable data on population and socioeconomic statistics. The last of these attempts was the 2014 Population Estimation Survey for Somalia (PESS), which generated estimates based on large-scale household data collection. PESS only provided aggregate estimates at the national and regional levels.

The recent data collection activities including the PESS 2014, SARA 2016, HFS wave II 2017, LFS 2019, SHDS 2020, and SIHBS 2022 provided important data that respond to basic needs for humanitarian and development assistance. However, they do not fulfil major data gaps, which the comprehensive census can do. Census is the only source of data that can provide the full picture of the population size, distribution, and characteristics.

Moreover, the census is traditionally viewed as a vehicle for the development and enhancement of the capacity of national statistical offices as well as providing an up-to-date statistical frame that facilitates ongoing intercensal sample surveys. In this regard, the upcoming Population and Housing Census will be an essential long-term investment in the entire statistical system of the Federal Government of Somalia including the state-level statistical offices, as well as Somaliland.

4.9. POPULATION DATABASE

The Population and household survey data, documentation and associated reports are hosted on the Somalia National Bureau of Statistics (SNBS) website <https://www.nbs.gov.so/> and are available for public access and downloading. However, the population data available is based on 2014 PESS estimates and has not been updated for almost 10 years. Plans are underway to undertake the Population and Housing Census for the Country in 2024/5.

UNOCHA has a humanitarian population data platform <https://data.humdata.org/dataset/cod-ps-som>, called a humanitarian data exchange, which is an open platform for sharing data across humanitarian agencies. It's worth noting that the country has not had a population registry database (CRVS) since the collapse in 1991.

4.10. USE OF POPULATION DATA & SDG INDICATORS IN FORMULATING POPULATION POLICIES & PLANS

Population data is utilized in the development and monitoring of national and sub-national development plans. It has often been used to identify problems and community needs, establish goals and objectives, assess alternative courses of action, allocate resources for plan implementation,

and evaluate the ability of the plan to achieve goals and objectives. For instance, Somali Health and Demographic Survey (SHDS) data has been utilized in setting goals and targets in the National Development Plan (NDP-9) and the Health Sector Strategic Plan 2022–2026 (HSSP III). Moreover, data generated from the SHDS data was also used in the development of a proposal for the World Bank project established to improve Health Care Services in Somalia popularly known as Damal Caafimad. In addition, the population data was used in the preparation of the first Voluntary National Review (VNR) of SDGs, which took place last year highlighting its progress and challenges. Based on this Somalia is required to draft a holistic plan to accelerate the SDG implementation and fill the existing data gaps to attain the global goals.

4.11. EMERGING DEMOGRAPHIC TRENDS AND IMPACT ON SUSTAINABLE DEVELOPMENT

The demographic trends have largely remained the same in the last couple of years with three-quarters of the population being under 30. The youthful population provides an opportunity for economic growth if proper investments are made in education and economic opportunities are made available. However, youth unemployment is high and most young people in Somalia are disfranchised. Al-Shabaab has taken advantage of this situation as it continues to recruit young people to participate in its armed conflict with the government and peacekeeping forces.

4.12. DEMOGRAPHIC CHALLENGES

The country is currently facing a rapidly unfolding humanitarian catastrophe, driven by the longest and most severe drought seen in 40 years. The current extreme, widespread, and persistent multi-season drought is unprecedented and follows the historic failure of three consecutive rain seasons. The number of people affected by drought has more than doubled since the beginning of 2022. Displacement has increased fivefold since early 2022, with more than 1.3 million people displaced due to drought alone.

4.13. PRIORITIES IN THE FIELD OF POPULATION AND DEVELOPMENT

Somalia experiences one of the highest maternal deaths in the world, although this has reduced from 732 in 2015 to 692 per 100,000 live births in 2020. Despite these gains, women still die every day from causes related to pregnancy or childbirth, around of them in humanitarian and fragile contexts.

In consultation with the Federal Member States (FMS) and civil society, the Ministry of Health and Human Services (MoHHS) launched Universal Health Coverage (UHC) in 2019 as a roadmap for 2019-2023 and National Health Policy to address the population's health priorities including maternal, neonatal, child health, and nutrition. The policy aims further to control and prevent the spread of diseases. Likewise, the Federal Government of Somalia (FGS) on 16 October 2019 during the ICPD25 conference in Nairobi attended by His Excellency Mohamed Abdullahi Farmaajo, the former president, committed to reducing the overall maternal mortality across the country by 25% by 2030 through the training and employment of 1,000 additional midwives by 2030. In addition, the government agreed to mobilize communities to raise awareness on birth spacing and committed to adopting zero tolerance on FGM and GBV as well as ratifying the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) (UNFPA, 2019).

In line with the Somali Women's Charter, the Somali Government has committed to zero tolerance for Gender-Based Violence (GBV) and Female Genital Mutilation (FGM) by addressing vulnerability factors and through strengthening policy and legal frameworks, such as the FGM Bill (which is under preparation and is due to be introduced in Parliament), equipping officers with necessary resources enabling them to adequately respond to GBV cases by 2030. Further, the government has committed to tackling core vulnerability issues, especially among Internally Displaced Persons (IDPs) to prevent GBV cases from further exacerbating their plight.

Based on Article 26 of the Universal Declaration on Human Rights (UDHR) and Somalia's Provisional Constitution specifying the right to education

under Article 30, stating Every citizen shall have the right to free education up to secondary school, Somalia is prioritizing advancing education. The statistics at the elementary school level showed that the completion rate climbed from 4% in 2006 to 15.5 % in 2016. The completion rate at the secondary school level was 65.4 per cent in 2019. Somalia improved literacy, particularly for women, from 32 per cent in 2006 to 44.4 per cent of literate Somali women aged 15-24 in 2019. As part of its efforts to make education services free and accessible primary education for all Somali children, the Federal Government of Somalia led by the Ministry of Education has developed and adopted many education reforms, policies and regulations, such as the Education Sector Strategic Plan (ESSP) (2018- 2020), National Education Policy (2020), Special Educational Needs Disability and Inclusive Education Policy (SEND & IE) (2018), Gender Policy for the Education Sector (2020), General Education Act (2021) and the Teacher Policy (2021).

With regards to tackling poverty, the Ministry of Labour and Social Affairs placed a National Social Protection Policy (2019) that assists the Federal Government in developing and implementing a clear and practical vision for social protection to safeguard the weak and disadvantaged against shocks and manage risks. The Ministry launched the Baxnaano program targeting 188,677 households reaching over a million of the poorest and most vulnerable people in Somalia through cash transfers. The objective of the project is to provide cash transfers to targeted poor and vulnerable households and establish the key building blocks of a national shock-responsive safety net system.

To address population challenges, data with all quality dimensions is required. In this regard, the Somali government through the Somalia National Bureau of Statistics is planning to undertake a census in 2024/25. The exercise will make available accurate, timely and reliable information on the demographic and socio-economic characteristics of the Somali population. The data will support the evidence-based formulation of development policies and programs as well as tracking and monitoring of socioeconomic development.

5. DIGNITY AND EQUALITY



This section deals with the policies, mechanisms and practices adopted by the government to ensure a decent life for all. In this section, special focus has been placed on the issues of combating poverty and inequality.

5.1. INTERNATIONAL HUMAN RIGHTS TREATIES OR CONVENTIONS RATIFIED BY THE GOVERNMENT SINCE 2018

5.1.1. PERSONS WITH DISABILITY

UN Convention on the Rights of Persons with Disabilities (CRPD)

The first step towards rights realization began with the Somali New Deal Compact. A major outcome of the Compact was the Provisional Federal Constitution (PFC), adopted in 2012. The PFC re-established institutions critical to the promotion and protection of rights anchored Somalia's obligations to regional and international treaties (Article 140) and provided for the application of the principle of equality and non-discrimination to persons with disabilities (Article 11).

Somalia joined other governments, disability activists, and stakeholders at the Global Disability Summit on July 24, 2018. In the run-up to and at the Summit, the Federal Government of Somalia (FGS), through the Ministry of Women and Human Rights Development (MoWHRD), held extensive

consultations with Disabled Persons Organizations (DPOs) and other stakeholders before making commitments. Somalia signed the Summit Charter for Change and made eight priority commitments in the following areas: a) Conflict and Humanitarian Contexts, b) Data Disaggregation, c) Elimination of Stigma and Discrimination, d) Harnessing Technology and Innovation, e) Inclusive Education, f) Routes to Economic Empowerment, g) Women and Girls with Disabilities and, h) Inclusion of the of Persons with Disabilities (PWDs) in the new constitution to ensure a more inclusive society and better political participation of PWDs in the electoral process.

Shortly after attending the Summit, Somalia signed the UN Convention on the Rights of Persons with Disabilities (CRPD) as the 178th State Party in October 2018 and ratified it on August 6, 2019. The advocacy and ratification generated momentum on the implementation of the rights of persons with disabilities and has reinforced the promotion and protection of the rights of persons with disabilities, and their participation in public life including the political and electoral process.

5.1.2. INTERNALLY DISPLACED PERSONS (IDPS)

African Union (AU) Convention for the Protection and Assistance of IDPs in Africa

The African Union (AU) Convention for the Protection and Assistance of Internally Displaced People (IDPs) in Africa, known as the Kampala Convention, was signed on 26 November 2019 by Somali President Mohamed Abdullahi Mohamed Farmaajo, after being passed with a near-unanimous vote by parliament. Somalia is the 30th African Union Member State to ratify the convention since 2009.

Somalia officially deposited the Instruments of Ratification of the African Union Convention for the Protection of Internally Displaced Persons “the Kampala Convention” to the African Union Commission in Addis-Ababa (Ethiopia), in March 2020.

The Durable Solutions Strategy outcome four (4) indicates that more Displacement Affected Communities (DACs) have access to traditional, transitional, or formal justice, regarding evictions, restoration of Housing, Land and Property (HLP) rights, Sexual Gender Based Violence, and other forms of violence. To realize the objectives of the Durable Solutions Strategy, SNBS prepared the IDP Statistics Sector Strategic Plan supported by JIPS on behalf of EGRISS.

There are ongoing efforts to ratify:

The Convention on the Elimination of Discrimination Against Women (CEDAW)- Somalia has not ratified the CEDAW as yet. However, the Ministry of Women and Human Rights Development (MoWHRD) has led consultations with diverse groups of stakeholders on the path to ratification of the Convention on the Elimination of Discrimination against Women (CEDAW). These consultations have focused on familiarizing the stakeholders with this core human rights convention and Somalia’s respective rights and obligations therein. Moreover, in 2017 the Minister of Women and Human Rights Development held consultations with the CEDAW Chairperson in New York, on the margins of the UN General Assembly, to discuss Somalia’s potential ratification as well as broad-based advocacy efforts to ensure the public understands the need for

Somalia to ratify this core human rights convention.

Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa (the Maputo Protocol)- Somalia has initiated engagements with the African Union (AU) to facilitate accession and ratification of the Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa (Maputo Protocol) and other related treaties.

The International Convention on the Protection of Rights of All Migrant Workers and Members of their Families (ICRMW)- In January 2021, Somalia initiated the consultation process towards the ratification of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW).

5.2. FAMILY-RELATED POLICIES OR LAWS HAVE BEEN ADOPTED, REFORMED OR ENFORCED SINCE 2018

Enactment of disability rights law and formation of the agency on disability

Somalia has developed an inclusive disability rights law in partnership with stakeholders in the Somalia disability community, which is now about to be finalized. Before this, the MoWHRD had facilitated and coordinated the enactment of a law establishing the Somali National Disability Agency in December 2018. This national agency is mandated to address the challenges faced by persons with disabilities, hold the government accountable for the protection of the rights of persons with disabilities and ensure their effective participation in all aspects of society, including the governance and development sectors.

IDP Policy

The government of Somalia adopted a new national policy on Internally Displaced Persons (IDPs), and refugee returnees in November 2019. Alongside the Policy, the National Eviction Guidelines, and the Interim Protocol on Land Distribution for Housing to Eligible Refugee-Returnees and IDPs, were also developed. The National Eviction Guidelines provide judicial protections and clear procedures in the event of an eviction. The Policy is needed to support the voluntary return, reintegration, and protection of Somalis into stable regions of the

country and to improve the protection of displaced populations. An estimated 2.1 million people are displaced within the country.

The National Policy provides a framework that seeks to protect persons of concern – IDPs, and refugee returnees – from further forced displacement, provide protection and assistance during displacement, and find a durable solution to their displacement. The adoption of the Policy demonstrated recognition and acceptance of the government that it has a primary responsibility to find durable solutions for refugee returnees and IDPs, to refrain from, and protect against, arbitrary and forced evictions of IDPs.

Child Rights Bill/Children’s Act

In November 2017 the Ministry of Women and Human Rights Development (MoWHRD) took a major step in strengthening the rights of children by launching the drafting process of the Child Rights Bill to form a foundation for the promotion and protection of all child rights in the country. However, to date, this Bill has not been approved by the cabinet. The priority of MoWHRD is the approval of the Child Rights Bill in the cabinet and its passage into law by the Parliament. Once enacted, it will guarantee a better future for all children in Somalia as it will address the fundamental rights of the child.

