



World Health  
Organization

# Evaluation of WHO contribution in Somalia 2020–2025

Web annexes

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*Cover photo: National Immunization Days campaign in Somalia @WHO / Abdirahman Caaylawe*

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# Acronyms

<b>CBO</b>	Community based organizations	<b>KII</b>	key informant interview
<b>CCS</b>	Country Cooperation Strategy	<b>KPI</b>	key performance indicators
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	<b>LDC</b>	Least Developed Country
<b>CFR</b>	Case Fatality Rate	<b>MEL</b>	Monitoring Evaluation and Learning
<b>CHW</b>	Community Health Worker	<b>M&amp;E</b>	Monitoring and Evaluation
<b>CO</b>	Country Office	<b>NCD</b>	Noncommunicable diseases
<b>DAC</b>	Development Assistance Committee	<b>NDP</b>	National Development Plan
<b>DHS</b>	Demographic and Health Survey	<b>NGO</b>	Non-governmental organization
<b>EMG</b>	Evaluation Management Group	<b>OCR</b>	Outbreak and Crisis Response
<b>EMT</b>	Evaluation Management Team	<b>OECD</b>	Organization for Economic Co-operation and Development
<b>EPHS</b>	Essential Package of Health Services	<b>OPM</b>	Office of the Prime Minister
<b>EPI</b>	Expanded Programme on Immunization	<b>PDAD</b>	Post-Delivery Aid Diversion
<b>EQ</b>	Evaluation question	<b>PHC</b>	Primary Health Care
<b>ER</b>	Evaluation Report	<b>PSI</b>	Population Services International
<b>ERG</b>	Evaluation Reference Group	<b>QA</b>	Quality Assurance
<b>ET</b>	Evaluation Team	<b>RMNCA</b>	Reproductive, Maternal, Neonatal, Child and Adolescent Health
<b>EU</b>	European Union	<b>RO</b>	Regional Office
<b>FAO</b>	The United Nations Food and Agricultural Organization	<b>RSOP</b>	Regional Strategic Operational Plan
<b>FGD</b>	Focus Group Discussions	<b>SDG</b>	Sustainable Development Goals
<b>FGS</b>	Federal Government of Somalia	<b>SP</b>	Strategic Priority
<b>FMS</b>	Federal Member States	<b>TB</b>	Tuberculosis
<b>GE</b>	Gender equity	<b>TBA</b>	Theory-based approach
<b>GPEI</b>	Global Polio Eradication Initiative	<b>TL</b>	Team Leader
<b>GPW</b>	General Programme of Work	<b>ToC</b>	Theory of change
<b>GPW13</b>	13th General Programme of Work	<b>ToR</b>	Terms of reference
<b>GPW14</b>	14th General Programme of Work	<b>UHC</b>	Universal Health Coverage
<b>HCT</b>	Humanitarian Country Team	<b>UN</b>	United Nations
<b>HDP</b>	Humanitarian-development-peace	<b>UNCT</b>	United Nations Country Team
<b>HEI</b>	Health Emergency Interventions	<b>UNDP</b>	United Nations Development Programme
<b>HMIS</b>	Health Management Information System	<b>UNEG</b>	United Nations Evaluation Group
<b>HR</b>	Human resources	<b>UNFPA</b>	United Nations Population Fund
<b>HRBA</b>	Human rights-based approach	<b>UNICEF</b>	United Nations Children's Fund
<b>HRH</b>	Human resources for health	<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>HRP</b>	Humanitarian Response Plan	<b>UN-SWAP</b>	UN System Wide Action Plan on Gender Equality
<b>HSSP III</b>	Health Sector Strategic Plan III, Somalia	<b>WASH</b>	Water, Sanitation and Hygiene
<b>IAHE</b>	Inter-Agency Humanitarian Evaluation	<b>WB</b>	World Bank
<b>IDI</b>	In-depth interview	<b>WCO</b>	WHO Country Office
<b>IDP</b>	Internally Displaced Persons	<b>UHC</b>	Universal Health Coverage
<b>IDSR</b>	Integrated disease surveillance and response systems		
<b>IR</b>	Inception Report		

# 1. Terms of reference

## Evaluation of WHO's contribution in Somalia

### Call for Expressions of Interest

WHO is initiating an independent evaluation of its contribution in Somalia. The purpose of this call for expressions of interest is to identify one or more qualified independent evaluators to undertake this exercise, which will be managed by the WHO Evaluation office in Geneva with the close collaboration of the WHO Eastern Mediterranean Regional Office and the WHO Somalia country office. Terms of reference (ToR) are currently being finalized for this evaluation, but this call for expressions of interest sets forth the broad parameters of the exercise. Its specific contours will be identified in the forthcoming ToR and further refined during a brief inception phase at the outset of the evaluation.

### Background

The WHO Evaluation Office (EVL), the WHO Regional Office for the Eastern Mediterranean Office, and Somalia COs will conduct an evaluation of WHO's contributions at the country level, to understand whether WHO is achieving its desired strategic results and effectively facilitating and leveraging national efforts for achieving health for all. This evaluation of WHO's contributions in Somalia aligns with the WHO's 2018 Evaluation Policy [\(1\)](#) and the Thirteenth General Programme of Work (GPW 13) [\(2\)](#). It is included in the organization-wide evaluation work plan for the 2024–2025 biennium [\(3\)](#). The purpose of this evaluation is to:

- Draw lessons learned and recommendations to support the development of the next WHO Country Cooperation Strategy Document
- Strengthen the accountability of WHO to donors, national stakeholders, Member States, and the Executive Board

The goal is to evaluate the contributions of WHO's (all three levels) interventions to the outcomes and impacts, focusing on addressing Somalia's health priorities. These include areas like universal health coverage (UHC), health emergencies, social determinants of health, and Polio Eradication, guided by the Country Cooperation Strategy (CCS) 2021–2025 [\(4\)](#), as well as other strategic documents such as the Somalia Health Sector Strategic Plan III (HSSP III) 2022–2026 [\(5\)](#), Somalia United Nations Sustainable Development Cooperation Framework (UNSDCF) [\(6\)](#), and the Somalia National Development Plan (NDP 2020–2024) [\(7\)](#).

Based on the principle of national ownership, this evaluation will be conducted in collaboration with the Somali stakeholders. The evaluation timeline in 2025 will allow its findings to inform the development of the new CCS aligned with WHO's 2025–2028 global strategy [\(8\)](#) and to the new Somalia strategic documents. The evaluation will be conducted in close collaboration with the

Federal Government of Somalia, Federal Member States, WHO Somalia country office, and WHO Regional Office for the Eastern Mediterranean.

This call for the expression of interest outlines the framework for a comprehensive evaluation of WHO's contributions in Somalia, spanning from 2020 to 2025, aligned with the objectives of the current CCS and the response to challenges and opportunities experienced by the country during this period.

## Purpose/ objectives/scope

### Purpose

This evaluation aims to assess WHO's contributions to Somalia's health sector from 2020 to 2025. It focuses on evaluating the relevance, coherence, coordination, effectiveness, efficiency, and sustainability of WHO's interventions in alignment with the Country Cooperation Strategy (CCS) 2021–2025, Somalia's national health priorities, and Somalia's population needs in the context of protracted crisis, COVID-19 pandemic and impact of climate shocks. With the CCS as the main reference for this evaluation, the assessment will extend beyond the CCS results framework to include work conducted in response to specific needs or opportunities.

This evaluation will provide evidence-based recommendations to:

- Enhance WHO's future programming.
- Inform the development of the next CCS and operational plans.
- Improve resource mobilization and allocation.
- Align with Somalia's evolving health challenges and opportunities

Given the impending completion of the current CCS period, this evaluation will contribute valuable insights into WHO's role and effectiveness in achieving agreed goals, identifying actions required to improve progress during the remaining period of the current CCS cycle and recommending any update/revision of the current priorities or priorities to be considered in the next CCS cycle.

### Objectives

The objectives of this evaluation are to:

- a. Assess the contribution of the WHO, through its CCS and its response to emerging needs and opportunities, to progress toward the triple billion targets of the GPW13 – globally – and the health-related SDGs in Somalia.
- b. Evaluate the extent to which original CCS objectives and targets have been achieved, including relevant indicators in the CCS results framework<sup>9</sup>. <sup>8</sup> Fourteenth General Programme of Work, 2025-2028<sup>9</sup> While the CCS is the main reference for this evaluation, the evaluation will extend beyond the CCS and the CCS results framework to include work conducted outside the CCS in response to specific needs or opportunities.
- c. Identify key success factors and emerging good practices as well as challenges, gaps, risks,

and areas for improvement.

- d. Draw lessons and recommendations to inform both the remaining period of the current CCS and the new WHO Country Cooperation Strategy design and implementation to improve WHO's strategic positioning to better support Somalia according to its global health mandate.

### Scope

The evaluation will assess key results achieved and strategies applied within the current WHO country cooperation strategy. It will cover the four strategic priorities planned, adjusted and implemented during the period 2020 – 2025.

The implementation of the strategy and the monitoring and reporting system are part of the scope. Besides the assessment of the intended effects of the strategy, the evaluation also aims at identifying potential unintended effects. As a complement to the assessment of the strategy components, the evaluation team will also assess the strategy monitoring and evaluation system. The evaluation will cover the period of 2020 to until the fieldwork of the evaluation is completed, it is planned to feed into the design and implementation of the new CCS cycle 2026 to 2030.

#### Programmatic scope:

This evaluation covers all WHO interventions across four strategic priorities from 2020 to 2025, including Outbreak and Crisis Response (OCR), Polio Eradication efforts, and any other special programmes implemented by WHO in Somalia. It will include humanitarian and developmental efforts, collaboration with government entities, regional partnerships, and WHO's roles in multilevel health coordination.

The evaluation covers the entire duration of the CCS (2021-2025), and the COVID-19 response, and assesses WHO's contribution to:

- Universal Health Coverage (UHC): Promoting integrated health services, particularly through primary health care.
- Enhancing Health Security: Enhancing preparedness, surveillance, and emergency response.
- Promoting healthier populations: Addressing Social Determinants of Health, including non-health factors impacting health outcomes.
- Strengthening Health Governance: Supporting effective health policies, systems, and governance frameworks.
- Outbreaks and Crises Response (OCR)
- Polio Eradication efforts

#### Geographical scope:

The evaluation will cover the entire population across all regions of Somalia, considering various contexts, including both urban and rural areas. It will also assess WHO's interventions targeting specific groups, such as internally displaced persons (IDPs) and health care providers. Even though the evaluation covers the entire Somalia geographical scope, consultants' travel could be prioritized to Mogadishu and visits to other locations scheduled according to relevance and security conditions.