Following the drafting of the Child Rights Bill, the Government is in the process of developing a National Plan of Action (NPA) for children. The Federal Member States (FMS) are also at different stages of developing their Child Protection Policies, and the MoWHRD will support them to harmonize those documents with the Federal level NPA.

In Somaliland, the Children’s Act was approved by Parliament in February 2022. The Act outlaws all forms of child abuse and neglect.

FGM Bill

Despite the reaffirmation by the Federal Government of Somalia of its commitment to ensure Female Genital Mutilation (FGM) and other forms of gender violence are eliminated, to date there’s no national legislation in the country that expressly criminalises and punishes the practice of FGM. However, Puntland, one of the States of Somalia passed an FGM Zero Tolerance Bill on 10 June 2021. In Somalia, almost all women are circumcised at 99%.

The national action plan on FGM supported by UNFPA has been drafted. However, the final copy is yet to be released and published. UNFPA, UNDP, UNICEF and UN Women are collaborating to implement the Gender Equality and Women Empowerment (GEWE) program to support the national strategic plan for GBV.



5.3. MARRIAGE LAWS REFORMS TO PREVENT A CHILD OR FORCED MARRIAGE

There is no consensus among key stakeholders (religious and government actors) on the age of marriage/maturity. The 1975 Family Law/ code that is still in force in Somalia sets the marriage age for both parties at 18 years – 16 for girls with the consent of a guardian. According to Sharia law, which is the most referred to by the Somalis, particularly on matters of family, both parties are ready to get married once they have reached puberty and maturity.

5.4. NATIONAL POLICIES OR STRATEGIES TO COMBAT POVERTY & ECONOMIC EMPOWERMENT

In January 2016 Somalia announced plans to implement the 2030 Agenda for Sustainable Development domestically and align it with national plans, which included a pledge to end poverty in all its manifestations. Somalia committed itself that all its people everywhere in the country should enjoy a basic standard of living including social protection benefits for the poor and most vulnerable and ensuring that people harmed by conflict and natural hazards receive adequate support, including access to basic services. The National Plan (NDP9) commits to reducing poverty in the country. To this end, the interim Poverty Reduction Strategy Paper (iPRSP) has been developed to guide poverty reduction. The strategy seeks to strengthen gender and other kinds of social equity, build the resilience of households, communities, and governments, better manage the country's environment and natural resources, prioritize durable solutions to long-term displacements, strengthen the humanitarian-development nexus and strengthen Somali institutions' capacity for effective growth. The framework seeks to employ strategies that will strengthen political stability and reconciliation, national security and rule of law and inclusive economic development.

In the context of Somalia's economic recovery, the Federal Government reached the decision point under the Highly Indebted Poor Countries Initiative (HIPC) in March 2020. This was a culmination of spirited advocacy by the Federal Government to secure debt relief to enable it to focus on key

reforms and reconstruction of the country. The Federal Government is determined to leverage the opportunities afforded by the HIPC initiative to advance key reforms including in the security sector and strengthen the protection of human rights in the country. The completion of iPRSP will allow Somalia to seek debt relief as part of the Heavily Indebted Poor Countries (HIPC) Initiative. This will be a significant milestone in the country's process of poverty reduction.

5.5. REFORMS TO REDISTRIBUTE WEALTH & SUPPORT DEVELOPMENT EFFORTS

Somalia qualified for the Heavily Indebted Poor Countries (HIPC) initiative in March 2020, restoring its access to regular concessional financing and launching the process toward debt relief. It cleared arrears to the African Development Bank (AfDB), International Monetary Fund (IMF), and International Development Association (IDA), reducing its external debt from \$5.3 billion to \$3.3 billion in 2021, equal to 45% of its gross domestic product (GDP) (IMF, 2020).

Somalia reached agreements with Paris Club creditors in March 2020 on the terms of its debt relief and is servicing its outstanding debt to IDA. To receive irrevocable debt relief, it must maintain sound macroeconomic policies, implement its poverty reduction strategy—the Ninth National Development Plan—for at least a year, and complete a set of policy measures known as the HIPC Completion Point triggers, aimed at promoting inclusive growth and poverty reduction.

On December 22, 2022, The World Bank approved \$75 million in financing for the Somalia Enhancing Public Resource Management Project (SERP), which aims to support Somalia as it builds state legitimacy, reduces institutional fragmentation, and strengthens institutions for improved service delivery. The SERP is co-financed by both an International Development Assistance (IDA) grant and a grant from the Somalia Multi-Partner Fund. The project's main objective is to strengthen accountability, transparency, and institutional capacity in public resource management across participating entities by leveraging synergies between various reform elements in a symbiotic manner. This will be done by putting in place a coherent, consistent, and sustainable reform

agenda for managing public finances and human resources.

The improved outcomes of this integrated approach to reforms will contribute to greater trust in fiscal management. SERP will also offer an opportunity to enhance systems, staff skills, and effectiveness of civil service management to improve government capacity to deliver services to citizens (World Bank, 2022).

The Economic and Financial Reforms Support Program was established in February 2022. The Program complements Somalia's efforts to advance its development agenda (consolidate peace, accelerate reductions in poverty and income inequality, catalyze needed financing for transformative growth generating infrastructure). It consists of two broad components namely: (i) strengthening domestic revenue mobilization and public financial management, and (ii) advancing financial sector development. The operation has been designed in anticipation of Somalia's arrears clearance; a process being undertaken by the United Kingdom (UK). It takes into account the need for the Bank to step up its re-engagement with Somalia, post-arrears clearance, and support the country's ongoing economic and financial reforms. The implementation of the reforms being supported by the program is expected to lead to high, sustainable, and inclusive growth for Somalia. This operation is strongly coordinated with those of the WB and IMF.

5.6. SOCIAL PROTECTION STRATEGY DEVELOPMENT/REFORM/EXPANSION

The Somali Ministry of Labour and Social Affairs has developed the first-ever National Social Protection Policy, which was presented in March 2019. Somalia's social protection framework is aimed at mitigating vulnerability, enhancing the alignment of humanitarian and developmental priorities, and addressing the reliance on humanitarian aid. This is a top priority for Somalia, considering the

recurrent nature of natural disasters impacting the different Somali communities. This will also enable Somalis to become more resilient and be able to mitigate disasters and pursue poverty reduction. Furthermore, this policy will facilitate improved access to social services and assistance through initiatives that serve the most vulnerable communities, including women, children, persons with disabilities, Internally Displaced Persons, the elderly and other vulnerable groups.

The MoWHRD, in partnership with Somali universities and UNICEF, established a Social Work degree programme in 2020 to mitigate the impact of COVID-19 on children and their families in Somalia. This programme aims to bolster government and CSO partners' capacity, through seconding advanced social work students, in their response to Child Protection and Gender-Based Violence related issues. The COVID-19-specific programme focuses on building the capacities and capabilities of Social Worker students to detect and contain the spread of COVID-19 promptly. The primary interventions of this programme are, among others, (i) awareness-raising, prevention & mitigation activities on COVID-19, (ii) mitigating and responding to child protection and SGBV risks emerging as a consequence of a potential COVID-19 epidemic in Somalia, (iii) behavioural change at the community level, which will then

**In January 2016
Somalia announced
plans to implement
the 2030 Agenda for
Sustainable Development
domestically and align it
with national plans...**

lead to containing the increase in the numbers of COVID-19 infected persons, and (iv) registering a decrease in the number of SGBV and Child Protection related cases and an increase in the referral of cases to the appropriate institutions.

5.7. CHALLENGES OR OBSTACLES ENCOUNTERED IN COMBATING POVERTY & INEQUALITY

Poverty drivers are many and include political instability and security, insufficient infrastructure, climate change, reliance on traditional livelihoods, limited economic growth potential etc. The humanitarian conditions that Somalia finds itself plagued with are a result of naturally occurring phenomena such as drought and climate change, which can be linked to climate change. Adverse climate conditions cause massive displacement of people, hunger and malnutrition, and poverty. The processes put in place to tackle poverty, lack of livelihoods and inequality, will be futile if the issue of drought and flooding as a result of climate change remains unaddressed.

5.8. FACTORS CONTRIBUTING TO COMBATING POVERTY & INEQUALITY

The National Poverty Eradication Strategy, iRSP has contributed to success in the reduction of poverty and inequality in Somalia. For one the

iRSP is a nationally owned strategy and therefore serves as an incentive for all stakeholders involved to ensure its implementation. The strategy is informed by an analysis of the major drivers of poverty in Somalia which include: political fragility, conflict, insecurity and lawlessness, and climatic shocks. It is therefore a strategy that has been instrumental in addressing the key factors that perpetuate poverty in Somalia. The strategy has also been formulated based on an analysis of the successes and gaps of the country's previous poverty and inequality eradication strategy. It, therefore, seeks to improve on past lessons given Somalia's poverty eradication efforts.

5.9. PRIORITIES FOR COMBATING POVERTY & INEQUALITY

Economic growth-creating opportunities will be fundamental for pursuing sustainable poverty and vulnerability reduction. Strategies to create jobs, especially for young Somalis, will be particularly important. Improving service provision for those disproportionately lacking access will be crucial to boosting human capital. Investment in resilience will be needed to prevent livelihood loss for vulnerable rural households, especially due to likely future droughts. Such measures could include agricultural insurance, enabling households to diversify income, and improving access to roads and clean water.

6. YOUTH



This section focuses on policies and actions taken by governments to empower young men and women and integrate them into national development processes.

6.1. YOUTH POLICY REFORMS/ ADOPTION SINCE 2018

The Ministry of Youth and Sports (MoYS) has developed a national youth policy (2017-2021) that fully reflects the needs of young people in Somalia. The National Youth Policy has adopted a series of objectives to empower the young people of Somalia and ensure participation and collaborative interventions on youth issues, including a specific focus on a) education and skills development, b) employment creation and economic development, c) healthy lifestyles for boys and girls, d) protection-related issues, and e) inclusion of marginalized youth and promotion of non-discriminatory principles and attitudes (gender equity, support to youth with disabilities, IDPs, etc.).

The policy acknowledges the importance of effective collaboration and coordination amongst all youth development stakeholders to ensure youth have access to equitable opportunities for the development of their full social, economic, and political potential. In 2021, with the support of UNFPA, the ministry revised the national youth policy for 2022-2026.

6.2. INTEGRATION OF YOUTH ISSUES INTO SECTORAL POLICIES AND PROGRAMMES

The government has integrated the specific needs of young people in sectoral government programmes so that they can access economic and social opportunities, participate in democratic and development processes, have a stronger voice and be better served by local and national institutions.

The **National Development Plan (NDP9)** identifies youth among the most vulnerable groups that require special consideration. Investment in TVET and other vocational training and apprenticeships will be offered, particularly to the disadvantaged, including youth and women. The Somali Women's Charter outlines their expectations about economic opportunities, and both Somali Women and Somali Youth have recently approved National Strategies which directly impact this area. Some industries favour female employment, such as fish processing and small retail (especially in the informal sector).

6.3. NATIONAL STRATEGIES FOR YOUTH, SECURITY AND PEACE

The government recognizes that young people are an integral factor in sustaining peace, the national youth policy has a specific pillar on Youth, Peace and Security (YPS), the Ministry has a plan to develop a national strategy on YPS that will implement policies and programmes for youth and to facilitate their constructive engagements through a local, regional and national plan on YPS.

6.4. NATIONAL INSTITUTIONS OR MECHANISMS FOR COORDINATION OF POLICIES AND PROGRAMS TARGETING YOUTH

The **Ministry of Youth and Sports** is responsible for developing and implementing policies, programs, and projects that promote the welfare and development of young people in Somalia.

It coordinates with other government institutions, civil society organizations, and international partners to implement youth programs and initiatives. Currently, there is a plan to establish a Youth cluster as an avenue to coordinate and bring together all stakeholders working on youth development in Somalia.

The **National Youth Council of Somalia (NYCS)** is a non-governmental organization that represents the interests of young people in Somalia. It serves as a platform for youth engagement, advocacy, and coordination on issues affecting young people, including education, employment, and civic participation.

The **Somali Youth Development Network (SYDN)** is a network of youth-led organizations that work to promote youth empowerment and development in Somalia. It focuses on promoting youth participation in decision-making processes, advocacy for youth rights, and capacity building for youth-led organizations.

The **Somali Youth Livelihoods Program (SYLP)** is a joint initiative of the Somali government, the World Bank, and other international partners. It aims to provide economic opportunities for young people in Somalia through training, employment, and entrepreneurship. The Ministry of Labour and Social Affairs taking into account the needs of youth had developed a National Employment policy which promotes decent work opportunities

with three main objectives: Identify and Improve key sectors in terms of employment opportunities, Promote MSM sized enterprises and establish employment Governance system that oversees and coordinates the public employment-related Policy issues. The Ministry also Implemented a Youth Employment program in the years 2018-2020 that has been jointly carried out by UN agencies and the Federal Government of Somalia. in terms of skills development by Youth, The Ministry built three Vocational training Centers across Somalia such as Hargaisa, Putland and Jubaland.