## Target audience and expected use

The primary intended users for this evaluation include WHO internal stakeholders (the WCO Somalia, WHO Eastern Mediterranean Regional Office, and WHO Headquarters) and key external stakeholders, particularly the Government of Somalia, the UN Country Team (UNCT), and donor agencies. To ensure maximum utility and alignment with stakeholders' needs, each primary user group will engage in targeted feedback opportunities, including participation in key interviews, workshops, briefings, and validation sessions, as part of an iterative approach to co-create recommendations. This will also involve periodic consultations with the WCO Somalia, and Evaluation Reference Group (ERG) to ensure alignment with regional priorities and adapt findings for broader WHO application. Each stakeholder's specific interest in the evaluation outcomes is outlined to ensure relevance and contextual alignment. The evaluation data and findings will be customized to meet the specific needs of each stakeholder group.

## Indicative evaluation questions

### Relevance

1. To what extent have WHO's vision, strategies, and interventions aligned with Somalia's national and local health priorities, needs, and policies?
2. To what extent has the WHO in Somalia adapted to changes in population priorities and emerging health needs, particularly those of vulnerable groups such as IDPs and refugees, in response to new or evolving humanitarian crises over time?

### Coherence & Coordination

3. To what extent are WHO's interventions and priorities in Somalia consistent internally across WHO three levels, and externally with other development partners working in the health sector in Somalia?
4. To what extent has WHO in Somalia contributed to the functioning and consolidation of existing UN system-wide and Health sector coordination mechanisms for both development assistance and humanitarian action?

### Effectiveness

5. To what extent have the planned outputs and outcomes on UHC, health security, healthier populations, health governance, Polio eradication, and OCR, including respective CCS indicator targets, been achieved?
6. What factors contributed to or hindered the success of WHO interventions across priority areas, and what are the key challenges, lessons learned, gaps, and areas for improvement?

7. To what extent have the WHO programmes in Somalia integrated cross-cutting issues of health equity, gender equality, human rights, and disability?

### Efficiency

8. To what extent are WHO's internal M&E systems, resource management, and external relations/donor-facing communication mechanisms in place and functioning to support WHO's performance in Somalia?
9. What resource mobilization measures and tools should WHO Somalia adopt to secure flexible funding for the next strategic phase in Somalia's fragile context?

### Sustainability

10. To what extent has WHO contributed to building national capacity for long-term health outcomes, and how likely are WHO-supported initiatives to be sustained within the Somali health system?

## Methodology

Evaluation Approach. The evaluation approach will adhere to the standards and principles of evaluation at WHO, particularly transparency, inclusiveness, participation and human rights and gender responsiveness. Furthermore, the evaluation will adopt a mixed-method approach and use qualitative and quantitative data collection, processing and analysis methods. This Evaluation approach will be in line with the 2018 WHO Evaluation Policy along with its 2022 Handbook. It will also be aligned with UNEG standards, norms and principles, in addition to OECD/DAC criteria. Moreover, the evaluation will abide by the UNEG Ethical Guidelines and Code of Conduct, in particular it will rely on the "UNEG Handbook on Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance".

### Theory-based Approach

The evaluation will rely on a theory-based approach that illustrates how and why WHO contributed to the expected results of the Somalia country cooperation strategy. To do so, the independent evaluation team will reconstruct of a theory of change (ToC) underlying the country cooperation strategy to determine whether and to what extent WHO activities contributed to changes at output and outcome levels that ultimately contribute to the achievement of impact. Evaluators will review and, in a second step, test the ToC by collecting evidence on observed results, causal pathways and contextual factors to verify whether the expected chain of results manifested and whether assumptions of why the results were expected to occur hold true. This approach therefore will facilitate an understanding of the performance when implementing the WHO Somalia country strategy. In addition, using the ToC as guidance for the evaluation will strengthen the robustness of the Country Strategy results and provide a clear picture of what works, does not and why.

### **Participatory Approach**

The evaluation will ensure a participatory and inclusive process by establishing an Evaluation Reference Group (ERG), which will include stakeholders and partners who will follow the evaluation process from the beginning to the end. The Evaluation Team will consider the participation of partners and stakeholders in the evaluation process. This includes direct and indirect partners such as national federal and member states government(s), international and national NGOs. The evaluation will ensure that the Somali population including women, girls and young people are part of the evaluation process and that their perspectives and opinions are collected. This inclusive approach is important to generate diverse views on the country strategy implementation performance and achievement of expected outcomes.

### **Mixed-methods Approach**

The methodology outlined in this section is provided as a guideline. Evaluators are encouraged to adapt and refine the approach as needed during the inception phase to effectively meet the evaluation's purpose, objectives, scope, and questions. The adaptations may include adjustments to the evaluation design, approaches, sampling strategy, data collection and analysis methods, and the evaluation framework. Any methodological limitations should be identified, along with corresponding mitigation measures. It is proposed that the evaluation adopts a mixed-methods approach, integrating both quantitative and qualitative data collection techniques to provide a thorough assessment of WHO's contributions.

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations through field visits, as appropriate. The qualitative data will be complemented with quantitative data to minimize bias. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries of WHO support through triangulation of collected data.

A mixed-methods, grounded on utilization and theory-based approaches, will ensure a comprehensive assessment of WHO's contribution to Somalia's health sector:

- Document Review: Analysis of the WHO-Somalia CCS, UNSDCF, WHO supported initiatives, WHO implemented projects, programmatic and financial reports, and related national health documents.
- Quantitative Analysis: Review of CCS target achievements per indicator, health indicators, and program outcomes using government, WHO and partner monitoring data.

- Stakeholder Interviews: In-depth interviews with WHO staff, national and regional health authorities, UN agencies, donors, Health care providers, and community representatives.
- Focus Group Discussions: Engage with healthcare providers and service beneficiaries to gain qualitative insights on WHO’s work.
- Surveys: A brief survey to capture the perspectives of WHO Regional Office for the Eastern Mediterranean /WHO headquarters stakeholders could be explored
- Case Studies: In-depth theme-based studies of specific WHO programs to highlight best practices and lessons learned.

### Triangulation and Data Analysis

To enhance the validity and reliability of findings, data triangulation will involve cross- referencing insights from document reviews, KIIs, and FGDs against quantitative data from health outcome reports and SDG indicators. Discrepancies or convergences across these sources will inform a nuanced understanding of WHO’s contribution in Somalia.

The data analysis will aim to answer the core evaluation questions by synthesizing insights from quantitative and qualitative data sources. This will include examining trends, identifying patterns in responses, and triangulating across data types to validate findings. The analysis framework will follow the OECD-DAC criteria to ensure comprehensive and coherent results. To ensure data validity, checks will include cross-referencing data sources, comparing findings from various stakeholders, and corroborating information against national health statistics. Regular discussions with the Somalia WCO, and the Evaluation Reference Group will support the consistency and reliability of emerging findings.

### Evaluation Norms and Standards

The evaluation will be conducted in line with the WHO Evaluation policy [\(1\)](#). The evaluation will follow the principles outlined in the WHO Evaluation Practice Handbook [\(9\)](#), the United Nations Evaluation Group Norms and Standards for Evaluation (2016) [\(10\)](#) and its Ethical Guidelines [\(11\)](#). It will also respect the UNEG Guidance on integrating Human Rights and Gender Equality in Evaluation and the UN-SWAP Evaluation Performance Indicators.

### Deliverables and Timeline

Phase	Timeline	Activities and Deliverables
<b>Inception</b>	Feb-Mar 2025	Document review, methodology design, <b>inception report</b>
<b>Data Collection</b>	Mar- Apr Mar 2025	Interviews, focus groups, field visits/mission in Somalia
<b>Data Analysis &amp; Reporting</b>	Apr-May 2025	Analyze findings, <b>draft evaluation report</b> , Validation workshop

<b>Dissemination &amp; Publication</b>	May-June 2025	Stakeholder workshop, <b>Final report</b> , dissemination
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### Composition and profile of the evaluation team

The evaluation will be conducted by a Team lead and a public health specialist and will be supported by one or two national consultants. The evaluation will be managed by a team comprising the Regional evaluation officer (Evaluation Manager), Somalia country office focal point, and WHO headquarters senior evaluation officer. WHO Evaluation Office will provide quality assurance support and advise on the process to ensure adherence to United Nations Evaluation Group (UNEG) norms and standards, including maximum independence and impartiality of the evaluation. An evaluation reference group will be established to advise on the process and to provide feedback on key evaluation deliverables (i.e., the inception report and draft evaluation report).

### Evaluation Team Leader/Senior Evaluator

Team Leader is responsible to prepare and ensure the quality of the key deliverables of the evaluation (inception report; draft report, final report; ppt presentation and a two-page evaluation brief). S/he is expected to consult and incorporate feedback on those deliverables in a timely manner.

### Qualifications:

- i.** Relevant professional qualification, preferably at the academic (Master's or PhD) level in public health, social or political sciences, economics, development studies, or a related field.
- ii.** At least 15 years of experience in conducting evaluations preferably in the areas of public health/economics or development and experience in country-level strategic / programme evaluations in the context of a global programme of work and organizational mandate.
- iii.** Demonstrated knowledge of public health and humanitarian/emergency programmes and country response to public health emergencies, health systems strengthening, and Primary health care
- iv.** Proven experience in conducting participatory and utilization-focused evaluations, qualitative and quantitative data collection methods, analysis of data, and experience in handling data limitations
- v.** Experience evaluating the incorporation of health equity, gender equality, human rights, and other equity issues in programmes
- vi.** Appropriate knowledge and skills of the evaluand with relevant experience in performing similar evaluations involving organizational reform in multilateral or United Nations organizations.
- vii.** Previous experience in conducting evaluations in Somalia or conflict-affected settings is highly desirable.
- viii.** Strong interpersonal skills and ability to work with people from different backgrounds to deliver high-quality products within a short period
- ix.** Excellent writing, analytical, and communication skills in English and Arabic.

Expected level of efforts: 40 days for evaluation

### **Public Health Specialist**

The Public Health Specialist plays a critical role in curating evaluative evidence that will inform the development of the next WHO Country Cooperation Strategy (CCS) for Somalia. He/she ensures the integration of evidence-based insights derived from the evaluation into strategic recommendations for future CCS development, complementing the Team Lead's efforts. The role focuses on analyzing and synthesizing evaluation findings to align with Somalia's health priorities and WHO's global strategic objectives.

The Public Health Specialist is responsible for:

1. Conducting a detailed analysis of Somalia's health situation using evidence collected during the evaluation, focusing on all key areas including Universal Health Coverage (UHC), health emergencies, and social determinants of health.
2. Identifying and interpreting key trends, gaps, and opportunities within the evaluation findings that align with the development of health policies and strategies.
3. Contributing to the preparation of analytical reports and summaries that inform the
4. evaluation's recommendations.
5. Supporting the evaluation team in integrating health equity, gender equality, and rights-based approaches into the analysis.
6. Collaborating with the Team Lead and other stakeholders to ensure the evaluation's
7. deliverables are evidence-driven and meet WHO standards.
8. Providing technical input during stakeholder consultations and validation workshops to ensure that findings and recommendations are robust and actionable.