National Employment Program: This program is currently in progress, needs assessment has been conducted and the preliminary findings have been presented to the stakeholders on 11-12 March of this year 2023. This program aims to create job opportunities for youth.

Furthermore, MOLSA developed Occupational Health and Safety Policy to regulate all activities for the management of safety and health risks at workplaces and to provide measures to ensure safe and healthy working conditions for every working man and woman in the nation.

On the other hand, a Labour Code has been developed which protects the rights of workers as most of the working population is young. It also resolves the disputes that arise with the employment contract between the employer and the employee.

In the promotion of youth livelihood, the Ministry of Labour established the National Employment Service Center in partnership with Save the Children. The Centre provides two main functions: To facilitate the matching of job seekers who are looking for employment opportunities with enterprise owners who need workers to fill their vacancies and to upgrade the skills of young trainees to engage the labour market. In total, 600 youths were trained for marketable skills such as renewable energy, construction, and carpentry and around 30 per cent of them engaged in the labour market. Furthermore, the centre plans to train 2000 youths in Entrepreneurship such as electricity, web designing and mechanics.

The United Nations Youth Programme in Somalia (UNYPS) works with national and international

partners to support youth development initiatives in the country. It focuses on promoting youth participation in peacebuilding, entrepreneurship, education, and civic engagement.

These national institutions and mechanisms play a critical role in coordinating policies and programs targeting youth in Somalia. However, the country's ongoing conflict and insecurity pose significant challenges to youth development efforts, and more needs to be done to address the underlying causes of youth marginalization and disempowerment.

6.5. EDUCATIONAL REFORMS TARGETED AT IMPROVING THE QUALITY OF EDUCATION AND RESPONDING TO LABOUR MARKET DEMANDS

The government and other stakeholders have been implementing various educational reforms to improve the quality of education and respond to labour market demands. Here are some of the educational reforms targeted at improving the quality of education and responding to labour market demands in Somalia:

Education Sector Strategic Plan: The Education Sector Strategic Plan (ESSP) is a framework developed by the Somali government in collaboration with stakeholders, including UNICEF and the Global Partnership for Education, to guide education reforms. The ESSP aims to improve access to quality education, strengthen the education system's capacity, and ensure that education aligns with labour market demands.



Technical and Vocational Education and Training (TVET): The Somali government, in partnership with international organizations, has been developing and implementing TVET programs to provide relevant skills and knowledge to young people and adults. The TVET programs focus on sectors such as agriculture, construction, and health.

Curriculum Reform: The Somali government has been undertaking curriculum reforms to improve the quality of education and align it with labour market demands. The new curriculum emphasizes the development of critical thinking, problem-solving, and communication skills.

Teacher Training: The Somali government and international organizations have been providing teacher training to improve the quality of teaching and learning in schools. The training programs aim to equip teachers with the necessary skills and knowledge to deliver quality education.

Education Infrastructure: The Somali government, with support from international partners, has been investing in the rehabilitation and construction of schools to improve access to education.

These educational reforms are aimed at improving the quality of education and aligning it with labour market demands in Somalia. However, the implementation of these reforms faces significant challenges, including insecurity, lack of funding, and limited institutional capacity. More needs to be done to address these challenges to ensure that all Somali children have access to quality education and the necessary skills to contribute to the country's development.

6.6. PROGRAMS GUARANTEEING THE RIGHT TO DECENT WORK, PROVIDING JOB OPPORTUNITIES, AND INCLUDING YOUTH IN SOCIAL PROTECTION PROGRAMS

Somalia is one of the poorest countries in the world, and its youth population has faced numerous challenges in accessing decent work opportunities. The government and international organizations have been implementing various programs to guarantee the right to decent work, provide job opportunities, and include youth in social protection programs. Here are some of the programs and

conventions:

The Ministry of Labour and Social Affairs (MoLSA) ratified 7 conventions in 2021. The ratifications represent a major milestone that will lead to improved rights and the well-being of the country's workforce (FESTU, 2021). The conventions include:

- CO97: Migration for employment (July 1, 1949)
- CO155: Health and Safety at Workplace.
- CO144: Tripartite consultation for the improvement of better industrial relations and stakeholder relations
- CO143: The Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)
- CO190: Violence and Harassment Convention
- CO181: Private Employment Agencies Convention, 1997
- CO187: Promotional Framework for occupational safety and Health Convention, 2006

The labour code has been drafted and translated. It's currently being edited in readiness for submission to the cabinet for approval. The code, if passed into law, will protect the rights of workers, and provide a mechanism for workplace dispute resolution. It will also improve tripartite relationships in the workplace.

Youth Employment Program: The Somali government, with support from the World Bank, has been implementing a Youth Employment Program that provides job opportunities to young people in the country. The program focuses on sectors such as agriculture, fisheries, and construction.

Youth Livelihoods Program: The Youth Livelihoods Program, funded by the European Union, provides vocational training and start-up capital to young people to start their businesses. The program focuses on sectors such as agribusiness, renewable energy, and creative industries.

Social Safety Nets: The Somali government, with support from international organizations such as the World Food Programme, has been implementing social safety nets that provide cash transfers and food assistance to vulnerable households. The program targets households with young children and pregnant and lactating women.

National Employment Policy: The National

Employment Policy was endorsed by the cabinet in 2019 and aims to promote decent work opportunities and improve the labour market. The policy focuses on issues such as labour market information, skills development, and social protection.

Public Works Program: The Public Works Program, funded by the World Bank, provides temporary employment opportunities to young people in the country. The program focuses on sectors such as road construction, rehabilitation of schools, and environmental protection.

These programs are targeted at guaranteeing the right to decent work, providing job opportunities, and including youth in social protection programs in Somalia. However, the implementation of these programs faces significant challenges, including insecurity, lack of funding, and limited institutional capacity. More needs to be done to address these challenges to ensure that all Somali youth have access to decent work and social protection programs.

6.7. YOUTH ENTREPRENEURSHIP AND MSME

Entrepreneurship and Micro, Small and Medium-sized Enterprises (MSMEs) are critical for economic growth and job creation in Somalia. The country has a large youth population that has faced numerous challenges in accessing decent work opportunities. However, the government and international organizations have been implementing various programs to promote youth entrepreneurship and SME development. Here are some of the initiatives:

Somalia Youth Enterprise Initiative (YES): The Somalia Youth Enterprise Initiative, funded by the World Bank, provides entrepreneurship training, mentoring, and access to finance for young entrepreneurs. The program focuses on sectors such as agribusiness, fisheries, and renewable energy.

Business Development Services (BDS): The BDS program, funded by the United Nations Development Programme (UNDP), provides training and support services to SMEs to improve their competitiveness and growth. The program focuses on sectors such as trade, tourism, and construction.

Microfinance and Access to Finance: The Somali government and international organizations have been providing microfinance and access to finance to SMEs to enable them to start or expand their businesses. The program includes providing loans, grants, and guarantees to SMEs. In the last couple of years, with funding from the European Union, UNFPA has been providing start-up capital to youth SMEs to enhance the social-economic status of the youth. The MoYS with the support of UNFPA and EU is currently implementing a three-year socio-economic Empowerment of Youth; the objective of the project is to build peace and mitigate radicalization among the youth by improving opportunities for youth to engage in peacebuilding, skills development, income generation, entrepreneurship, sports and culture.

Business Incubation Centres: The government, in collaboration with international organizations, has been establishing business incubation centres to support the development of SMEs. The centres provide entrepreneurs with training, mentoring, and access to finance and markets.

Policy and Regulatory Framework: The government has been developing a policy and regulatory framework to support SME development and entrepreneurship. The framework includes initiatives such as streamlining business registration and licensing processes, simplifying tax regulations, and reducing trade barriers.

These initiatives are meant to promote youth entrepreneurship and SME development in Somalia. However, the implementation of these programs faces significant challenges, including insecurity, lack of funding, and limited institutional capacity. More needs to be done to address these challenges to ensure that all Somali youth have access to entrepreneurship opportunities and SME development programs.

6.8. YOUTH CIVIC PARTICIPATION

Youth civic participation is an essential aspect of democracy and good governance, and Somalia has been working towards promoting youth engagement in the political and civic life of the country. Here are some of the initiatives aimed at promoting youth civic participation in Somalia:

National Youth Policy: The Somali government has developed a National Youth Policy that aims to promote youth engagement in political and civic life. The policy focuses on issues such as youth participation in decision-making, access to education and employment, and the protection of youth rights.

Youth Civic Education: The government and international organizations have been providing civic education to young people to enable them to participate in the democratic process effectively. The education includes topics such as the electoral process, human rights, and civic responsibility.

Youth Political Participation: The government and political parties have been working towards promoting youth political participation by increasing the number of youth candidates and promoting youth representation in government positions.

Youth Leadership Training: The government and international organizations have been providing leadership training to young people to develop their leadership skills and enable them to become effective advocates for their communities.

Youth Empowerment Programs: The government and international organizations have been implementing youth empowerment programs that provide young people with the resources and skills they need to participate in civic and political life effectively.

6.9. YOUTH PARTNERSHIPS AND COLLABORATION (GOVERNMENT, CIVIL SOCIETY, PRIVATE SECTOR)

Youth partnerships and collaboration between the government, civil society, and the private sector are critical for promoting youth development and addressing the challenges facing young people in Somalia. Here are some of the initiatives aimed at promoting youth partnerships and collaboration in Somalia:

Youth Advisory Councils: The government has established youth advisory councils that bring together young people from different regions and backgrounds to provide input on policies and programs that affect their lives.

Public-Private Partnerships: The government has been working with the private sector to promote youth entrepreneurship and employment opportunities. The partnerships include initiatives such as providing training and access to finance for young entrepreneurs and creating job opportunities in sectors such as agriculture and renewable energy.

Youth Networks and Coalitions: Youth networks and coalitions have been established to promote collaboration and partnerships between youth-led organizations, civil society, and the private sector. The networks provide a platform for young people to share ideas and resources and collaborate on projects.



Youth-led Civil Society Organizations: Numerous youth-led civil society organizations in Somalia work on issues such as human rights, gender equality, and youth empowerment. These organizations collaborate with the government and the private sector to promote youth development and address the challenges facing young people.

Youth Empowerment Programs: The government and international organizations have been implementing youth empowerment programs that provide young people with the resources and skills they need to participate in civic and economic life effectively. These programs often involve partnerships between the government, civil society, and the private sector.

6.9.1. DATA AND STATISTICS ON YOUTH

The youth unemployment rate is an important indicator for Somalia, given that young people form the bulk of the population. According to the Population Estimation Survey, (PESS 2014 Just under half (45.6 per cent) of the population is less than 15 years old, and three-quarters (75 per cent) of the population is under 30 years, with 37 per cent of the youth aged 15-24 being unemployed (UNFPA, 2014). According to SHDS 2020, the adolescent birth rate for young mothers aged 15 -19 is 118 per 1,000 women (Directorate of National Statistics, 2020).

6.9.2. CHALLENGES IN EMPOWERING YOUTH

Empowering youth in Somalia is confronted with significant challenges, including:

Conflict and instability: The ongoing conflict and instability in Somalia have created significant challenges for youth empowerment. The conflict has resulted in the displacement of millions of people, including young people, and has limited access to education, health care, and employment opportunities.

Limited access to education: The education system in Somalia has been severely impacted by the conflict and instability, and access to education remains limited, particularly for girls. The lack of education limits opportunities for young people to acquire the skills and knowledge they need to succeed in life.

High youth unemployment: The youth unemployment rate in Somalia is one of the highest in the world, with few employment opportunities available for young people. The lack of employment opportunities limits economic empowerment and contributes to poverty and social exclusion. One of the big challenges that youth face is the mismatch of labour supply and demand, i.e., there is an oversupply of labour and low demand in the labour market.

Limited access to finance: Young people in Somalia often face challenges in accessing finance to start businesses or engage in entrepreneurial activities, which limits economic empowerment.

Limited institutional capacity: The Somali government and civil society organizations often lack the institutional capacity and resources needed to effectively implement programs aimed at empowering youth.

Gender inequality: Gender inequality remains a significant challenge in Somalia, with young women facing multiple barriers to empowerment, including limited access to education, employment, and decision-making positions.

Addressing these challenges requires a multi-sectoral approach that involves the government, civil society, and the private sector. More needs to be done to invest in education, create employment opportunities, and provide access to finance for young people in Somalia. Addressing gender inequality and promoting women's empowerment is also critical for promoting youth empowerment and sustainable development in Somalia.

6.10. SUCCESS FACTORS

Despite the challenges facing youth in Somalia, there are success factors that contribute to the empowerment and success of young people in the country. Some of these success factors include:

Education: Education is a critical success factor for young people in Somalia. Access to education can provide young people with the skills and knowledge they need to succeed in life, including entrepreneurship, employment, leadership opportunities and technical skills development.