### **Qualifications:**

- Advanced degree in public health or a related field.
- A minimum of 10 years of experience in public health programming, with a focus on evidence synthesis, health system evaluations, and policy recommendations.
- Expertise in areas such as Universal Health Coverage (UHC), non-communicable diseases (NCDs), and emergency health response.
- Proven experience in evaluating health systems and producing analytical outputs for strategic planning.
- Strong understanding of WHO's global and country-focused frameworks, including Country Cooperation Strategies and their alignment with national priorities.
- Familiarity with Somalia's health context or experience in fragile settings is highly desirable.
- Excellent analytical, communication, and stakeholder engagement skills.
- Expected level of effort: 25 days for evaluation

### **National Evaluation consultant (s)**

The national consultant(s) (preferably two) will contribute to the evaluation design, data collection at the country level, and report writing as needed.

### **Qualifications:**

- i. Relevant professional qualification, preferably at the academic (Master's) level in public

health, social or political sciences, economics, development studies, or a related field.

- ii. At least 8 years of experience in conducting evaluations or data collection preferably in the areas of public health/economics or development and experience in country- level strategic evaluations
- iii. Demonstrated knowledge of public health and emergency programmes
- iv. Proven experience in understanding evaluation principles, collecting qualitative and quantitative data collection, analysis of data and experience in handling data limitations
- v. Understanding of health equity, gender equality, human rights and other equity issues in programmes
- vi. Previous experience with evaluation for UN and/or other multilateral organizations
- vii. Strong interpersonal skills and ability to work with people from different backgrounds to conduct data collection in different settings
- viii. Excellent analytical and communication skills in English and Arabic.

Expected level of effort: 30 days for inputs to evaluation. The level of effort can be split into 15 days each in cases where two national consultants are proposed instead of one.

How to apply:

Interested candidates should submit their application by 25 February 2025 to [evaluation@who.int](mailto:evaluation@who.int). Please specify “Expression of Interest – Evaluation of WHO’s contribution in Somalia” in the email subject line.

The expression of interest should include:

- A clear and concise narrative outlining the bidding team’s experience, including expertise in the thematic area, geographical coverage, and evaluation type. It should also demonstrate an understanding of the assignment, outlining the proposed evaluation methods, approach, and work plan with sufficient details.
- CVs
- Examples of recent, relevant engagements and roles of the team members proposed (up to 5)
- Expected daily fee for each of the consultants and any other expenses (and total budget)
- Confirmation of the availability between March 2025 and July 2025

Short-listed candidates may be invited to a short telephone interview as part of the final selection process.

## 2. Mapping of programmes /interventions to the implementation states

Budget segment	Specific health programs or intervention types	Implementation States					
Base							
	UHC	All					
	Emerg preparedness	All					
	HP	All					
	Health governance	Federal Level					
OCR/emergency response							
	Covid19	All					
	Cholera	Southwest state	Hirshabelle	Jubaland	Benadir		
	Measles	Southwest state	Jubaland	Benadir			
	Diphtheria	Gulmadug	Puntland				
Polio eradication		All					
Special programmes	Globel Fund	All					
	Solarization	Jubaland					
	Critical Care unites	Benadir	Somaliland	Puntland	Galmudug	Southwest State	Jubbaland

### 3. Stakeholder analysis and engagement plan

The evaluation sought the views of, and will be useful to, a broad range of WHO internal and external stakeholders. Several stakeholders will participate in this consultative process, purposively selected because of their expected interest in the evaluation results, expertise and knowledge of the programme and the theme of the assessment, and relative power to influence the results of the program being evaluated. The stakeholder analysis showing their involvement and interests is provided in Table 1 below.

**Table 1: Stakeholder involvement and interests**

Stakeholder	Involvement in the Object evaluated	Role/interest in the evaluation
<i>Internal: WHO</i>		
WHO headquarters	<b>Primary:</b> Responsible for providing guidance and sharing strategic directions at the regional and global level	Engaged in the EMT, and key informant interviews. (High interest)
WHO RO	<b>Primary:</b> Responsible for providing guidance and sharing strategic directions at the country and supporting implementation	Involved as key informants and will comment on evaluation deliverables (ERG). Involved in the management response plan of the eventual recommendations (High interest)
WCO Somalia	<b>Primary:</b> Responsible for implementation, regular reporting, emergency response and policy and strategic support.	Engaged in EMT. Also Involved in data collection and logistic support for the ET. Will comment to evaluation deliverables (ERG). Will elaborate a management response of the recommendations (High interest)
<i>Ministry of Health and collaborating institutions</i>		
Federal Ministry of Health	<b>Primary:</b> Coordination, regulatory and directive role in the sector for policies and service provision, essential in the achievement of the intended results	Involved in KIIs and group discussions. Evaluation conclusions and recommendations may define policies and strategies (high interest)
Federal member states and Districts' health authorities	<b>Primary:</b> Responsible for collaborating in the implementation of policies and directives and on the ground service provision	Involved in KIIs and group discussions, survey. Conclusions and recommendations may define policies and strategies (high interest)
Emergency coordination, HCT, cluster system: Co-leads and cluster IM	<b>Primary:</b> Key stakeholders for emergency response	Involved in KIIs, survey. Given the dimension of the humanitarian response in Somalia they may have high interest.
Implementing partners	<b>Primary:</b> Key stakeholders, service	Involved in KIIs and group discussion,

	delivery	survey (medium interest)
UNCT; Health related UN (UNICEF, FAO, WFP; UNFPA)	<b>Secondary:</b> Key stakeholders engaged in the health sector, the “one health” approach	Involved as KIIs and group discussion (medium interest)
<i>External:</i>		
Affected population/patients	<b>Secondary: Drivers of demand;</b> Users of services	No direct involvement in evaluation activities, but primary interest in recommendations to improve service delivery
Health staff and CHW	<b>Secondary:</b> service providers, public sector, community-based services	Group discussion, survey (medium interest)
Donors: EU, United Kingdom, Germany, Sweden, ECHO, United States of America	<b>Secondary:</b> Providing funding for the health sector and WHO.	Possible involvement as KIIs (medium interest).

## 4. Methodological details

1. A non-experimental approach is appropriate given complexity and interdependence of WHO's work, ethical constraints and operational realities. A **theory-based approach (TBA)** was used to systematically assess how and why WHO's interventions in Somalia contributed to expected health outcomes (or not). The evaluation used the reconstructed Theory of Change to verify whether WHO's interventions have achieved their intended results and examine the mechanisms and enabling conditions that contributed to success or failure. Given the complexity of health systems, particularly in fragile and conflict-affected settings, a theory-based approach was considered appropriate to understand how, why and for whom interventions work in a dynamic context like Somalia. This approach was particularly useful for assessing multi-level coordination, policy influence, and system-wide effects since they could not be measured through simple input-output assessments. Further, by applying contribution analysis, the evaluation also identified WHO's distinct role within Somalia's broader health ecosystem, differentiating its effects from that of other stakeholders. This further strengthened the evidence base for decision-making and generated actionable recommendations for refining WHO's strategic direction in Somalia under the next Country Cooperation Strategy (2026–2030).
2. The evaluation was guided by the principles set forth in the revised WHO revised evaluation policy (2025), Implementation Framework of the WHO Evaluation Policy (2022), the UNEG Norms and Standards for Evaluation, and other applicable technical guidance.<sup>1</sup> It was also guided by the Framework for Evaluations of WHO's contribution at Country Level (2022) and WHO Evaluation Practice Handbook (2013). Application of the overarching principles and norms as defined in WHO's revised evaluation policy (2025) ensures that the evaluation findings and recommendations will serve to enhance accountability and learning throughout the three levels of WHO to improve performance and results.
3. Based on the needs of the evaluation, the team used a participatory and utilization-focused approach. Adoption of a **participatory approach** ensured inclusivity, stakeholder engagement, and the co-creation of knowledge throughout the evaluation process. Given WHO's role as a key technical and policy advisor within Somalia's health sector, such an approach was essential to capturing diverse perspectives from national authorities, WHO staff, implementing partners, donors, and beneficiaries, including vulnerable populations such as IDPs as well as frontline health workers. By actively engaging stakeholders through interviews, focus group discussions (FGDs), (and upcoming validation workshops), and the ERG, the evaluation ensured that findings are contextually relevant, credible, and actionable. Additionally, this approach will further enhance ownership of the evaluation results, increasing the likelihood that recommendations will be integrated into future WHO programming and policy decisions. Participatory methods also helped the evaluation team (ET) to identify unintended consequences, hidden barriers, as well as emerging best practices, providing a nuanced understanding of WHO's contributions in Somalia. Through continuous consultation and feedback loops, the evaluation will foster learning, transparency, and accountability, strengthening WHO's engagement with national and international partners while also ensuring that the evaluation findings resonate with key decision-makers and affected communities.

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<sup>1</sup> Such as PAHO Evaluation policy (2021), and the WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development, 2022.

Particular attention was paid to capture perspectives and data related to marginalized groups, hard-to-reach areas and related to gender and disability.