Entrepreneurship: Entrepreneurship can provide young people with opportunities to create their businesses and generate income, contributing to economic empowerment and poverty reduction.

Access to finance: Access to finance can enable young people to start businesses and engage in entrepreneurial activities, contributing to economic empowerment and poverty reduction.

Partnership and collaboration: Collaboration and partnerships between the government, civil society, and the private sector can create opportunities for young people and promote their participation in decision-making processes.

Social protection programs: Social protection programs can provide vulnerable young people with support and resources to improve their living standards and access opportunities for personal and professional growth.

Leadership development: Leadership development programs can provide young people with the skills and confidence they need to become effective leaders in their communities, contributing to social and economic development.

Technology: Technology can provide young people with access to information, education, and employment opportunities, contributing to economic and social empowerment.

6.11. PRIORITIES FOR EMPOWERING THE YOUTH

Empowering youth in Somalia requires a comprehensive approach that addresses the diverse challenges young people face. Here are some priorities for empowering the youth in Somalia:

Education: Improving access to education for all young people, including girls, should be a priority. This includes investing in infrastructure, teacher training, and curriculum development to ensure that young people have access to quality education.

Employment: Creating employment opportunities for young people is crucial for their economic empowerment. This requires investment in sectors that can create jobs, as well as policies and programs that support entrepreneurship and skill development.

Access to finance: Young people need access to finance to start businesses and engage in entrepreneurial activities. Policies and programs should be developed to provide access to finance, including microfinance and other forms of financing.

Gender equality: Addressing gender inequality is essential for empowering young women in Somalia. This requires investment in education, healthcare, and economic opportunities for girls and women.

Civic participation: Promoting youth participation in decision-making processes is essential for empowering young people and promoting democracy and good governance. This includes creating opportunities for young people to engage in civic education, community service, and leadership development.

Social protection: Investing in social protection programs can provide support and resources to vulnerable young people and promote their well-being and development.

Infrastructure development: Investing in infrastructure, such as roads, water supply, and sanitation, can create employment opportunities and promote economic development, benefiting young people.

7. PERSONS WITH DISABILITIES



This section focuses on the policies and measures taken by governments to protect the rights of persons with disabilities and enhance their access to services and opportunities without discrimination and include them in national development processes.

The Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol were adopted by a resolution of the United Nations General Assembly in 2006. The Convention represents a major opportunity to generate breakthroughs for approximately 15 per cent of the world's population. It is dedicated to realizing participation, equality, and non-discrimination of persons with disabilities with particular attention to women and children with disabilities. In 2011, the World Health Organization and the World Bank estimated that more than one billion people globally live with some form of disability, most of whom are women. They projected that disability is increasingly relevant as its prevalence is on the rise. This is due to ageing populations and the higher prevalence of disability among older persons as well as the global increase in chronic health conditions. The same year, United Nations system entities together with civil society spearheaded a collaborative effort, the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD).

Disability is a complex and multidimensional concept and its a cross-cutting issue that can

impact a person at any point across their lifespan. Its intersectionality with gender, race, ethnicity, indigenous group identity, migrant worker status, and other characteristics can lead to unique and multiple forms of exclusion and discrimination. Disability is often not inherently due to a person's impairments but to the limitations imposed by society that prevent these persons from equal and meaningful participation. Persons with disabilities face attitudinal, infrastructural, and environmental barriers. These barriers further limit their social, economic, and civic participation. Individuals also experience the onset of disabilities as they age. These limitations are categorized into: Attitudinal barriers which are negative attitudes that may be rooted in cultural, hatred, unequal distribution of power, discrimination, prejudice, ignorance, stigma and bias, among other reasons. Environmental barriers include physical obstacles and can be either in the built or natural environments. Institutional barriers refer to laws, policies and regulations that do not put into consideration the needs of persons with disabilities.

Similarly, the International Conference on Population

and Development (ICPD) marked a revolution in 1994. It reimagined how the world thinks about population, development and reproductive rights through a people-centred approach. In 2019, the 25th anniversary of the ICPD was celebrated in Nairobi, where Over 8,300 delegates from about 170 countries including Somalia reaffirmed that human rights, including reproductive rights, are fundamental to development and in addressing inequality. The ICPD Programme of Action calls on states to direct their attention to the sexual and reproductive health needs of persons with disabilities, and it demands the elimination of discrimination that undermines the reproductive rights of persons with disabilities. Despite progress made since 1994, prejudice and systemic discrimination against persons with disabilities remain widespread.

People with disabilities in Somalia are marginalized in all aspects of humanitarian response, including economic, social, and cultural rights. They are among the most vulnerable members of communities due to social stigma, inaccessibility, marginalization, and discrimination, and they have poorer health, lower educational attainment, fewer economic opportunities, and higher rates of poverty than physically abled or fully mobile people due to a lack of access to a variety of services. Similarly, families of persons with disabilities frequently face barriers because of stigma and a lack of services and opportunities for their family members with disabilities. Many children with disabilities do not attend schools and are kept at home, out of sight. Children and adults with disabilities are stigmatized, segregated, and given derogatory and collective names. The conflict exacerbates the barriers that children with disabilities face, and girls and IDPs with disabilities are disproportionately affected.

7.1. ADOPTION/AMENDMENT OF LAWS AND STRATEGIES IN LINE WITH THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) is an international human rights treaty that aims to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities. Somalia signed the United Nations

Convention on the Rights of Persons with Disabilities (UNCRPD) as the 178th State Party and ratified it on August 6, 2019, committing itself to take measures to ensure that persons with disabilities enjoy their rights on an equal basis with others.

Adopting and amending laws and strategies in line with the UNCRPD is crucial for ensuring the protection and promotion of the rights of persons with disabilities in Somalia. Some key steps that Somalia has taken to implement the convention include:

The Provisional Constitution of the Federal Republic of Somalia provides equal rights before the law for persons with disabilities and prohibits the state from discriminating against persons with disabilities. It's Article 11 states that (1) All citizens, regardless of sex, religion, social or economic status, political opinion, clan, disability, occupation, birth or dialect shall have equal rights and duties before the law. (2) Discrimination is deemed to occur if the effect of an action impairs or restricts a person's rights, even if the actor did not intend this effect. (3) The State must not discriminate against any person based on age, race, colour, tribe, ethnicity, culture, dialect, gender, birth, disability, religion, political opinion, occupation, or wealth. (4) All State programs, such as laws, or political and administrative actions that are designed to achieve full equality for individuals or groups who are disadvantaged, or who have suffered from discrimination in the past, shall be deemed to be not discriminatory.

Somalia signed the Global Disability Summit charter on 24 July 2018 in London in which it made eight priority commitments in the following areas: a) Conflict and Humanitarian Contexts, b) Data Disaggregation, c) Elimination of Stigma and Discrimination, d) Harnessing Technology and Innovation, e) Inclusive Education, f) Routes to Economic Empowerment, g) Women and Girls with Disabilities and, h) Inclusion of the of Persons with Disabilities (PWDs) in the new constitution to ensure a more inclusive society and better political participation of PWDs in the electoral process.

To address economic empowerment, a law was enacted in December 2018, establishing a National Disability Agency with the mandate to develop livelihood and vocational skills training centres to

enable persons with disabilities to have access to economic opportunities. Consequently, a National Disability Agency (NDA), was formed in 2021 as part of the Government's legislative response to the ratification of the UN Convention on the Rights of Persons with Disabilities. The mandate of the NDA includes facilitating PWDs' access to assistive devices and technology as well as facilitating skill training for PWDs for them to access economic opportunities such as start-up capital and financing from financial institutions through Public Private Partnerships. Five Commissioners with disabilities were appointed by Prime Ministerial Decree Lr. 122 on January 21, 2021. Comprising (3 females and 2 males), Chair (male) Deputy Chair (female), General Secretary (female) and two members.

Progress has also been made regarding inclusive education and the economic empowerment of persons with disabilities. Disabled Peoples Organisations (DPOs) have successfully advocated for a framework for the visually impaired to take national examinations in accessible formats.

After ratification of the Convention on the Rights of Persons with Disability in 2019, the Government through the federal MoWHRD embarked on the development of the National Disability Bill, a draft of which is undergoing stakeholder input before its presentation to the cabinet for approval into law. However, currently, there's no national disability policy or action plan on disability.

The Ministry of Education, Culture and Higher Education drafted the first Somalia National Special Educational Needs Disability and Inclusive Education (SEND&IE) Policy which is providing a framework for interventions for securing access to education for all children in Somalia.

7.2. PROGRAMS OR MEASURES TO PROMOTE AND PROTECT THE RIGHTS OF PERSONS WITH DISABILITIES

In Somalia, persons with disabilities face significant barriers to accessing their rights and participating fully in society. However, some programs and measures have been implemented to promote and protect their rights. Here are a few examples:

The Ministry of Women and Human Rights Development (MoWHRD) has collaborated with

the Ministry of Constitutional Affairs (MoCA) in mobilizing the inclusion and effective participation of Somali persons with disabilities in the process of reviewing the Provisional Federal Constitution in 2018 to make sure that the rights of persons with disabilities are well articulated in the constitution. There are also efforts underway to establish a coordination mechanism for humanitarian crisis preparedness and response that is based on the 'Do No Harm' principle.

There has also been progress in inclusive education and the economic empowerment of persons with disabilities. Disabled Persons Organisations (DPOs) have successfully advocated for a framework that allows visually impaired persons to take national exams in accessible formats. To address economic empowerment, a law was passed in December 2018 that established a National Disability Agency with the mission of developing livelihood and vocational skills training centres to enable persons with disabilities to access economic opportunities.

According to the Ministry of Education, Culture, and Higher Education's National Education Sector Strategic Plan (2022-2026), Somalia officially identified Persons with Disabilities (PwD) as a vulnerable population in its Humanitarian Response Plan for 2020, indicating its recognition of the challenges PwD face in accessing public goods (Humanity & Inclusion, 2020). Somalia's provisional constitution guarantees rights to all citizens, regardless of disability status. The federal government's "Special Education Needs and Inclusive Education Policy (SEND & IE)" explicitly extended this to the Right to Education. In Somalia, inclusive education is limited due to the numerous challenges that children with disabilities face. Disability is frequently stigmatized, and cultural prejudices prevent Children with Disabilities (CwDs) from attending school.

In this regard, the following strategies must be implemented to ensure that children with disabilities have access to, progress through, and complete primary school.

- Strategy 2.3.1: Increase communities' awareness and participation in Special Needs Education (SNE)
- Strategy 2.3.3: Build the capacity of teachers and head teachers on inclusive education

- Strategy 2.3.2: Improve school facilities and provide appropriate teaching and learning materials to meet the needs of children with disabilities
- Strategy 4.1.1 Establish and expand Alternative Basic Education (ABE) provision
- Strategy 4.1.2: Increase community awareness of ABE

According to the Ministry of Education, Culture and Higher Education, there are over 20 schools supporting students with different disabilities in Somalia. Table 1 below provides a list of special schools in the county, the number of Students and the location of the schools:

S/N	Names of the schools	No of students	Location
1.	Yaqshiid School for the Deaf	155	Yaqshid-Banadir
2.	SONAD School for the Deaf	176	H/wadaag-Banadir
3.	Madina School for the Deaf	45	Wadajir-Banadir
4.	Al-Nur School for the Blind	77	Yaqshid-Banadir
5.	Al-Basiir School for the Blind	19	H/wadag-Banadir
6.	Somali Braille Printing and School for the Blind	22	Waberi-Banadir
7.	Mustaqbal Special School (Autistic children)	70	Hodan- Banadir
8.	Daryel School for the Deaf	20	Elasha, Southwest
9.	Mustaqbal Integrated School	235	Baidoa, Southwest
10.	Baidoa Disability School	35	Baidoa, Southwest
11.	Autism Somalia Centre (autistic children)	0	Garowe-Puntland
12.	Al-Basar School for Blind	40	Garowe-Puntland
13.	Beder SNE School (deaf, blind and physical)	104	Kismayo, Jubbaland
14.	Puntland Deaf School	50	Garowe, Puntland
15.	Galmudug School for the Deaf (2 classes in Ablal School)	25	Dhusamareb, Galmudug
16.	Adado school for the Deaf	18	Adado, Galmudug
17.	Omar Bin Khatab Lower Primary School	550	Berbera, Somaliland
18.	Hargeisa School for the Deaf	Don't Know	Hargeisa, Somaliland
19.	Borama School for Deaf	108	Borama, Somaliland
20.	Sound and Silent primary school	Don't Know	Hargeisa, Somaliland
21.	Burao School for Deaf	100	Hargeisa, Somaliland

The National Social Protection Policy which was approved by the cabinet ministers in 2019 aims to progressively expand access to social care and social assistance through national programs that support the poorest and most vulnerable people, especially but not limited to children, women, disabled orphans, IDP, people with mental health needs, and the elderly but also taking into account needs of those with labour capacity to improve their standard of living in line with minimum social protection floor, and to contribute to human capital development and build resilience to shocks.