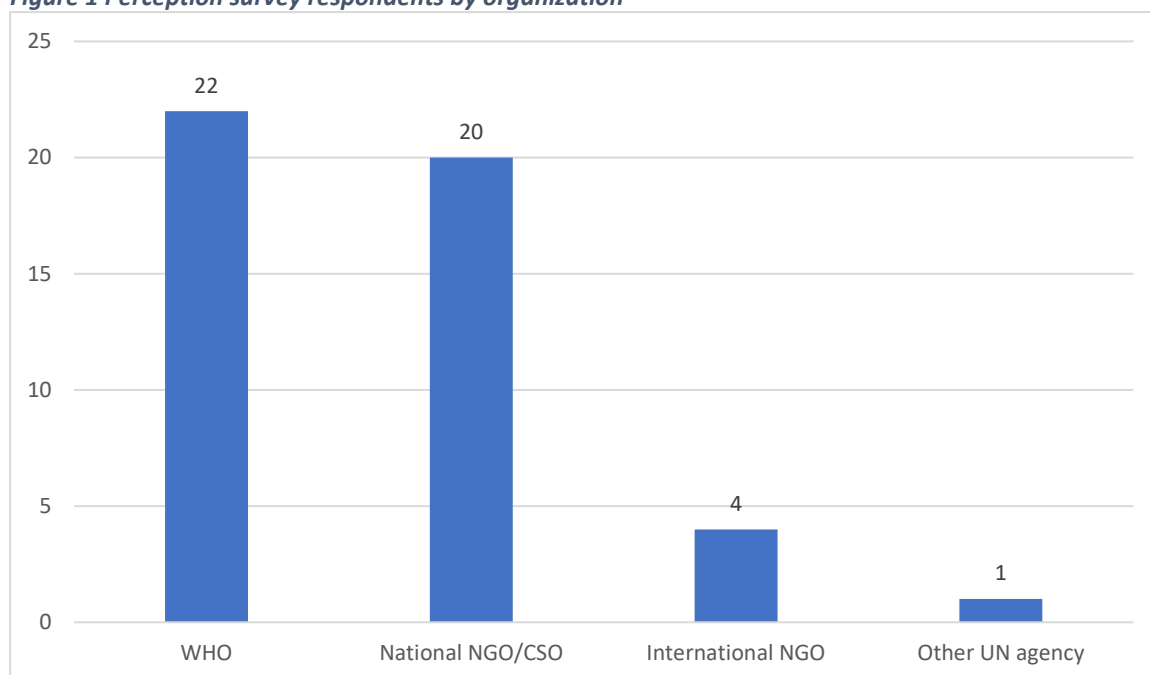
4. Closely linked to a participatory approach, a **utilization-focused approach** was adapted to ensure that findings, conclusions, and recommendations are directly relevant and actionable for WHO and its key stakeholders. A central goal of this approach is to prioritize the needs of intended users, including WHO CO/RO, FGS, donors, and implementing partners, to support evidence-informed decision-making and strategic planning. Thus, the evaluation was designed and conducted with a clear focus on how the findings would be used, ensuring that the insights generated will contribute to programme improvements, policy refinement, and resource allocation decisions. By focusing on practical recommendations aligned with WHO's future strategic directions, this approach will help ensure that the evaluation influences the design of the next CCS 2026–2030, enhance WHO's operational effectiveness, and strengthen its role as a key health partner in Somalia.
5. The evaluation also adopted a **conflict-sensitive approach**, guided by the principle of 'do no harm', to ensure that the assessment minimizes negative impacts and promotes constructive engagement within the context of Somalia's complex humanitarian environment. The team acknowledges the potential for the evaluation exercise to inadvertently exacerbate tensions or undermine existing relationships within conflict-affected environment. To mitigate these risks, the team prioritized sensitivity to local dynamics, including power dynamics, cultural norms, and historical grievances, throughout all stages of the evaluation. Special attention was also given to ensuring the safety and well-being of participants, particularly in areas prone to violence or instability. Additionally, the evaluation process actively sought to identify and mitigate potential risks of harm, including by consulting with local stakeholders, adapting data collection methods to local contexts, and engaging in ongoing reflection and learning to refine approaches as needed.
6. The evaluation complied with the UN-SWAP 2.0) and applied the UN-SWAP Evaluation Performance Indicator (UN-SWAP EPI) during all phases of evaluations, abiding to the UNEG gender equality-related norms and standards [\(12\)](#). The evaluation systematically **integrated gender equality and equity analysis**. This assessment primarily concentrated on assessing the inclusion of an equity and a gender approach in the design, implementation and monitoring of the WHO's CCS interventions in Somalia. Furthermore, the evaluation gauged the adequacy of WHO's efforts with regard to the intricate social and gender dynamics in Somalia. Data also considered intersectionality (e.g. gender and disability). The ET are experienced in gender-sensitive interviewing and included both women and men in stakeholder consultations, including at community level. Cultural and security contexts were respected during data collection and reporting. The ET has presented findings on gendered impacts of health interventions and provided gender specific recommendations. Recognizing the dynamic context in Somalia, the team also maintained analytically and operationally flexible approaches.
7. The evaluation used a mixed methods approach combining quantitative and qualitative data sources. **Data collection** and analysis were participatory and gender responsive.
8. **Desk Review** was carried out on programme documents including existing studies at national level. This review was used to inform different stages of the evaluation. Overall, the documents reviewed displayed a clear presentation of the objectives of the CCS and the underlying programme logic. The stakeholders and their roles were clearly defined. The SP indicators provided information on what will be measured at output level. Some recent evaluations and reviews provided insight into WHO efforts and /or contributions in Somalia including the findings of the 2025 Inter-Agency Humanitarian Evaluation (IAHE) of the Response to the Humanitarian Crisis In Somalia; the 2024 Administrative & Assurance Review WHO Country Office, Somalia; the Evaluation of the Somalia UNSDCF 2021 – 2025; and the 2025 UNSDCF System-wide evaluation on progress towards a 'new generation of United Nations Country Teams.' Information on the

monitoring and evaluation (M&E) system used in tracking the SP indicators of the CCS was obtained and relevant M&E reports were also reviewed.

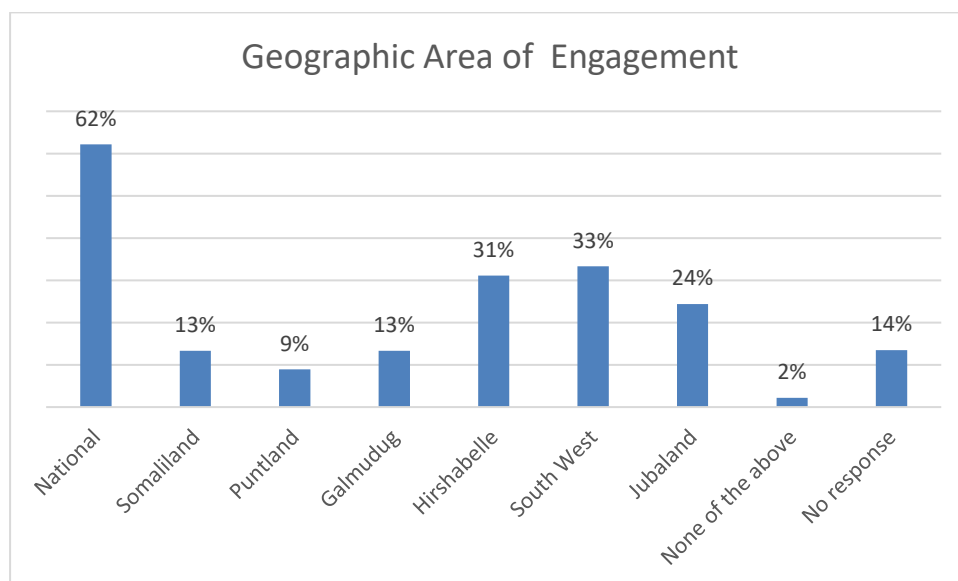
9. Regarding **secondary quantitative data analysis**, while the 2020 Somali and Somaliland Health and Demographic Surveys provide some outcome level baseline data, there was a dearth of a similar 2025 population-based data for comparability. The ET used WHO available programme monitoring data for secondary quantitative analysis. This analysis allowed for a trend assessment of selected key health indicators. By triangulating secondary data with qualitative insights from stakeholder consultations, the evaluation enhanced the robustness of its findings, ensuring that conclusions are grounded in both empirical evidence and stakeholder perspectives.
10. **Case studies:** Some published case studies were reviewed more in-depth to provide insight into how and why WHO's interventions have worked (or not) in specific contexts and allow for rich qualitative analysis that complements broader evaluation findings. The evaluation reflected further on the following case studies: **Increasing Access to Medical Oxygen in Somalia:** Fostering a resilient health system in a fragile context; **Community Health Workers (CHWs):** Addressing frontline challenges and advancing equitable access to health care in fragile settings; and **Somalia Immunization Programme: Catching up after conflict and COVID-19 in a fragile context.** These case studies were recommended as they reflected key areas of WHO's engagement in Somalia, including the COVID-19 response, strengthening PHC, immunization efforts, and human resources for health (HRH), with a particular focus on community health workers.
11. **Stakeholder Interviews** were conducted to provide in-depth qualitative insights into WHO's role, contributions, and challenges in Somalia's health sector. A mix of in-depth interviews (IDIs) and key informant interviews (KIIs) were conducted with a diverse set of stakeholders to capture multiple perspectives on WHO's interventions, coordination mechanisms, and effects. These interviews explored strategic relevance, operational effectiveness, coordination with partners, and sustainability of interventions. Key stakeholders for interviews include WHO headquarters, RO and CO staff, National, State and Local Government representatives, Donor and other UN agency stakeholders and other Implementing Partners such as Save the Children, World Vision, etc. Interviews were semi-structured, ensuring consistency across respondents while allowing flexibility to explore key themes in depth. Stakeholders were selected purposively, ensuring a representative mix of institutional, implementation, and community-level actors. Both remote and in-person interviews were conducted depending on accessibility and security constraints. The informed consent forms and topic guides for the KIIs are provided in Annex 7.
12. **Focus group discussions (FGDs)** complemented stakeholder interviews by capturing collective perspectives and experiences of frontline health workers involved in primary health care delivery including community health workers (CHWs). FGDs provided qualitative data on the perceived effectiveness, accessibility, and sustainability of WHO-supported health interventions, from the perspectives of the health workers who serve the ultimate beneficiaries. Discussions followed a semi-structured FGD guide, covering key themes such as health access, service quality, perceptions of WHO's support, and barriers to healthcare. Gender-sensitive and culturally appropriate facilitation were ensured. The FGD topic guide is displayed in Annex 7.
13. **Perception Survey** was conducted among WHO staff and implementing partners to provide quantitative data related to the evaluation criteria. Kobo Toolbox was used to implement the online, web-based survey to systematically collect quantitative insights from WHO personnel and key implementing partners. This survey assessed perceptions on WHO's strategic relevance, operational effectiveness, internal coordination, and challenges in delivering health interventions in Somalia. Online tools, like Kobo Toolbox, are particularly well-suited for this purpose allowing for wide participation. The perception survey questionnaire is provided in Annex 7.

14. **Sampling strategy:** the evaluation team employed a consultative methodology, aiming to engage a broad cross-section of stakeholders within the available timeframe. This approach ensured that diverse perspectives were captured, reflected, and triangulated for analytical rigor.
15. Purposive sampling was used to select stakeholders for all primary data collection activities (KIIs, FGDs and perception surveys) based on stakeholder roles and levels of engagement with WHO’s programmatic portfolio in Somalia. A stakeholder analysis guided this selection process to optimize the richness of insights gained from a limited number of interviews, while ensuring a balanced representation across key stakeholder categories. An initial list of stakeholders, provided by WHO served as a foundational reference during the fieldwork phase. Snowball sampling was utilized to identify additional relevant stakeholders as the evaluation progressed. A log of all interviewees was maintained and periodically reviewed to assess the balance of representation, including internal versus external actors, policy-level versus implementation-level stakeholders, sectoral diversity, and the mix between governmental and non-governmental participants. This iterative and inclusive process supported well-rounded, evidence-based, and impartial evaluation findings. The stakeholder groups interviewed are provided in Table 4 in the main narrative.
16. Stakeholders who did not participate in the semi-structured interviews had the opportunity to contribute through the staff perception survey, thereby broadening the inclusiveness of the data collection process. The survey, administered via a Kobo web link, was distributed by email to stakeholders across participating organizations including WHO. To enhance response rates, the Evaluation Team (ET) engaged the support of the WCO in encouraging stakeholder participation. Nevertheless, as anticipated during the inception phase, response rate was relatively low and only a total of 47 respondents participated in the survey. The background characteristics of the perception survey respondents are displayed in Figures 1 and 2.

**Figure 1 Perception survey respondents by organization**



**Figure 2 Perception survey respondents by geographic area of engagement**



**17.** The evaluation was designed to encompass the entire territory of Somalia. Primary data collection activities were conducted across all Federal Member States, and the Benadir Regional Administration (Mogadishu). In addition to the KIIs and perception survey, health workers—including CHWs—were purposively selected from primary health care facilities in selected areas in Garowe, Puntland and Kisimaayo, Jubaland to participate in FGDs. The health workers were chosen guided by the following criteria, the presence of key WHO-supported programs, including responses to cholera, measles, and diphtheria outbreaks; and alignment with the emergency response and health system strengthening agenda. A total of 6 FGDs were held with 39 health workers in Garowe and Kisimayo. Table 2 displays the background characteristics of the FGD participants.

**Table 2: Background characteristics of focus groups discussion participants**

Location	FGD code	Number of Participants	Gender	Health Worker Type	Affiliated Facilities/Areas	Roles and Responsibilities
Garowe	FGD 1	7	All Female	Nurses	Howlwadaag, Jilow, Gargaar, Caafi, Barwaawo, Horyaal	Administering immunizations; maternal and child health services (ANC/PNC); health education; AFP reporting; outreach coordination
Garowe	FGD 2	8	All Female	Community Health Workers (CHWs)	Daryeel, Jilab, Jawle, Carafaad	Door-to-door health education; community mobilization; referral of sick individuals; nutrition and hygiene promotion; defaulter tracking

Garowe	FGD 3	8	All Female	Community Health Workers (CHWs)	Gambool, Jilab 2, Wadajir, Howlwadaag	Same as FGD 2
Kismaayo	FGD 1	4	1 Female, 3 Male	District/Regional Health Coordinators and Community Mobilizers (Ministry of Health)	Ministry of Health, Jubaland	Oversight of health activities and supplies; campaign supervision; planning and logistics; data reporting; CHW supervision
Kismaayo	FGD 2	6	5 Female, 1 Male	Nurses and Facility In-Charge	Guulwade Health Centre	Routine immunization and maternal health services (ANC/PNC); facility operations; CHW coordination; caregiver education
Kismaayo	FGD 3	6	All Male	Facility In-Charge, Head of Pharmacy, Head of CHWs, CHWs	Howlaha Maraakiibta Health Centre	Facility and pharmacy management; CHW supervision; household visits; immunization campaigns; data reporting and referrals

- 18. Data analysis** was conducted through a systematic and rigorous process involving the organization, classification, tabulation, and synthesis of collected information. The objective was to extract meaningful insights that directly respond to the evaluation questions and fulfil the overall purpose of the evaluation. The analysis involved both disaggregated examination of individual data sources and triangulation across multiple sources to identify patterns, corroborate findings, and generate a comprehensive understanding of the evidence. The process included systematic coding and collation of the data to ensure accuracy, followed by the application of appropriate analytical techniques.
- 19.** The quantitative data from the perception survey was analyzed using a descriptive statistical approach. Responses to each closed-ended question were compiled and grouped by response category. Frequencies and corresponding percentages were calculated to determine how respondents rated each item. The data was then organized into tables for each evaluation criterion (e.g., relevance, effectiveness, sustainability) to provide a clear visual summary. This helped identify key trends and majority opinions across stakeholders. The analysis was done using Excel software to ensure accuracy and consistency throughout the reporting.
- 20.** For the qualitative data, the evaluation team primarily employed thematic analysis to identify recurrent patterns, key themes, and areas of interest across the dataset. The analysis was iterative and grounded in a three-pronged analytical framework: “noticing, collecting, and thinking” [\(13\)](#). The approach allowed for the progressive refinement of insights and supported the emergence of grounded findings. The evaluation matrix served as guiding tool to ensure that data analysis remained focused, structured, and aligned with the evaluation questions and intended outcomes. Through this approach, the evaluation team ensured that data was transformed into coherent, credible, and actionable findings.
- 21.** Key methods of triangulation include:

- *Source triangulation*: Comparing information from different sources.
- *Method triangulation*: Comparing information collected by different methods separated by gender, vulnerable groups, etc. as feasible.
- *Investigator triangulation*: Involving multiple evaluators to assess the same issues and rotating the evaluation team members so that no one pair works together the entire time.
- *Geographic triangulation*: Comparing information gathered from different implementation locations to ensure differentiation between results that can be generalized versus those that are limited to a particular context.

## Ethics

22. Verbal informed consent was obtained from all individuals participating in interviews and FGDs. Digital consent was collected for those participating in surveys. All data collected was anonymized prior to analysis and reporting, to protect the identity and privacy of participants.

23. The evaluation was guided by the following principles:

- **Respect for gender equality and human rights**: The process ensured the protection of participants' confidentiality, dignity, and well-being, and informed consent was obtained at all times.
- **Inclusive stakeholder participation**: Efforts were made to maximize the participation of relevant stakeholders in all phases of the evaluation.
- **Use of respectful and inclusive language**: Findings and reports are framed using terminology that upholds human rights and promotes gender equality.

24. To maintain focus and ethical rigor, no questions were asked regarding participants' personal social, religious, or political views.

## Konterra's quality assurance

Key measures for high-quality process management include:

**Evaluation team understanding of quality standards:** KonTerra's engagement strategy fosters team commitment and understanding of quality standards from day one. All KonTerra contracts include a specific clause mandating team application of both the Client and KonTerra's Quality Systems. At the outset of each evaluation, KonTerra's QA Senior Advisor provides a briefing on relevant standards to equip teams with the knowledge and practical tools<sup>2</sup> to fulfil expectations. In addition, teams are briefed on client-specific lessons learned based on previous experience to ensure the continuous improvement of our evaluation products.

**Coherent, realistic, and adapted planning:** At inception, the TL develops detailed activity planning based on a comprehensive understanding of the evaluation requirements, agreed upon with all stakeholders. As the evaluation unfolds, the TL iteratively reviews planning to forecast any changes that would be required. Any changes that are necessary are clearly communicated and agreed upon with WHO in advance.

**Comprehensive stakeholder engagement:** KonTerra recognizes that the utility of evaluations relies on stakeholder engagement throughout planning, design, conduct and follow-up to ensure that evaluations are a useful exercise for learning and improving programming. KonTerra's EM will support the Team Leader in engaging with relevant stakeholders, building constructive relationships based on trust. At the outset, KonTerra's evaluation teams conduct a comprehensive stakeholder mapping to promote inclusive stakeholder engagement with communication and engagement approaches tailored by stakeholder. In developing recommendations, the evaluation team will consult with the likely implementers as appropriate to secure their acceptance and engagement through organization of an inception meeting with key stakeholders to clarify and agree on the scope and priorities of the evaluation as well as an exit debriefing to collect feedback on the evaluation process. The TL, supported by KonTerra's EM, also conducts regular follow-up with WHO throughout the assignment to ensure the process remains on track.

**Dedicated Evaluation Managers:** Each contract is led by a dedicated Evaluation Manager (EM) who ensures the evaluation is delivered on time and in accordance with the ToR. Within KonTerra, the EM oversees the administrative, logistic, and financial processes for sound management and execution of the evaluation. The EM plays an essential role in ensuring that the evaluation team is well supported with a clear understanding of roles and expectations. Additionally, EMs are able to bolster evaluation team capacity through provision of support such as conducting interviews and additional document review. EMs also facilitate the client-consultant relationship, providing an added layer of review to ensure that all technical and practical issues are considered and addressed properly and endorsed by the client and the evaluation team.

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<sup>2</sup> Relevant tools include templates, checklists, and guidance notes

**Full complement of back-stopping services:** KonTerra provides back-stopping services ranging from finance and travel management to security monitoring, report design, and data visualization. In addition, KonTerra's in-house data analysts provide support to all evaluation teams in the synthesis and consolidation of available project and programme data for targeted evaluations. These support services ensure the smooth operation of evaluation processes.

**KonTerra's Evaluation Manager and Team Leader ensure the following QA aspects of the evaluation process:**

Appropriate range of expertise of the evaluation team

Compliance with procurement regulations, contracting, budget monitoring and payments.

Management of the evaluation's available resources (cost, time, and quality) on the basis of discussions with WHO's focal point according to priority setting

Accurate and realistic planning in line with the ToR's requirements

Adequate engagement of stakeholders to ensure relevance and usefulness of evaluation.

Alignment with all ethical considerations as per WHO guidelines

KonTerra's extensive roster of consultants, experienced full-time staff, dedicated QA position, and incorporation of stakeholder feedback ensure the technical quality of evaluation products.

Key measures for high-quality product delivery include:

**Curated evaluation teams:** KonTerra's extensive roster of experts and accomplished senior evaluation staff members allows us to build evaluation teams based on the particular needs of the evaluation. Team Leader holds primary responsibility for the quality of the evaluation product, with additional layers of quality review provided by a dedicated QA Specialist assigned to the activity. All team members have a thorough knowledge of key methodological and reporting quality guidance,<sup>3</sup> agency-specific evaluation quality systems, and relevant humanitarian and human rights standards to be applied in the evaluation of development and humanitarian interventions (such as UNEG Ethical Guidance and Code of Conduct, UN SWAP EPI, Gender and Human Rights principles, Do no Harm principles and Accountability to Affected Populations commitments). As an exceptional QA mechanism, should a Team Lead not be able to deliver at the expected level, KonTerra has the capacity to trigger a 'rescue mission' with our own staff and, at the cost of KonTerra, to take over the responsibilities of the TL. In the rare occasions KonTerra has been obliged to activate a 'rescue mission', it has been done with discretion, in agreement with the client.