The Shock Responsive Safety Net for Human Capital Project (SNHCP) in 2020 targets the current cohort of 200,000 beneficiary households, who are entitled to three years of benefits. The most vulnerable and under-represented members of the communities will be encouraged to participate. Specific attention will be paid to age, gender, disability, and clan representation from across the community. The criteria for selection of the beneficiary households are listed in ranked priorities; the first criteria for inclusion are the households with children under the age of five. Other households that are given priority include those with persons with disabilities, malnourished pregnant and lactating women, a high dependency ratio to the sole breadwinner, a lack of or limited livelihood assets, child-headed households, a lack of a breadwinner, etc.

SAGAL Social Transfers for vulnerable Somali people is a project designed to improve the resilience of households to conflict and climate-related shocks and disasters targeting 44,221 households, or 265,326 individuals with a focus on internally displaced persons (IDPs), returnees and host communities. In line with the UN Convention on Rights of Persons with Disabilities (CRPD), the project will ensure mainstreaming by including people with special needs such as people living with disabilities.

Disability-inclusive education: The government has implemented policies to ensure that children with disabilities have access to education. This includes developing special needs schools and providing training for teachers on how to support students with disabilities.

Rehabilitation services: The government has not yet established rehabilitation centres to provide

physical therapy and other support services for persons with disabilities. However, the National disability agency has plans to establish one National rehabilitation centre in Mogadishu in the coming years.

Disability rights advocacy groups: There are several organizations in Somalia working to promote and protect the rights of persons with disabilities. These groups engage in advocacy and awareness-raising activities to raise awareness about the rights of persons with disabilities and to push for policy change. There are approximately 30 organizations engaged in advocating for the rights of persons with disabilities.

Disability-friendly infrastructure: Almost all public buildings and facilities in Somalia have not been designed to be accessible to persons with disabilities. As such lack of (ramps, accessible toilets, learning facilities and walking pavements).

7.3. DATA AND STATISTICS ON PERSONS WITH DISABILITIES

Data and statistics on persons with disabilities in Somalia are limited and difficult to obtain due to a lack of reliable and comprehensive data collection systems. However, here are some available information:

A labour force survey conducted by Somalia National Bureau of Statistics in 2019 which adopted the 'Washington Set of Questions' to ensure that demographic data collected is disaggregated by gender, age and category of disability found 4 per cent of the population was living with a disability. The highest disability types were self-care at 30 per cent, communication at 24 per cent and mobility at 18 per cent. Furthermore, the survey results showed that among persons with multi-dimensional disability, approximately two-thirds (67 per cent) of them suffered from functional disability in one domain.

Another national survey (Somali Health and Demographic Survey) conducted by the Somalia National Bureau of Statistics which was released in 2020 showed that around 5 per cent of the population suffers from disabilities. The prevalence of disability among females and males is the same, at 5 per cent. In the youngest age group, 5 per

cent of under-fives suffer from disabilities. The prevalence of disability dropped to 3 per cent in the slightly older age group of 5-9 years, before steadily rising to 30 per cent for those aged 70 years and above (Directorate of National Statistics, 2020).

According to the Somalia Integrated Household Budget Survey (SIHBS 2022), conducted by the Somalia National Bureau of Statistics in 2022, approximately 8.3 per cent of the population is disabled. Females have slightly higher rates of disability than males (8.8 per cent to 7.8 per cent).

Humanitarian situation: Persons with disabilities are among the most vulnerable groups in the country, with many of them facing additional challenges due to the ongoing conflict and displacement in Somalia.

7.4. PARTNERSHIPS WITH ORGANIZATIONS OF PERSONS WITH DISABILITIES

Partnerships with organizations of persons with disabilities in Somalia are essential for promoting and protecting the rights of persons with disabilities and ensuring their full inclusion in society. Here are a few examples of organizations that work with persons with disabilities in Somalia:

Somali Disability Empowerment Network (SODEN): SODEN is a non-governmental disability-led organization that aims to empower persons with disabilities through advocacy, capacity building, and awareness-raising activities.

Humanity Inclusion is an international organization that works with persons with disabilities in Somalia to provide rehabilitation services, promote inclusive education, and support their economic empowerment.

Somali Association of Female Disability (SAFDI) is a grassroots organization that works to promote the rights of women with disabilities in Somalia. The organization provides training and support to women with disabilities to enable them to participate fully in society.

Somali National Association of the Deaf (SNAD): Founded in April 2007, is an organization that advocates for the rights of deaf persons in Somalia. The organization provides sign language interpretation services and works to promote the inclusion of deaf persons in all aspects of society. It also provides training for deaf people.

Disability Aid Foundation (DAF): Seeks to empower Persons with Disabilities (PwDs) and their communities in Somalia and across Africa.



The foundation advocates for the rights, inclusion, and participation of persons with disabilities. Works with partners and communities to build an inclusive society where persons with disabilities have equal access to education, health, and social protection services.

These organizations work closely with persons with disabilities in Somalia to identify their needs and priorities and to develop strategies to address them. By partnering with these organizations, governments, donors, and other stakeholders can ensure that the voices and perspectives of persons with disabilities are heard and that their rights are fully respected and protected.

Somali Inclusive Education Network (SIEN): is an education network that works for the support and advocacy of inclusive education programs for persons with disabilities. They provide Teachers' training, Student Learning Support and learning Guidelines and curriculum.

Somali Disability Inclusive Cluster: is a cluster that gathers 27 Disabled People Organizations. It coordinates the collective efforts in addressing challenges against DPOs in the country.

7.5. CHALLENGES ENCOUNTERED IN PROMOTING THE RIGHTS OF PERSONS WITH DISABILITIES

Promoting the rights of persons with disabilities in Somalia is a complex and challenging task due to a range of factors. Here are some of the key challenges that are encountered:

Limited resources: Somalia is one of the poorest countries in the world, and there are limited resources available to support persons with disabilities. This makes it difficult to provide the necessary services and support to promote their rights and full inclusion in society.

Lack of awareness: There is a general lack of awareness and understanding of disability issues in Somalia, and this can make it challenging to gain support for disability-related initiatives.

Inadequate legal framework: The legal framework for disability rights in Somalia is inadequate, and there is a lack of enforcement of existing laws and policies. This can make it difficult to hold

governments and other actors accountable for protecting the rights of persons with disabilities.

Conflict and instability: Somalia has been plagued by conflict and instability for many years, and this has had a negative significant impact on the lives of persons with disabilities. The ongoing violence and displacement can make it difficult for them to access services and support.

Stigma and discrimination: Persons with disabilities in Somalia face significant stigma and discrimination, which can prevent them from fully participating in society and accessing the services and support they need.

Lack of data: As mentioned earlier, there is a lack of reliable and comprehensive data on disability in Somalia, which makes it difficult to understand the needs and experiences of persons with disabilities and to develop targeted policies and programs.

Accessibility: The lack of accessibility in public spaces and buildings is a major challenge for persons with disabilities in Somalia, with most buildings not being designed to accommodate their needs.

Employment: Most persons with disability often face difficulties getting a job due to discrimination and a lack of appropriate skills.

Addressing these challenges requires a multi-faceted approach that involves collaboration between government, civil society organizations, and other stakeholders. It is important to prioritize the voices and perspectives of persons with disabilities and to involve them in the design and implementation of initiatives aimed at promoting their rights and inclusion in society.

7.6. PRIORITIES FOR PROTECTING AND EMPOWERING PERSONS WITH DISABILITIES

Protecting and empowering persons with disabilities in Somalia requires a comprehensive approach that addresses the multiple challenges they face. Here are some priorities for promoting the rights of persons with disabilities in Somalia:

Strengthening the legal framework: There is a need to strengthen the legal framework for disability rights in Somalia and to ensure that existing laws

and policies are enforced. This includes developing new laws and policies to address gaps in the current framework. The national disability bill currently with the cabinet, if successively passed into law, will provide opportunities for disabled persons as it mandates for 5% (quota) of civil service jobs to be reserved for persons with disability.

Promoting awareness and understanding: There is a need to raise awareness and understanding of disability issues in Somalia among the general public, policymakers, and service providers. This can help to reduce stigma and discrimination and improve access to services and support.

Improving access to services: There is a need to improve access to healthcare, education, and other essential services for persons with disabilities in Somalia. This includes ensuring that these services are accessible and inclusive.

Supporting economic empowerment: Persons with disabilities in Somalia face significant barriers to employment and economic empowerment. There is a need to develop programs and initiatives that support their economic empowerment and enable them to participate fully in the workforce.

Enhancing data collection and research: There is a need to enhance data collection and research on disability in Somalia to better understand the needs and experiences of persons with disabilities and to develop targeted policies and programs.

Strengthening partnerships: Partnerships between government, civil society organizations, and other stakeholders are essential for promoting and protecting the rights of persons with disabilities in Somalia. There is a need to strengthen these partnerships and to involve persons with disabilities in the design and implementation of initiatives aimed at promoting their rights and inclusion in society.

Addressing these priorities requires sustained commitment and resources from the government, donors, civil society organizations, and other stakeholders. By prioritizing the protection and empowerment of persons with disabilities, Somalia can work towards building a more inclusive and equitable society.

7.7. ENABLING FACTORS AND AVAILABLE OPPORTUNITIES FOR PERSONS WITH DISABILITIES

Persons with disabilities in Somalia face numerous challenges and barriers to their full inclusion and participation in society. However, there are also several enabling factors and available opportunities that can help improve their situation. Some of these include:

Legal framework: Somalia has ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and has enacted the National Disability Agency Establishment Law to protect the rights of persons with disabilities.

Disability-focused organizations: There are several non-governmental organizations (NGOs) in Somalia that focus on disability issues and provide support and services to persons with disabilities.

Accessible infrastructure: Some public buildings, transport services, and public spaces in Somalia have been designed or modified to be accessible to persons with disabilities.

Education: Although there is a significant gap in access to education for persons with disabilities in Somalia, some schools and universities are beginning to provide inclusive education.

Employment opportunities: Some employers in Somalia are beginning to recognize the value of hiring persons with disabilities and are actively seeking to create inclusive workplaces.

Assistive technologies: Advances in technology are making it possible for persons with disabilities to access a range of assistive devices and software, which can help them to live independently and participate more fully in society.

Disability rights advocacy: There are disability rights advocacy groups in Somalia that work to promote the rights of persons with disabilities and raise awareness of the issues they face.

Overall, while there are still many challenges facing persons with disabilities in Somalia, these enabling factors and available opportunities are important steps towards improving their situation and promoting their full inclusion in society.

8. HEALTH



This section focuses on policies and actions taken by governments to ensure a healthy life for all with a focus on meeting needs related to reproductive rights and reproductive and sexual health services.

8.1. Laws and policies adopted or amended to address needs related to reproductive rights and the provision of reproductive and sexual health services

Somalia has been experiencing political instability and conflict for several decades, which has resulted in significant challenges related to the provision of sexual and reproductive health services, as well as the protection of reproductive rights. Somalia, therefore, can be said to have a complex political and legal environment, and access to sexual and reproductive health services remains limited for many women and girls, especially in inaccessible areas, IDP camps as well as rural and nomadic areas.

There have been efforts to formulate laws and policies to address reproductive health issues in Somalia. In 2015, the Somali government developed a National Reproductive Health Strategy and Action Plan (2016-2019) aimed at improving access to reproductive health services and addressing the high rates of maternal mortality in the country. The plan focused on improving the availability and quality of reproductive health services, increasing community awareness and involvement in reproductive health

issues, and strengthening the capacity of health workers to provide reproductive health services.

In 2018, a Maternal and Child Health Care Law was enacted. This law provides for free maternal and child health care services in public health facilities, including antenatal care, childbirth services, and postnatal care. The same year, an FGM bill was drafted. The Bill if passed into law will criminalize FGM/C practices that affect many girls and women in the country.

In 2019, a National Reproductive Health Policy and a National Gender Policy were developed: The Reproductive Health Policy outlines the government's commitment to improving access to reproductive health services for all Somalis, including birth spacing, and antenatal and postnatal care services. The Gender Policy on the other hand aims to promote gender equality and empower women and girls in Somalia, including by improving access to sexual and reproductive health services.

While these laws and policies are important steps towards improving access to reproductive rights and sexual health services in Somalia, there is still

a long way to go in terms of implementation and enforcement. In addition, the ongoing conflict and instability in the country pose significant challenges to the delivery of health services, including sexual and reproductive health services.