**Dedicated Quality Assurance Specialists:** In addition to an EM, KonTerra provides a QA Specialist who supports the TL in developing evaluation products. Each evaluation product goes through a thorough QA revision (as many as necessary to attain standards) and a final verification of formatting and editorial requirements before it is sent to the client. The QA Specialist reviews evaluation products based on KonTerra's 'Quality System' and client-specific standards, providing detailed and constructive feedback for the evaluation team. The QA Specialist is responsible for providing final sign-off on products to be submitted to the client once they have confirmed quality standards are achieved. In addition to the technical review, the QA Specialist conducts a full editorial review to ensure that reports are duly

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<sup>3</sup> Including UNEG Norms and Standards for Evaluation, DAC Principles for the Evaluation of Development Assistance, OECD/DAC Guidance for Evaluating Humanitarian Assistance in Complex Emergencies, ALNAP guide for Evaluating humanitarian action using the OECD/DAC criteria, etc

formatted, are free from any grammar mistakes or typos, the flow of the text is adequate, with no redundancies etc.

**Proactive collection and incorporation of stakeholder feedback:** Stakeholders' feedback and commentary on draft reports will be collected via a consolidated comment matrix incorporating input from all reviewers. Organization of feedback in this way allows the team to provide clear explanation on how comments have been considered and addressed when making needed revisions. Before submitting revised products to the commissioning unit, the QA Specialist will verify that all comments have been addressed by the evaluation team in the matrix.

**The Team Leader and the QA Specialist will focus on the following QA aspects of the evaluation product by considering:**

- Appropriateness of methodological approach and scope to meet evaluation objectives.
- Grounding of findings on appropriate analysis
- Verification of the completeness of the deliverables, their internal coherence and clarity
- Practical applicability of recommendations
- Consideration of cross-cutting issues (gender, protection, accountability to affected persons, etc.)
- Ensuring grammatical precision and proper formatting

**Specific to the Draft and Final Inception Report, the following aspects will be examined:**

- Consistency with ToR/appropriate justifications of proposed changes to the ToR
- Inclusion of suitable data collection tools, triangulation plan, and clearly stated limitations.
- Complete evaluation matrix (including indicators, data sources and methods to be used)
- Incorporation of gender dimensions and ethical issues based on comprehensive stakeholder mapping.

**Specific to the Draft and Final Country Evaluation Reports and Synthesis Report, the following aspects will be examined:**

- Achievement of objectives reflected in ToR and Inception Report
- Coherent and thorough analysis based on triangulation of high-quality evidence.
- Clear and logical links from evaluation findings to balanced conclusions/recommendations.
- Recommendations that are relevant, clear, and actionable for both recipients and donors
- Incorporation of stakeholder comments as appropriate
- In the preparation of all reports, KonTerra will follow WHO's guidance.

# 5. The reconstructed theory of change



**Table 3: Theory of change components**

Inputs	Activities	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>Human resources at WCO</li> <li>Human resources available for each level of care</li> <li>Health facilities upgraded and accessible</li> <li>Drugs and materials available</li> <li>Financial resources: RO and WHO headquarters resources,</li> <li>Donor support</li> <li>GoS budget allocations</li> <li>Technical support RO and WHO headquarters</li> <li>Private-public engagement</li> </ul>	<p><u>WHO interventions related to direct service implementation, technical assistance, normative and policy support on UHC, promotion of healthier populations, eradicating polio, and special programs:</u></p> <p><u>Immunization campaigns</u>  <u>Outreach activities;</u>  <u>Medical oxygen production;</u>  <u>Laboratory upgrading activities;</u>  <u>boosting Community based health care;</u>  <u>Training for an integrated disease surveillance and response;</u>  <u>Promoting breastfeeding and adequate nutritional patterns;</u>  <u>Promote health actions and services linking short-term relief with long-term developmental goals;</u>  <u>Develop and implement a strategy for development, recruitment and retention of the health workforce;</u>  <u>Work towards a regulatory framework for the private sector;</u>  <u>Training and support for the pharmaceutical Regulatory</u></p>	<p><b>Output 1:</b> PHC-led recovery efforts accelerated to advance progress towards universal health coverage and enable the delivery of integrated, people-centred health services.</p> <p><b>UHC/Polio/special programme</b></p> <ul style="list-style-type: none"> <li>Enhanced capacity of Somalia to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</li> <li>Somalia’s health systems to address population-specific health needs and barriers to equity across the life course strengthened</li> <li>Somalia’s healthcare workforce strengthened</li> <li>Somalia’s capacity to address antimicrobial resistance enhanced through strengthened surveillance systems, laboratory capacity, IPC, awareness-raising and evidence-based policies and practices</li> <li>Somalia’s regulatory capacity strengthened, and supply of quality-assured and safe health products improved,</li> </ul>	<p><b>Outcome 1:</b> Children, adolescents, and women equitably access and use the revised essential package of health services, including high-impact, low-cost maternal, neonatal, and child health interventions, with evidence of improved coverage</p> <ul style="list-style-type: none"> <li>- The revised essential package of health services (EPHS 2020) has been rolled out and data show increased coverage and equitable distribution of services over time.</li> <li>- Low cost but high-impact interventions for reproductive, mother, neonatal, child and adolescent health and routine immunization are integrated into community-based care and rapidly scaled up with data showing increased coverage, access and equity.</li> <li>- The national HIMS has been integrated, standardized and updated to generate standardized data that should facilitate consistent reporting</li> <li>- Mapping of the existing health workforce has been completed, the projected need in support of UHC and the revised EPHS package has been estimated and a new human resources strategy for health has been developed</li> <li>- Sustainable health-financing strategy in support of a PHC-led recovery of the health system has been developed</li> </ul> <p>A National Pharmaceutical Regulatory Authority has been established.</p> <p><b>Outcome 2:</b> The Country has enhanced capacity for emergency preparedness, surveillance, and response at national and sub-national levels with strengthened health security.</p> <ul style="list-style-type: none"> <li>- An integrated disease surveillance and response system</li> </ul>	<ul style="list-style-type: none"> <li>- Improvement in the health and well-being of the population of Somalia, especially the underserved communities</li> <li>- Progress evidenced towards the triple billion targets of the GPW13 and the health-related SDGs</li> </ul>

	<p><u>Authority.</u></p> <p><u>WHO interventions related to Technical and operational assistance towards emergency preparedness and response to outbreaks and crises:</u></p> <p><u>OCR and Polio eradication related activities;</u>  <u>Establishing a functioning framework for interagency collaboration and coordination;</u>  <u>Humanitarian Health Cluster Coordination;</u>  <u>Incident management;</u>  <u>Emergency operations support e.g., logistics, supply chain.</u></p> <p><u>WHO interventions strengthening Somalia's health leadership &amp; governance:</u></p> <p><u>Convening, partner coordination, advocacy, and communication;</u>  <u>Data and analytics, normative guidance, and uptake of research and innovation;</u>  <u>Support the availability of</u></p>	<p>including through prequalification services</p> <ul style="list-style-type: none"> <li>• WHO's authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines, and diagnostics lists provided</li> <li>• Polio eradication plans implemented in partnership with the Global Polio Eradication Initiative</li> <li>• Somalia enabled to address social determinants of health across the life course, alongside its capacity to address risk factors through multisectoral actions</li> <li>• Somalia's capacity strengthened to address environmental determinants, including climate change</li> </ul> <p><u>SP 1 Indicators</u></p> <ul style="list-style-type: none"> <li>- UHC service coverage index</li> <li>- Maternal mortality ratio</li> <li>- Proportion of births attended by skilled personnel (%)</li> <li>- under 5 and neonatal mortality rates</li> <li>- Proportion of children &lt; 1 with access to pentavalent 3 vaccines</li> <li>- Proportion of women (15–49 years) receiving antenatal care four</li> </ul>	<p>has been implemented at national and subnational levels with early detection of health threats in real time,</p> <ul style="list-style-type: none"> <li>- At least 80–90% of vaccination coverage for at-risk groups has been achieved through targeted campaigns in the event of any declared outbreak</li> <li>- National framework for improving essential public health functions has been developed and implemented to strengthen the health system for health security to ensure effective management of health emergencies</li> <li>- Vulnerability assessment to ensure environmentally sustainable and climate-resilient health systems has been completed</li> <li>- A national framework for One Health has been implemented for surveillance and response to the threat of emerging zoonotic diseases and antimicrobial resistance</li> </ul> <p><b><u>Outcome 3: Children, adolescents, and women experience improved health and well-being through multisectoral actions that address social determinants of health and risk factors.</u></b></p> <ul style="list-style-type: none"> <li>- Intersectoral and multisectoral coordination mechanism to tackle social determinants of health has been established</li> <li>- Selected interventions to integrate health and nutrition have been implemented at the PHC level</li> <li>- Country capacity has been enhanced to assess health risks from climatic shocks</li> </ul> <p><b><u>Outcome 4: Improved population health and reduced health inequities through transparent, and accountable health systems that enable equitable access to essential health services, better monitoring and more efficient use of resources.</u></b></p>	
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	<p><i>statistics and data at national and local level; Advocate and support for the establishment of a HMIS.</i></p>	<p>or more times (%)</p> <p>Proportion of PHC facilities with selected essential medicines available, including NCD medicines (%)</p> <p>Essential health workforce density (per 1000 population)</p> <p><b>Output 2: Emergency preparedness, surveillance, and response capacities strengthened through an all-hazards and One Health approach to enhance health security.</b></p> <p><b>Emergency/OCR</b></p> <ul style="list-style-type: none"> <li>• Capacities for emergency preparedness strengthened in Somalia</li> <li>• Potential health emergencies in Somalia rapidly detected, and risks assessed and communicated</li> <li>• Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</li> <li>• Essential health services and systems maintained and strengthened in Somalia’s fragile, conflict-affected, and vulnerable settings</li> </ul> <p><u>SP2 Indicators</u></p> <p>Proportion of people in accessible areas covered by integrated</p>	<p>- Better coordination and sharing of information among bilateral partners and GAP principal agencies have been established</p> <p>- Implementation of GAP is reflected in the form of joined and collaborative multipartner-funded projects to support progress towards the health-related SDGs,</p> <p>- Regular, reliable and actionable health information and data to monitor progress of SDG 3 goals are available at national and subnational levels</p>	
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		<p>disease surveillance and response system</p> <p>Proportion of IHR events detected and responded to in a timely manner</p> <p>Proportion of at-risk people vaccinated against epidemic- and pandemic-prone diseases</p> <p><b>Output 3: Multisectoral actions implemented to address social determinants of health and risk factors to promote healthier populations and well-being.</b></p> <p><u>SP3 Indicators</u></p> <p>Proportion of children aged 0–6 months who are exclusively breastfed</p> <p>Proportion of the population with access to safely managed drinking-water and sanitation services</p> <p><b>Output 4: Health governance strengthened through the implementation of the Global Action Plan for Healthy Lives and Well-being for All to support joint and collective actions toward achieving health-related SDG targets.</b></p> <p><b>Health governance</b></p> <ul style="list-style-type: none"> <li>• Somalia’s health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities</li> </ul>		
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		<ul style="list-style-type: none"> <li>Data, analytics and health information systems to inform policy and deliver results.</li> </ul> <p><u>SP4 Indicators</u></p> <p>Statistics/data related to UHC Index available at national, state and regional levels.</p> <p>Functioning framework for interagency collaboration and coordination established</p> <p>Health included in the social safety net/protection programme.</p>		
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It is pertinent to note that the WHO contribution considers the cross-cutting principles of human rights, health equity and gender.