8.2. Strategies, implementation plans or programs to address needs related to reproductive rights, sexual and reproductive health services and provision of services

Access to reproductive rights and sexual and reproductive health services remains a critical issue in Somalia, particularly for women and girls. There are several existing strategies, implementation plans, and programs in place aimed at addressing these needs. Here are some examples:

Strengthening Health Systems: One key strategy is to strengthen health systems in Somalia to provide more comprehensive and accessible sexual and reproductive health services. This can involve improving infrastructure, training healthcare workers, and increasing the availability of essential medicines and supplies. In 2019, the government developed the Reproductive Maternal, Newborn, Adolescent and Child Health Strategy (2020–2024), which is a 5-year plan that will ensure coordinated efforts of partners working to support reproductive, maternal, neonatal, child and adolescent health in Somalia. In 2021 The Ministry of Health and Human Services established a project for improving health care services in the country called Damal Caafimad. The project is funded by the World Bank through a grant from the Global Financing Facility for Women, Children and Adolescents. The Somali Health and Nutrition Programme (SHINE) is a five-year FCDO-funded project (2019–2021) aimed at improving the health and nutrition status of Somalis, with a particular focus on women and children. Within SHINE, h system through improvements to health workforce management and policy development.

Community-Based Health Services: Another strategy is to provide sexual and reproductive health services through community-based approaches. This can involve training community health workers to provide basic services, such as birth spacing counselling, and linking communities with health facilities.

Education and Awareness-Raising: Education and awareness-raising programs can help to increase knowledge about reproductive rights and sexual health, reduce stigma and discrimination, and promote healthy behaviours. Such programs can be targeted towards specific populations, such as young people or women. For example, the Global Partnership for Education (GPE) provides education and awareness. The Female health workers provide basic services, and health promotion activities including family planning services.

Partnerships and Collaboration: Collaboration among government agencies, non-governmental organizations, and other stakeholders can help to mobilize resources, share expertise and knowledge, and coordinate efforts to improve access to sexual and reproductive health services.

Humanitarian Response: Somalia is regularly affected by humanitarian crises, such as droughts and conflicts, which can exacerbate existing health challenges. Humanitarian response efforts can help to address the urgent reproductive health needs of affected populations, including through the provision of emergency obstetric care and birth spacing services. The Somalia Humanitarian Fund (SHF) is a multi-donor pooled fund created in 2010 to allocate funding for the most urgent lifesaving interventions in the country.

In response to humanitarian crises, the humanitarian agencies come up with a Humanitarian Response Plan which is a presentation of the coordinated, strategic response to meet the acute needs of people affected by the crisis. The humanitarian response in Somalia by the UN family is coordinated by OCHA.

Overall, these strategies, implementation plans, and programs are important steps towards improving access to reproductive rights and sexual and reproductive health services in Somalia. However, ongoing conflict and instability in the country present significant challenges to the delivery of health services, and continued efforts are needed to ensure that all Somalis have access to the care they need.

8.3. Laws, policies, or actions taken to eliminate teenage pregnancy and Female Genital Mutilation (FGM)

Teenage pregnancy and Female Genital Mutilation (FGM) are significant challenges in Somalia, particularly for girls and young women. Efforts have been made to address these issues through various laws, policies, and actions. Here are some examples:

Strengthening legal frameworks: Efforts have been made to strengthen the legal framework around reproductive rights and FGM, including through the development of national policies and guidelines.

According to Article 15, section 4 of the provisional constitution stipulates that Female circumcision is a cruel, degrading customary practice that's tantamount to torture and is therefore prohibited.

In 2018, the FGM Bill was drafted by the Somali government to be passed into a law criminalizing all forms of FGM. This was a significant step towards eliminating the practice, which affects an estimated 98% of Somali women and girls. However, this Bill has not been approved since. The National Policy and Action Plan on FGM/C abandonment was developed in 2017, which outlines a comprehensive strategy for addressing FGM in the country. The policy aims to eliminate FGM within a generation and outlines specific goals, strategies, and activities for achieving this objective. The policy recognizes the need for community-based approaches to address FGM and emphasizes the importance of engaging with community leaders, religious leaders/scholars, women's groups, and other stakeholders. The policy also emphasizes the need to provide education and awareness-raising activities on the harmful effects of FGM and the promotion of behaviour change.

Early marriage and pregnancy are significant challenges in Somalia, particularly for young women. While there are no specific policies addressing this issue, there are broader policies and strategies aimed at improving maternal and child health outcomes in the country. These policies and strategies recognize the importance of addressing the needs of adolescents and young people. The National Reproductive Health Policy and Strategy for Somalia (2018-2022) is a comprehensive policy framework aimed at improving reproductive health outcomes in the country. The policy recognizes the need to address the unique needs of adolescents and young people and outlines specific strategies

for doing so. The policy emphasizes the importance of providing comprehensive sexuality education and promoting behaviour change. It also recognizes the need to provide access to sexual and reproductive health services, including birth spacing counselling, maternal health services, and treatment for sexually transmitted infections.

Education and awareness-raising: Education and awareness-raising campaigns have been conducted to increase knowledge about the risks and harmful effects of early pregnancy and FGM. Such campaigns aim to change attitudes towards these practices and encourage behaviour change.

Health care interventions: Health care interventions have been implemented to provide girls and young women with access to sexual and reproductive health services, including birth spacing counselling, maternal health services, and treatment for complications resulting from FGM.

Community engagement: Community engagement and empowerment programs have been implemented to encourage community leaders and members to take action to end early pregnancy and FGM. Such programs aim to create an enabling environment for behaviour change.

Advocacy and policy reform: Advocacy efforts have been made to raise awareness of the risks and harmful effects of teenage pregnancy and FGM, and to promote policy reform. This includes engaging with government officials, community leaders, and other stakeholders to promote supportive policies and programs.

8.4. Programs or procedures to ensure that couples have access to services and information to help them make their reproductive health decisions in line with the religion, culture and constitution of the country

Access to information and services is essential for couples to make informed reproductive health decisions in Somalia. Several programs and procedures have been put in place to ensure that couples have access to these services and information.

One such program is the Birth Spacing Program, which is aimed at increasing access to contraceptive

services and improving reproductive health outcomes in the country. The program is implemented by the Ministry of Health and Human Services and provides a range of contraceptive methods, including pills, injectables, and Long-Acting Reversible Contraceptives (LARCs).

The program also includes community-based activities to raise awareness and provide education on birth spacing and reproductive health. These activities involve engaging with community leaders, women's groups, and other stakeholders to promote behaviour change and increase demand for services.

In addition to the Birth spacing Program, the Ministry of Health and Human Services also provides maternal health services, including antenatal care, delivery services, and postnatal care. These services are essential for ensuring safe and healthy pregnancies and improving maternal and child health outcomes. Various international organizations, such as the UNFPA, UNICEF and

WHO, have been working to improve reproductive and sexual health services in Somalia. For example, UNFPA has supported the establishment of several health facilities providing reproductive health services, including maternal, Newborn health services (EmONC), in different parts of the country. They have also worked to strengthen the capacity of health workers to provide quality reproductive health services.

Efforts are also being made to promote gender equity and empower women and girls to make informed reproductive health decisions. This includes initiatives aimed at improving access to education and economic opportunities for girls and young women and addressing harmful gender norms that limit their ability to make decisions about their bodies and lives.

8.5. Mechanisms that strengthen the commitment of sexual and reproductive health service providers to human rights, ethical and professional standards

The Ministry of Health and human services has upgraded the National Midwifery Curriculum



recognized by the International Confederation of Midwives (ICM) and reviewed the curriculum of the midwives to ensure they meet the professional standards of midwifery skills, ethics & human rights. Also, the Ministry has updated the National Birth Spacing guidelines and developed the Birth Spacing training manuals that Value Clarification and Attitude Transformation (VCAT) as an integral part of.

The Somali Human Resources for Health (HRH) Policy was developed in 2014 and formally approved in 2016 by the health advisory board. The HRH Development Policy is the driving force for any meaningful improvement in the health status of the Somali people. The policy's priorities include planning, training and production, deployment, leadership development, utilization and management, HRH information system, financing, and retention, and building partnerships for its successful implementation.

The licensing, regulation and accreditation of the health workforce is a priority in the Government of Somalia. The National Health Professional Council (NHPC) is an autonomous professional regulatory body whose crucial mandate is to protect society from abuse of medical practice and promote ethical standards amongst health professionals in Somalia. It was established by the National Health Professional Council Act, 2020 (LR. 31).

The mission of the NHPC is:

- Registering and licensing all health care professionals and regulating their professional conduct
- Providing licenses to health facilities eligible to run health care services
- Accrediting health training institutes that produce health personnel
- Approving or otherwise rejecting training programs of health practitioners
- Ensuring the quality of health services delivered to the Somali community

8.6. Coverage of birth spacing/ reproductive health services

Access to birth spacing and reproductive health services in Somalia remains a challenge, particularly in rural and hard-to-reach nomadic areas. However,

efforts are being made to improve coverage and access to these services. For instance, a total of 300 health facilities are providing Birth spacing services across all regions in Somalia.

According to SHDS 2020, Somalia has an estimated 692 maternal deaths per 100,000 live births. Most of these deaths are preventable. Many women suffer major complications due to pregnancy or child-related illnesses. Many die or suffer near misses due to lack of access or lack of knowledge of health services. Delay in seeking medical care is one of the most significant factors contributing to maternal deaths in Somalia. This is largely due to a lack of knowledge about complications and the benefits of modern healthcare services, and women's low status in society (Directorate of National Statistics, 2020).

SHDS 2020 further reveals that only 8 per cent of women who gave birth in the two years preceding the survey received four or more antenatal care visits and 27 per cent of deliveries were protected from neonatal tetanus. Skilled assistance during ANC was 31 per cent. In terms of skilled delivery attendance, the SHDS reports that only 32% of births were attended by a skilled health professional. The survey further reveals that only 21 per cent of deliveries in the two years preceding the survey occurred in a health facility (Directorate of National Statistics, 2020).

The low rate of health facility deliveries in Somalia is concerning because it can increase the risk of maternal and newborn complications and deaths. Women who deliver outside of a health facility may not have access to skilled birth attendants, emergency obstetric care, or essential medications, which can increase the risk of complications during childbirth.

Efforts to improve health facility delivery in Somalia should prioritize increasing access to and quality of maternal health services, particularly in rural and low-income areas. This can be achieved through initiatives such as improving infrastructure, training and deploying more skilled healthcare workers, and promoting community-based interventions to increase awareness and encourage the uptake of healthcare services.

Also, SHDS 2020 shows that the modern

contraceptive prevalence rate (mCPR) in Somalia is 1%, while 6 per cent of the currently married women are using any contraceptive method. This is significantly lower than the global average of 56.3% (Directorate of National Statistics, 2020).

The Ministry of Health and other organizations are working to increase access to birth spacing and reproductive health services in the country. The Birth Spacing Program, which is implemented by the Ministry of Health, provides a range of contraceptive methods and includes community-based activities to raise awareness and provide education on birth spacing and reproductive health.

In addition to the Birth spacing Program, there are several non-governmental organizations (NGOs) working to improve access to reproductive health services in Somalia. These organizations provide a range of services, including maternal health services, birth spacing, and treatment for sexually transmitted infections.

Despite these efforts, coverage of birth spacing and reproductive health services in Somalia remains low, particularly in rural areas where access to health services is limited. Ongoing conflict and instability in the country also present significant challenges to the delivery of health services.

Overall, improving coverage and access to birth spacing and reproductive health services is essential for improving maternal and child health outcomes and promoting the well-being of individuals and families in Somalia. Continued efforts are needed to ensure that all Somalis have access to the care they need.

8.7. Programs or measures to increase access by men & adolescents to reproductive & sexual health information, guidance and services

There are several programs and measures in place to increase access by men and adolescents to reproductive and sexual health information, guidance, and services in Somalia. Here are some examples:

Youth-friendly services: The Ministry of Health has trained healthcare workers annually from 2019 to 2022 with adolescent and youth-friendly services to ensure access to sexual and reproductive

information and services including birth spacing and Sexually Transmitted Infection (STI) prevention. The Youth Peer Network (YPN) in Somalia is a network of youth-led organizations that promote youth-friendly reproductive health services. The YPN has established youth-friendly clinics that provide counselling and information on birth spacing, HIV/AIDS, and STIs.

The Somalia Medical Association seeks to uplift the health status of adolescents, children and society in general in Somalia by enhancing the capacity and potential of medical doctors to respond through determined action involving advocacy, information and service provision, to meet their special needs and whose main agenda is voluntary.

Mobile health services: UNFPA has established a mobile health clinic in Mogadishu, Kismayo, Baidoa, and Doolow to provide reproductive health services, including birth spacing, STI testing, and HIV/AIDS counselling to the IDP camps and the surrounding host communities.

Community-based interventions: The Somali Women's Development Center (SWDC) is implementing a community-based program that engages religious and cultural leaders in promoting positive attitudes and behaviours towards sexual and reproductive health. The program also provides health education and services to women and girls.

These programs and measures are helping to increase access to reproductive and sexual health information, guidance, and services for men and adolescents in Somalia, improving their overall sexual and reproductive health and well-being. However, more efforts are needed to scale up these initiatives and reach more men and adolescents in the country.

8.8. Programs or measures to increase women's and girls' access to reproductive and sexual health information, guidance, and services

The Ministry of Health and Human Services (MoHHS), with the support of partners, is rolling out the Essential Package of Health Services (EPHS) of which reproductive health is part of and is provided at community, primary health care (Basic Emergency Obstetric and Newborn Care - BEmONC) facilities

and Hospitals (Comprehensive Emergency Obstetric and Newborn Care - CEmONC).

Several programs and measures are in place to increase women's and girls' access to reproductive and sexual health information, guidance, and services in Somalia. Here are some examples:

Health facility-based services: The Somali government, with support from UNFPA, UNICEF, WHO and other development partners, is working to strengthen health systems and increase access to reproductive and sexual health services in health facilities across the country. These services include antenatal care, delivery, postnatal care, birth spacing and neonatal health services.

Community-based interventions: Several organizations are implementing community-based programs that aim to increase awareness and demand for reproductive and sexual health services among women and girls in Somalia. These programs include community health education sessions, outreach programs, and home-based health services.

Youth-friendly services: Youth-friendly clinics and services are being established to provide confidential and non-judgmental reproductive and sexual health services to adolescents and young people. These services are designed to be sensitive to the unique needs of young people and are staffed by trained youth-friendly service providers. Some of examples of the youth-friendly centres are located in Mogadishu, Garowe and Hargeisa.

Mobile health services: Mobile health clinics providing services, including mobile phone messages (SMS)-based health education and counselling services, are being used by private hospitals and clinics to increase women's and girls' access to reproductive and sexual health information and services. These services are particularly important in rural areas where access to health facilities is limited.

Engaging men and boys: Several programs are engaging men and boys in sexual and reproductive health programs to promote positive gender norms and behaviours and increase support for women and girls' access to reproductive and sexual health services. However, such services are limited due to sociocultural challenges and barriers in the

communities and therefore need to be increased.

Advocacy and policy reform: Several organizations are advocating for policy and legal reforms to promote women's and girls' access to reproductive and sexual health services, including the development of national policies and laws that support reproductive and sexual health rights.

These programs and measures are helping to increase women's and girls' access to reproductive and sexual health information, guidance, and services in Somalia. However, there is still much work to be done to ensure that all women and girls have access to these essential services, particularly in rural and marginalized communities.

8.9. Programs or measures to build the capacity of health workers to improve the quality of reproductive and sexual health services

There are several existing programs and measures in place to build the capacity of health workers in Somalia to improve the quality of reproductive and sexual health services. Here are some examples:

Training and certification: The Somali government, with support from UNFPA and other development partners, is implementing training programs to build the capacity of health workers to provide high-quality sexual and reproductive health services. These programs include training on birth spacing, antenatal care, postnatal care, and maternal and neonatal health services. Since 2018 a total of 525 health workers have been trained in the provision of birth spacing using human rights protocols.

Refresher training: Regular refresher training is provided to health workers to update their knowledge and skills on new developments in reproductive and sexual health services.

Support supervision: Health workers receive supportive supervision from senior health workers and supervisors to improve the quality of their service delivery.

Quality improvement initiatives: Quality improvement initiatives are being implemented to improve the quality of reproductive and sexual health services in health facilities across Somalia.

These initiatives include improving infection prevention and control measures, strengthening supply chain management, and enhancing patient-provider interaction.

Information systems: The Somali government, with support from development partners, is working to strengthen health information systems to monitor and evaluate the quality of reproductive and sexual health services in the country. This includes developing and implementing data collection and analysis tools to improve the quality-of-service delivery.

Partnerships and collaborations: The Somali government and development partners are collaborating to build the capacity of health workers to provide high-quality reproductive and sexual health services. This includes partnerships with professional associations, academic institutions, and NGOs to provide training and mentorship to health workers.

These programs and measures are helping to build the capacity of health workers in Somalia to improve the quality of reproductive and sexual health services. However, there is still a need for more investment and resources to scale up these initiatives and improve access to quality reproductive and sexual health services for all people in Somalia.

8.10. Policies and programs to motivate and retain human resources in the health sector and providers of reproductive and sexual health services

Somalia faces significant challenges in retaining and motivating human resources in the health sector, including providers of sexual and reproductive health services. However, there are several policies and programs in place to address this issue. Here are some examples:

A human resource for health development policy is in place which informs measures for motivation and retention of the few healthcare workers in the country.

Incentives and benefits: The Somali government and development partners are working to provide incentives and benefits to health workers to motivate and retain them. These incentives include bonuses

and other benefits.

Professional development opportunities: Professional development opportunities, such as training and continuing education programs, are being offered to health workers to improve their skills and knowledge, which can increase job satisfaction and retention.

Career advancement opportunities: Programs are being developed to create opportunities for career advancement for health workers. This can help motivate them and retain them in the health sector.

Supportive work environments: The Somali government and development partners are working to create supportive work environments for health workers, including safe and adequate working conditions, supportive supervision, and adequate resources and equipment.

Performance-based financing: Performance-based financing is being implemented to incentivize health workers to provide high-quality reproductive and sexual health services. This approach provides financial incentives to health workers who meet specific performance targets, which can motivate them to provide better quality care and retain them in the health sector.

Community engagement: Engaging with local communities and involving them in health service delivery can help motivate health workers and retain them in the health sector. This can include involving community members in decision-making, creating feedback mechanisms, and recognizing and rewarding health workers who provide good quality care.

8.11. Development or modification of maternal health services to ensure feasibility and reduce costs for the beneficiaries of these services

All government facilities providing maternal and child health services are free of charge. The government and partners mobilize resources from donors to ensure fee-for-services are waived and reduced.

Several approaches can be used to develop or modify maternal health services to ensure feasibility and reduce costs for the beneficiaries in Somalia.

Here are some examples:

Task-shifting: Task-shifting involves delegating certain tasks to lower-level health workers who are trained to provide the necessary care. In the context of maternal health, this can include training midwives and other lower-level health workers to provide basic obstetric care, which can reduce costs and increase access to care.

Integration of services: Integrating maternal health services with other health services, such as birth spacing and HIV testing and treatment, can reduce costs and increase access to care for beneficiaries. For example, providing birth spacing services during antenatal care visits can reduce the need for separate birth spacing visits, which can save time and money for beneficiaries.

Use of technology: Innovative technologies, such as telemedicine and mobile health applications, can be used to improve access to maternal health services and reduce costs for beneficiaries. For example, telemedicine can be used to provide remote consultations and diagnoses, while mobile health applications can be used to provide health education and reminders.

Community-based interventions: Community-based interventions, such as community health worker programs and community mobilization activities, can be used to increase awareness and demand for maternal health services, which can improve feasibility and reduce costs for beneficiaries.

Public-private partnerships: Public-private partnerships can be used to leverage the resources and expertise of both the public and private sectors to improve maternal health services. For example, private sector providers can be engaged to provide maternal health services in underserved areas, while the public sector can provide oversight and support.

By implementing these approaches, maternal health services can be developed or modified in Somalia to ensure feasibility and reduce costs for beneficiaries. However, there is a need for continued investment and resources to scale up these initiatives and ensure access to quality maternal health services for all women in Somalia.

8.12. Programs to promote youth health,

including the psychological aspect, and to combat harmful practices, especially those related to smoking, alcohol, drugs, and road safety

There are several programs available in Somalia to promote youth health, including the psychological aspect, and to combat harmful practices such as smoking, drugs, and road safety. Alcohol consumption is prohibited by the law. Here are some examples:

The Somali Youth Development Network (SYDN): SYDN is a youth-led organization that works to promote the health and well-being of young people in Somalia. They provide training, education, and support to young people on a range of issues, including health and well-being, drug abuse, and road safety.

Youth-friendly health services: Health services that are designed specifically for young people can promote their health by providing services that are tailored to their needs and preferences. These services can include counselling on substance use, mental health, and road safety, as well as access to contraceptives and other reproductive health services.

Community-based interventions: Community-based interventions can be used to promote youth health by raising awareness, changing attitudes and behaviour, and providing access to resources and services. For example, community mobilization activities can be used to increase awareness of the harmful effects of drug use and to promote positive health behaviours.

Public health campaigns: Public health campaigns can be used to raise awareness and promote healthy behaviours among youth. These campaigns can use a variety of media, including social media, to reach a wider audience.

Policy and regulatory interventions: Policy and regulatory interventions can be used to address harmful practices related to smoking, alcohol, drugs, and road safety. For example, laws and regulations can be implemented to restrict the sale of tobacco to minors, while laws on road safety can be implemented and enforced to reduce the risk of accidents.

Mental Health and Psychosocial Support (MHPSS) programs: MHPSS programs are important for promoting the psychological well-being of young people. These programs can provide counselling and support for young people who are struggling with mental health issues, including depression and anxiety.

By implementing these programs and initiatives, Somalia can promote youth health, including addressing the psychological aspect, and combat harmful practices related to smoking, alcohol, drugs, and road safety. However, sustained investment and resources are needed to scale up these initiatives and ensure that all young people have access to quality health services and information.

8.13. Programs related to the prevention, diagnosis and treatment of HIV/AIDS and other sexually transmitted diseases

While Somalia's overall HIV prevalence is relatively low compared to other countries, it is still important to have programs related to the prevention, diagnosis, and treatment of HIV/AIDS and other sexually transmitted diseases in place to maintain a low prevalence. Here are some programs that exist in Somalia:

The Government of Somalia has HIV/AIDS treatment guidelines and HIV/AIDS strategy in place which addresses, the prevention, diagnosis and treatment of HIV/AIDS.

Prevention programs: Prevention programs include awareness campaigns, education and counselling, testing and counselling services. These programs aim to reduce the risk of HIV transmission and promote healthy sexual behaviours.

Diagnosis programs: Diagnostic programs are essential for identifying HIV-positive individuals and providing them with appropriate care and treatment. In Somalia, there are testing and counselling services available in selected health facilities to help people learn their HIV status and receive support and treatment.

Treatment programs: Treatment programs are essential for managing HIV/AIDS and other sexually transmitted diseases. In Somalia, treatment programs include antiretroviral therapy (ART) for HIV-positive individuals. These programs

aim to improve the quality of life and reduce the transmission of HIV.

Capacity building programs: Capacity building programs are important for strengthening the healthcare system and ensuring that healthcare workers have the knowledge and skills necessary to provide quality HIV/AIDS and sexually transmitted disease services.

Community-based programs: Community-based programs can help to raise awareness about HIV/AIDS and other sexually transmitted diseases and promote healthy sexual behaviours. These programs can involve community mobilization and engagement, peer education and support, and outreach to at-risk populations.

By implementing these programs, Somalia can continue to maintain a low HIV prevalence and prevent the spread of other sexually transmitted diseases. However, sustained investment and resources are needed to ensure that these programs are effective and accessible to all who need them.

8.14. Laws adopted to protect the human rights of people living with HIV/AIDS and prohibit all forms of discrimination and violence against them

There are laws in Somalia that aim to protect the human rights of people living with HIV/AIDS and prohibit discrimination and violence against them. The most important law is the Somali National HIV/AIDS Policy, which was adopted in 2016. The policy recognizes that people living with HIV/AIDS have the right to access healthcare, employment, education, and other services without discrimination. It also prohibits discrimination based on HIV status and calls for the promotion of human rights and the reduction of stigma and discrimination towards people living with HIV/AIDS.

In addition to the national policy, Somalia has ratified several international treaties that protect the rights of people living with HIV/AIDS, including the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social, and Cultural Rights.

Despite these laws and policies, discrimination and stigma towards people living with HIV/AIDS

still exist in Somalia. Many people living with HIV/AIDS face social exclusion, harassment, and violence. However, efforts are being made to promote awareness, reduce stigma, and ensure that the rights of people living with HIV/AIDS are respected and protected.

8.15. Programs or measures to protect the human rights of people living with HIV/AIDS and prohibit all forms of discrimination and violence against them

The programs and measures aimed at protecting the human rights of people living with HIV/AIDS and prohibiting discrimination and violence against them in Somalia include:

Advocacy and awareness-raising campaigns: NGOs and civil society organizations in Somalia run advocacy and awareness-raising campaigns aimed at promoting the rights of people living with HIV/AIDS and reducing stigma and discrimination. In addition, the country has undertaken a stigma index survey in 2020 which results show that there is a high level of stigma among people living with HIV/AIDS.

Access to healthcare services: The Somali government and NGOs provide access to healthcare services, including antiretroviral therapy (ART), to people living with HIV/AIDS. This ensures that people living with HIV/AIDS receive the care and treatment they need and are not discriminated against by healthcare providers.

Capacity building: Capacity building programs are implemented to ensure that healthcare workers, law enforcement officers, and other relevant actors have the knowledge and skills to provide appropriate care and support to people living with HIV/AIDS.

Networking and support groups: Networking and support groups are established to provide a safe space for people living with HIV/AIDS to share their experiences, support each other, and advocate for their rights.

Overall, while more needs to be done to ensure that the human rights of people living with HIV/AIDS are fully protected in Somalia, there are ongoing efforts and programs to promote awareness, provide support, and reduce discrimination and violence.