The overarching assumption is that progress towards the strategic priorities' outcomes will contribute to the strengthening of the health system and to the improvement of the health status of the Somalia population while evidencing progress towards the triple billion targets of the GPW13 and the health-related SDGs. Overall, the achievement of the expected results depends on the following key assumptions, enablers and risks within the context:

### **Assumptions**

*IF* WHO maintains leadership and reputation in Somalia

*IF* Global financial shortages keep significant allocations for WHO Somalia CO

*IF* Donor support to WHO is continued

*IF* GoS raises revenues and increases Health Sector financing and Ministry of Health budget

*IF* leadership and authority of Federal Ministry of Health is consolidated,

*IF* the CCS is aligned with Somalia's health needs and is adopted and appropriated by the GoS, the Federal Ministry of Health and sector partners

*IF* the different regions and states align their priorities with the CCS and adopt its strategic approach

*Then:* WHO will be able to contribute to the strengthening of the health system and contribute to reach the intended outcomes

**Enablers:**

- Political situation allows for stability
- Debt relief allowing for a solid economic growth
- Economic development plans adopted
- Polio eradication teams' availability
- COVID 19 learning and related system strengthening consolidated
- The demand for regulation of the health sector is consolidated
- The demand for quality health services increases
- UN system harmonization of health-related components
- Donors supporting post crisis stabilization programs and development plans

**Risks:**

- Low expenditure on health
- Scarce HR available
- Pervasive inequity challenges
- Political instability
- Security constraints
- Recurrent emergencies that refocus donor support to relief
- Limited non-earmarked funds
- Institutional atomization in Somalia
- Strategic divergence between States and regions for prioritizing health strategies and outcomes

Donors keep supporting parallel systems for service delivery

# 6. Evaluation matrix

Evaluation Questions	Sub- questions	Indicators	Data Collection Methods	Data Sources	Data Analysis
<b>1. RELEVANCE: Determine the relevance of the WHO Somalia Country Programme</b>					
<b>1.1 To what extent have WHO's vision, strategies, and interventions aligned with Somalia's national and local health priorities, needs, and policies?</b>	1.1.1. To what extent are the objectives of the Country Programme, the design and approaches appropriate (as relating to the CCS (2021– 2025) to respond to beneficiaries, country, and partner/institution needs, policies, and priorities?	<ul style="list-style-type: none"> <li>• Reflection of national policies and priorities in CCS analysis, planned outputs, and outcomes</li> <li>• Evidence of the extent to which design and implementation of the CCS was and is adapted to specific characteristics in Somalia (such as demographic, economic, natural environment, and other socio-political issues)</li> <li>• Evidence of linkages between specific aspects of the Country Programme and diagnosed country needs and priorities, WHO's strategies, priorities of UN Agencies, and SDG targets</li> <li>• CCS approaches and strategies take into account WHO mandate and WHO Somalia Country Office (CO) operational structures</li> <li>• Evidence of adaptation of programme strategies and results framework in relation</li> </ul>	<ul style="list-style-type: none"> <li>• Desk Review</li> <li>• Semi-structured interviews with Government, WHO headquarters, RO and CO, other UN stakeholders, donors, and other implementing stakeholders</li> </ul>	Reviewed Documents – CCS, Country Programme and specific projects' documents and reports, strategy notes, evaluations, surveys, WHO (Heads of section, Field Operations and Emergency) General Programme of Work (GPW13) for 2019–2023 WHO's Fourteenth General Programme of Work (GPW14) for 2025 –2028 Theory of Change  Key informants	Policy analysis Thematic analysis Analysis of ToC Triangulation of different data sources and methods.

		<p>to context changes and emerging needs</p> <ul style="list-style-type: none"> <li>Stakeholders' perceptions of responsiveness of the Country programme to contextual and emerging realities</li> </ul>			
	<p>1.1.2. To what extent has the programme employed the mix of policy advice, emergency/humanitarian programming, systems strengthening and service delivery intensification appropriate for the country context?</p>	<ul style="list-style-type: none"> <li>Evidence that the hypotheses, assumptions, policy mix and change strategies in the CCS were based on the best knowledge at the time of design and that they are being updated regularly</li> <li>The extent to which deployed implementation strategies reflect systems strengthening and service delivery intensification appropriate for the country context</li> <li>Stakeholders' views of the appropriateness of strategies and approaches of the CCS.</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Semi-structured interviews with Government, WHO headquarters, RO and CO, other UN stakeholders, donors, and other implementing stakeholders</li> </ul>	<p>CCS documentation, including strategic notes and briefing and briefing notes</p> <p>National documentation from Ministry of Health and relevant agencies</p> <p>Studies, reports, evaluations GPW 13 &amp; GPW 14</p> <p>Theory of Change</p> <p>Key informants</p>	<p>Policy analysis</p> <p>Thematic analysis</p> <p>Analysis of ToC</p> <p>Triangulation of different data sources and methods</p>
	<p>1.1.3. Within the 2021-2025 programme cycle, has there been any significant changes to the Government strategies and priorities in the areas of WHO programming?</p>	<ul style="list-style-type: none"> <li>Evidence of changes to the Government strategies and priorities in the 2021–2025 Country Programme cycle</li> <li>Stakeholders' views of significant changes to the Government strategies and</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Semi-structured interviews with Government, WHO headquarters, RO and CO, other UN stakeholders, donors, and other</li> </ul>	<p>CCS /CP documentation, including strategic notes and briefing and briefing notes</p> <p>National documentation from Ministry of Health and relevant agencies</p> <p>Studies, reports, evaluations</p> <p>Key informants</p>	<p>Thematic analysis</p> <p>Triangulation of different data sources and methods</p>

		priorities in the areas of WHO programming	implementing stakeholders		
<p><b>1.2 To what extent has WHO in Somalia adapted to changes in population priorities and emerging health needs, particularly for vulnerable groups (IDPs, refugees) in response to evolving humanitarian crises?</b></p>	<p>1.2.1. What is the extent to which the Country Programme incorporates equity, human rights-based approach (HRBA), Humanitarian, Disability and gender equity (GE) goals in its design?</p>	<ul style="list-style-type: none"> <li>Evidence on inclusive, HRBA and gender programming mainstreaming into the CCS</li> <li>Evidence that the CCS design embeds cross-cutting issues that are core to WHO's mission</li> <li>Evidence that the CCS focuses on equity HRBA, Humanitarian, Disability and GE goals in the implementation of its strategies</li> <li>Stakeholders' perceptions of on the consideration of vulnerable groups in the design and implementation of interventions.</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Semi-structured interviews with Government, WHO headquarters, RO and CO, other UN stakeholders, donors, and other implementing stakeholders</li> <li>Staff Perception Survey</li> </ul>	<p>CP documentation, including strategic notes and briefing and briefing notes</p> <p>National documentation from Ministry of Health and relevant agencies</p> <p>Studies, reports, evaluations</p> <p>Theory of Change, Programme Monitoring Evaluation and Learning (MEL) Framework and Operational plan; and programme logframe;</p> <p>Cross-cutting monitoring data</p> <p>CCS planning documents</p> <p>GPW 13 &amp; GPW 14</p> <p>Key Informants</p> <p>Survey data</p>	<p>Descriptive analysis</p> <p>Content Analysis</p> <p>Analysis of Theory of Change (ToC) of the Programme and its assumptions</p>
	<p>1.2.2. How did the Country Programme respond to external changes and shocks, in particular COVID-19 pandemic, droughts/flooding, inflation/economic shocks?</p>	<ul style="list-style-type: none"> <li>Evidence of the Country Programme's responses to external changes and shocks, including COVID-19 pandemic, droughts/flooding/ economic shocks in the funding landscape in terms of (i) policy advice (ii) systems strengthening (iii) intensification of service delivery</li> <li>Stakeholders' perceptions of the CP's responses to external changes and shocks, including COVID-19 pandemic,</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Semi-structured interviews with Government, WHO headquarters, RO and CO, other UN stakeholders, donors, and other implementing stakeholders</li> <li>Staff Perception Survey</li> </ul>	<p>CP documentation, including strategic notes and briefing and briefing notes</p> <p>National documentation from Ministry of Health and relevant agencies</p> <p>Studies, reports, evaluations</p> <p>WHO and Government reports on COVID-19 response and recovery</p> <p>Key Informants</p> <p>Survey data</p>	<p>Descriptive analysis</p> <p>Content Analysis</p>

		droughts/flooding, inflation/economic shocks in terms of (i) policy advice (ii) systems strengthening (iii) intensification of service delivery			
	1.2.3. To what extent is the Country Programme appropriate to ensure that the needs and the rights of children and women (including adolescents, young people, refugees, displaced populations, pastoral populations, and persons with disabilities), especially the most marginalized, are met including after the effects of COVID-19?	<ul style="list-style-type: none"> <li>Evidence of disaggregation of monitoring data by gender and proxy indicators for socio-economic status (place of residence, occupation, etc.)</li> <li>Stakeholders' views of how selected monitoring indicators take into account the specificities for children, women and men</li> <li>Evidence of the usefulness of the CCS (including any changes made during implementation) vis a vis intended/actual results in particular key features and results of (and for whom including vulnerable groups)</li> <li>Stakeholders' views of the appropriateness of the CCS to ensure that the needs and the rights of children and women (including adolescents, young people, refugees, displaced populations, pastoral populations, and persons with disabilities), especially the most marginalized, are met including after the effects of COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Semi-structured interviews with Government, WHO headquarters, RO and CO, other UN stakeholders, donors, and other implementing stakeholders</li> <li>Staff Perception Survey</li> </ul>	<p>CP documentation, including strategic notes and briefing and briefing notes</p> <p>National documentation from Ministry of Health and relevant agencies</p> <p>Studies, reports, evaluations</p> <p>WHO and Government reports on COVID-19 response and recovery</p> <p>Key Informants</p> <p>Survey data</p>	<p>Descriptive analysis</p> <p>Content Analysis</p> <p>Thematic analysis</p>