8.16. Programs targeting men and youth to combating sexual abuse and violence against women and girls

There are programs targeting men and youth in combating sexual abuse and violence against women and girls in Somalia. These programs aim to engage men and youth as allies in preventing and responding to gender-based violence, as they are often the perpetrators of such violence.

One such is the UNFPA Youth Participatory Platform, which engages young people in discussions and actions to prevent gender-based violence. The platform provides training and support to young people, empowering them to become advocates for gender equality and human rights. With the support of UNFPA and other partners, the Ministry of Women and human rights supports Women and Girls' safe spaces (WGSS) and GBV one-stop centres (GBVOSC). These facilities provide competent, confidential and lifesaving services to the survivors.

In addition, several NGOs and community-based organizations in Somalia are working to engage men and youth in combating gender-based violence. For example, the Somali Women Development Centre (SWDC) works with men and boys in the community to challenge harmful gender norms and promote positive masculinity.

Despite these efforts, Gender-Based Violence remains a significant problem in Somalia, and much more work needs to be done to prevent and respond to such violence. This includes engaging men and youth as allies in addressing the root causes of Gender-Based Violence and promoting gender equality.

8.17. Laws or policies to ensure that women and victims of violence receive protection, health and psychological care, and referral to the competent authorities, including health, justice and police agencies

Somalia has laws and policies in place to ensure that women and victims of violence receive protection, health and psychological care, and referral to competent authorities. However, the

implementation of these laws and policies is often limited due to a lack of resources, capacity, and political will.

The Somali government has also established a National Gender Policy, which aims to promote gender equality and protect the rights of women and girls. The policy includes provisions for the prevention of gender-based violence, the protection of victims, and the provision of health and psychological care.

In addition, several non-governmental organizations and international agencies are working to provide support and services to victims of Gender-Based Violence in Somalia. For example, UNICEF provides psychosocial support and referral services to victims of violence, while the International Committee of the Red Cross (ICRC) provides medical care and support to victims of sexual violence.

Despite these laws and policies, women and victims of violence in Somalia continue to face significant barriers to accessing protection, health and psychological care, and referral to competent authorities. The ongoing conflict and insecurity in the country, coupled with limited resources and capacity, make it difficult to ensure that these laws and policies are implemented effectively.

8.18. Programs or procedures to ensure that women and victims of violence receive protection, health and psychological care, and referral to the competent authorities, including health, justice and police agencies

There exist programs and procedures in Somalia that aim to ensure that women and victims of violence receive protection, health and psychological care, and referral to competent authorities, including health, justice, and police agencies. However, the implementation of these programs and procedures is often limited due to a lack of resources, capacity, and political will.

One such program is the One Stop centres (OSCs) for victims of gender-based violence. These centres provide a range of services, including medical care, psychosocial support, legal aid, and referrals to relevant authorities. The OSCs are run by the Somali government and supported by international organizations such as the United Nations Population Fund (UNFPA) and UNICEF. The Ministry of Health and Human Services recommends the establishment of GBV one-stop centres within the regional and national referral hospitals, where specialists for such services are available instead of having them as standalone facilities.



In addition, several non-governmental organizations (NGOs) are working to provide support and services to victims of Gender-Based Violence in Somalia. For example, the Somali Women Development Centre (SWDC) operates safe houses for victims of violence, providing shelter, food, medical care, and psychosocial support.

The Somali Police Force also has specialized units that respond to cases of gender-based violence. These units are trained to handle cases sensitively and to ensure that victims receive the support and protection they need. The government has also established special courts to try cases of gender-based violence.

Despite these programs and procedures, women and victims of violence in Somalia continue to face significant barriers to accessing protection, health and psychological care, and referral to competent authorities. The ongoing conflict and insecurity in the country, coupled with limited resources and capacity, make it difficult to ensure that these programs and procedures are implemented effectively.

8.19. COMMUNITY EDUCATION AND AWARENESS PROGRAMS ON HUMAN RIGHTS

The Ministry of Women and Human rights Development has been conducting human rights awareness programmes and addressing specific needs for people with disabilities, minorities and vulnerable groups.

Several non-governmental organizations (NGOs) and international organizations are working to promote human rights awareness in Somalia. For example, the Somali Women Development Centre (SWDC) runs community-based programs that aim to promote gender equality and human rights. These programs include training sessions on human rights and gender-based violence, and awareness-raising campaigns that target communities, religious leaders, and traditional elders.

The Ministry of Health and Human Services faces many challenges regarding human rights in SRH. In Somalia, there exists the so-called fourth delay in which a mother arriving at a referral centre to receive lifesaving intervention such as caesarean section, transfusion, post-abortion care etc. is denied services in many cases due to the lack of informed consent. Consent traditionally cannot be signed by a woman herself but rather is required to be signed by close male relatives (e.g. brother, uncle, father etc.) or her spouse. This causes unnecessary delays which at times results in the death of the mother and her unborn baby in the hospital where all necessary services are provided. This issue requires attention from all concerned parties.

The United Nations Development Programme (UNDP) also works with local organizations to promote human rights awareness in Somalia. The UNDP supports community-led initiatives that promote human rights and provides training and support to community leaders and organizations.

In addition, several civil society organizations are working to promote human rights in Somalia, including the Human Rights Centre Somalia (HRCS), which conducts research and advocacy on human rights issues, and the Somali Human Rights Association (SOHRA), which provides legal aid and advocacy services to victims of human rights violations.

Despite these efforts, human rights abuses remain a significant problem in Somalia, and much more work needs to be done to promote respect for human rights at all levels of society.

9. INTERNATIONAL COOPERATION AND PARTNERSHIP



Partnerships are voluntary strategic alliances between two or more individuals, institutions, organizations, communities and nations. Ideally, partnerships imply joint problem-solving through the sharing of risks, responsibilities, resources and competencies for the mutual benefit of all collaborating parties, and as such, they are distinct from both charity and contractual relations. Since the 1990s, partnerships among various groups, including foundations, business associations and individual private sector companies, have increasingly become an integral part of many United Nations organizations' work. Successful partnerships bring each partner's core competence and experience to the table, thereby building synergies to co-create something new and impactful for sustainable development.

9.1. ENHANCING COLLABORATION & COORDINATION: MECHANISMS FOR ENGAGING WITH ARAB AND NON-ARAB COUNTRIES

Somalia has a long history of cultural, religious, and trade ties with the Arabs of the Arabian Peninsula, which lies across the Gulf of Aden. Somalia joined the League of Arab States (Arab League) in 1974. In the 1980s, Somalia was dependent upon economic aid from the wealthy oil-exporting states of Kuwait, Qatar, Saudi Arabia, and the United Arab Emirates.

Somalia can use various mechanisms to cooperate and coordinate with other Arab and non-Arab countries in the population field. Some of these mechanisms include:

Collaborating with regional and international organizations: Somalia can collaborate with regional and international organizations that focus on

population issues, such as the United Nations Population Fund (UNFPA) and the Arab League. These organizations provide a platform for countries to share information, resources, and expertise in addressing population issues.

Participating in bilateral agreements: Somalia can establish bilateral agreements with other countries to cooperate on population issues such as birth spacing, maternal health, and population growth. These agreements can be between neighbouring countries or between countries with shared interests and goals.

Collaborating on research and data sharing: Somalia can collaborate with other countries on research and data collection to better understand population dynamics, trends, and challenges. Sharing information and data can help Somalia and other countries develop more effective policies and programs to address population issues.

Capacity building and training: Somalia can work with other countries to build capacity and provide training to health workers, policymakers, and other stakeholders in the population field through the South-to-South Triangular cooperation initiative. This can help ensure that Somalia has the skills and knowledge to implement effective population programs.

Participating in joint initiatives and programs: Somalia can participate in joint initiatives and programs with other countries to address population issues. These can include initiatives to promote birth spacing, reduce maternal mortality, and address the social and economic factors that contribute to population growth.

Overall, cooperation and coordination with other Arab and non-Arab countries can help Somalia address population challenges and improve the health and well-being of its population.

9.2. COOPERATION WITH REGIONAL AND INTERNATIONAL BODIES

The United Nations agencies working in Somalia have been entering into periodical partnerships with the government of Somalia through cooperation frameworks. The current framework called the United Nations Sustainable Development Cooperation Framework (UNSDCF 2021–2025) represents the commitment of the Federal Government of Somalia and the United Nations to work together to achieve peace, stability, and prosperity for all Somalis in support of the 2030 Agenda for Sustainable Development a Goals (UNFPA, 2022).

The Cooperation Framework reflects the commitment of the United Nations in Somalia, which comprises 24 agencies, to advancing Somalia's peace and development priorities and fully aligning its support to the ninth Somalia National Development Plan in a spirit of partnership, cooperation, transparency, and mutual respect, under the 2017 New Partnership for Somalia. The Cooperation Framework also serves as the United Nations' accountability framework for the Federal Government of Somalia and its people.

The Cooperation Framework is built on the realization that to consolidate previous gains and accelerate the process of sustainable development,

the multitude of interconnected challenges driving conflict and fragility must be addressed in unison in a comprehensive and integrated manner. The Cooperation Framework is framed around four overarching strategic priorities which mirror the pillars of the ninth Somalia National Development Plan, namely 1) Inclusive Politics and Reconciliation, 2) Security and Rule of Law, 3) Economic Development, and 4) Social Development. These are supported by a set of integrated and mutually reinforcing outcomes designed to advance progress towards the SDGs. All priorities and outcomes of the Cooperation Framework are underpinned by human rights principles and the central objective of leaving no one behind.

To institutionalize the triple nexus (humanitarian, development, and peace interlinkages) across the collective work of the UN system in Somalia, the Cooperation Framework integrates its inclusive peacebuilding, development, and resilience ambitions to help address the chronic vulnerability and structural impediments that obstruct Somalia's progress to sustainable development. To ensure the effective implementation of the Cooperation Framework and to support building Somali institutional capacities, the UN commits to bringing to bear its capacities, expertise, and resources at country, regional, and global levels.

9.3. IMPORTANT ISSUES REQUIRING INTENSIFIED REGIONAL COOPERATION

There are several important population and development issues on which regional cooperation should be intensified for Somalia. These include:

Maternal and child health: Somalia has some of the highest maternal and child mortality rates in the world. Regional cooperation can help improve access to maternal and child health services, including prenatal care, skilled birth attendants, nutrition and immunizations.

Sexual and reproductive health: Somalia has a high fertility rate and low contraceptive prevalence, which contributes to high maternal and child mortality rates and population growth. Regional cooperation can help increase access to birth spacing services and improve reproductive health outcomes for women and girls in Somalia.

Youth empowerment: Somalia has a large and growing youth population, with many young people facing high levels of unemployment and limited opportunities for education and training. Regional cooperation can help create opportunities for youth empowerment, including investments in education, vocational training, and entrepreneurship.

Food security and nutrition: Somalia faces significant challenges in ensuring food security and addressing malnutrition, particularly among vulnerable populations such as children and pregnant and lactating women. Regional cooperation can help address these challenges by supporting agricultural development, improving food distribution systems, and promoting nutrition education and interventions.

Infrastructure and economic development: Somalia has significant infrastructure deficits and limited economic opportunities, which can hinder development and exacerbate population challenges. Regional cooperation can help address these issues by supporting investments in infrastructure, promoting regional trade and economic integration, and facilitating private sector development.

Overall, intensified regional cooperation on population and development issues can help Somalia address shared challenges and opportunities and promote inclusive and sustainable development for all Somalis.

9.4. PRIORITIES REQUIRING TECHNICAL SUPPORT FROM UN AGENCIES

Somalia faces significant population and development challenges that require technical support from UN agencies. Here are some priorities in the field of population and development in Somalia that require technical support:

Maternal and child health: Somalia has some of the highest maternal and child mortality rates in the world, and improving maternal and child health

outcomes is a critical priority. UN agencies can provide technical support for improving the quality and coverage of maternal and child health services, including training health workers, improving health infrastructure, and strengthening health systems.

Sexual and reproductive health: Somalia has a high fertility rate and low contraceptive prevalence, which contributes to high maternal and child mortality rates and population growth. UN agencies can provide technical support for improving access to birth spacing services, including through the provision of contraceptives, community-based outreach, and demand-creation activities.

Data collection and analysis: Reliable data is critical for developing evidence-based policies and programs in the population and development field. UN agencies can provide technical support for strengthening data collection and analysis systems in Somalia, including capacity building, technical assistance, and support for surveys and research.

Youth empowerment: Somalia has a large and growing youth population, and addressing the needs of young people is a critical priority. UN agencies can provide technical support for developing and implementing youth-focused programs, including education and vocational training, entrepreneurship, and civic engagement.

Humanitarian assistance: Somalia faces frequent humanitarian crises, including conflict, drought, and displacement. UN agencies can provide technical support for delivering humanitarian assistance in a coordinated and effective manner, including through the provision of health, nutrition, and water and sanitation services.

Overall, technical support from UN agencies is critical for addressing population and development challenges in Somalia and promoting inclusive and sustainable development for all Somalis.

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