2.COHERENCE and COORDINATION: Assess the alignment of CCS interventions with country regional and international standards and priorities					
<p><b>2.1 To what extent are WHO's interventions and priorities in Somalia consistent internally across WHO's three levels, and externally with other development partners?</b></p>	<p>2.1.1. What is the extent to which WHO's interventions and priorities in Somalia are consistent internally across WHO's three levels as well as with the WHO Regional Office for the Eastern Mediterranean Vision (2019-2023) <a href="#">(14)</a>, 2025-2028 EMR Regional Strategic Operational Plan(RSOP), <a href="#">(15)</a> GPW13/14 or other sectoral policies of the organisation?</p>	<ul style="list-style-type: none"> <li>Stakeholders' views on alignment of WHO's interventions and priorities across WHO's headquarters, Regional and Country Offices</li> <li>Evidence of alignment of WHO's contribution in Somalia with WHO directives, in particular with the 13th General Programme of Work (GPW13), WHO regional vision and RSOP (WHO Regional Office for the Eastern Mediterranean) and relevant sectoral policies.</li> <li>Stakeholders' identification of specific interventions planned and implemented collaboratively or jointly and results achieved</li> <li>Stakeholders' perceptions and examples of challenges of alignment across WHO's three levels</li> <li>Stakeholders' recommendations on what could be done better to improve alignment</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Key informant interviews with relevant stakeholders in WHO headquarters and Regional Office; WHO Country Office</li> <li>Staff Perception Survey</li> </ul>	<p>Country Programme and specific projects' documents and reports, WHO Annual Country Reports; - National and International Literature GPW 13 &amp; GPW 14 WHO headquarters, WHO Regional Office for the Eastern Mediterranean /Country Office staff Survey data</p>	<p>Descriptive analysis Thematic analysis Content analysis</p>
	<p>2.1.2. What is the extent to which WHO's interventions and priorities in Somalia are consistent externally with other development partners?</p>	<ul style="list-style-type: none"> <li>Evidence that programming compliments interventions of other key players, including international partners</li> <li>Evidence that WHO's interventions and priorities in Somalia are aligned and in</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Key informant interviews with relevant stakeholders in WHO headquarters, Regional Office; WHO Country Office; Government ministries</li> </ul>	<p>Country Programme and specific projects' documents and reports, WHO Annual Country Reports; - National and International Literature GPW 13 &amp; GPW 14</p>	<p>Descriptive analysis Thematic analysis Content analysis</p>

		<p>synergy with the actions of the UN in particular through the UNSDCF</p> <ul style="list-style-type: none"> <li>Stakeholders' views on alignment of WHO's CP interventions with those implemented by other UN agencies, civil society, NGOs, etc.</li> <li>Stakeholders' (including technical and development partners) perceptions on alignment between their interventions and those led by WHO</li> <li>Evidence of areas of alignment</li> <li>Evidence of areas of discordance</li> <li>The partnerships established for the implementation of actions are relevant to the themes and context.</li> <li>Stakeholders' perceptions and examples of challenges in coordination and alignment during the programme cycle</li> <li>Stakeholders' recommendations on what could be done better to improve alignment</li> </ul>	<p>and institutions;                      Technical and financial Development partners;                      Implementing partners including CSOs, NGOs, private sector etc.                      • Staff Perception Survey</p>	<p>WHO headquarters, WHO Regional Office for the Eastern Mediterranean /Country Office staff                      National and State Government stakeholders, Technical Development Partners, Donors                      Survey data</p>	
<p><b>2.2 To what extent has WHO in Somalia contributed to UN system-wide and health sector coordination for both</b></p>	<p>2.2.1. What are WHO's comparative strengths in the country – particularly in alignment with other UN agencies and development partners – and how have these</p>	<ul style="list-style-type: none"> <li>Evidence that WHO's comparative advantages at global level (benchmarking, technical expertise, regional collaboration, Somalia's</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Key informant interviews with relevant stakeholders in WHO headquarters, Regional Office;</li> </ul>	<p>Country Programme and specific projects' documents and reports, WHO Annual Country Reports;</p>	<p>Descriptive analysis                      Thematic analysis                      Content analysis</p>

<p><b>development and humanitarian action?</b></p>	<p>been harnessed to achieve synergetic effects and to position WHO where it can make the biggest difference for both development and humanitarian action?</p>	<p>participation at international level, implementation methods, etc.) compared with other cooperation players in the field of health are apparent in its contribution in Somalia.</p> <ul style="list-style-type: none"> <li>• Evidence that WHO articulates and exploits its comparative advantage to strategic effect in Somalia</li> <li>• Stakeholders’ perceptions of WHO’s comparative strengths in the country, particularly in alignment with other UN agencies and development partners</li> <li>• Stakeholders’ perceptions of the strength of partnerships with the implementing Government agencies and other development partners; including during the COVID pandemic</li> <li>• Stakeholders’ identification of specific interventions planned and implemented collaboratively or jointly and results achieved</li> <li>• Evidence that WHO is recognised as a ‘Thought leader’ in the areas targeted by the CP</li> </ul>	<p>WHO Country Office; Government ministries and institutions; Technical and financial Development partners; Implementing partners including CSOs, NGOs, private sector etc.</p> <ul style="list-style-type: none"> <li>• Staff Perception Survey</li> </ul>	<p>- National and International Literature GPW 13 &amp; GPW 14 WHO headquarters, WHO Regional Office for the Eastern Mediterranean /Country Office staff National and State Government stakeholders, Technical Development Partners, Donors Survey data</p>	
	<p>2.2.2. How effectively has WHO coordinated with other UN agencies, the Somali Ministry of Health, NGOs, and donors for</p>	<ul style="list-style-type: none"> <li>• Multistakeholder coordination mechanisms in place</li> </ul>	<ul style="list-style-type: none"> <li>• Desk Review</li> <li>• Key informant interviews with relevant stakeholders in WHO</li> </ul>	<p>Country Programme and specific projects’ documents and reports, WHO Annual Country</p>	<p>Descriptive analysis Thematic analysis Content analysis</p>

	both development and humanitarian action?	<ul style="list-style-type: none"> <li>Stakeholders' views on the value of the multistakeholder coordination mechanisms</li> <li>Evidence and stakeholders' views on WHO's participation in UN health coordination forums, and joint initiatives,</li> <li>Stakeholders' perceptions of the value and quality of WHO's leadership role in multi-agency responses</li> <li>Ways in which WHO supported the integration of development and humanitarian planning (e.g., through the Humanitarian-Development-Peace Nexus)</li> </ul>	headquarters, Regional Office; WHO Country Office; Government ministries and institutions; Technical and financial Development partners; Implementing partners including CSOs, NGOs, private sector etc. <ul style="list-style-type: none"> <li>Staff Perception Survey</li> </ul>	Reports; <ul style="list-style-type: none"> <li>National and International Literature</li> <li>GPW 13 &amp; GPW 14</li> <li>WHO headquarters, WHO Regional Office for the Eastern Mediterranean /Country Office staff</li> <li>National and State Government stakeholders, Technical Development Partners, Donors</li> <li>Survey data</li> </ul>	
<b>3. EFFECTIVENESS: Assess the effectiveness of the WHO Somalia CP in relation to the programme's intended outcomes</b>					
<b>3.1 To what extent have the planned outputs and outcomes (UHC, health security, healthier populations, governance, polio eradication, OCR) been achieved?</b>	3.1.1. To what extent were the outputs delivered to the standards expected and how do they contribute towards achieving outcomes?	<ul style="list-style-type: none"> <li>Quantitative and qualitative evidence of outputs achieved against planned targets: (i) achieved (ii) partially achieved (iii) not achieved for the Country Programme implementation</li> </ul> <p><u>Polio/ UHC/special programme Output Indicators</u></p> <ul style="list-style-type: none"> <li>Polio eradication plans implemented in partnership with the Global Polio Eradication Initiative</li> <li>Evidence of enhanced capacity of Somalia to provide high-quality, people-centred</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Secondary quantitative analysis of population-based data (e.g., DHIS2, MICS, DHS)</li> <li>Key informant interviews with relevant stakeholders in WHO Country Office; Government ministries and institutions; Technical and financial Development partners; Implementing partners including CSOs, NGOs etc.</li> <li>Staff Perception Survey</li> </ul>	Country Programme and specific projects' documents and reports, <ul style="list-style-type: none"> <li>WHO Annual Country Reports; Action Plans; Programme Monitoring Evaluation and Learning (MEL) Framework and Operational plan; and programme log frame; etc</li> <li>Key informants</li> <li>Available studies and assessment reports related to different CP areas</li> <li>Population based surveys</li> <li>Survey data</li> </ul>	Descriptive analysis Thematic analysis Causal contributory analysis

		<p>health services, based on primary health care strategies and comprehensive essential service packages</p> <ul style="list-style-type: none"> <li>• Evidence of strengthening of Somalia’s health systems to address population-specific health needs and barriers to equity across the life course</li> <li>• Evidence of health workforce strengthening</li> <li>• Evidence of strengthened surveillance systems</li> <li>• Evidence of strengthened regulatory capacity</li> <li>• WHO’s provision of guidance and standards on quality, safety and efficacy of health products, essential medicines, and diagnostics lists provided</li> <li>• Evidence of Somalia’s capacity strengthened to address environmental determinants, including climate change</li> </ul> <p><u>SP1 Outcome Indicators</u></p> <ul style="list-style-type: none"> <li>• UHC service coverage index</li> <li>• Maternal mortality ratio</li> <li>• Proportion of births attended by skilled personnel (%)</li> <li>• Under 5 and neonatal mortality rates</li> <li>• Proportion of children &lt; 1 with access to pentavalent 3 vaccines</li> </ul>			
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		<ul style="list-style-type: none"> <li>• Proportion of women (15–49 years) receiving antenatal care four or more times (%)</li> <li>• Proportion of PHC facilities with selected essential medicines available, including NCD medicines (%)</li> <li>• Essential health workforce density (per 1000 population)</li> </ul> <p><u>Emergency/OCR Output indicators</u></p> <ul style="list-style-type: none"> <li>• Capacities for emergency preparedness strengthened in Somalia</li> <li>• Potential health emergencies in Somalia rapidly detected, and risks assessed and communicated</li> <li>• Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</li> <li>• Essential health services and systems maintained and strengthened in Somalia’s fragile, conflict-affected, and vulnerable settings</li> </ul> <p><u>SP2 Indicators</u></p> <ul style="list-style-type: none"> <li>• Proportion of people in accessible areas covered by integrated disease surveillance and response system</li> </ul>			
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		<ul style="list-style-type: none"> <li>• Proportion of IHR events detected and responded to in a timely manner</li> <li>• Proportion of at-risk people vaccinated against epidemic- and pandemic-prone diseases</li> </ul> <p><u>SP3 Indicators</u></p> <ul style="list-style-type: none"> <li>• Proportion of children aged 0–6 months who are exclusively breastfed</li> <li>• Proportion of the population with access to safely managed drinking-water and sanitation services</li> </ul> <p><u>Health governance</u></p> <ul style="list-style-type: none"> <li>• Somalia’s health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities</li> <li>• Data, analytics and health information systems to inform policy and deliver results</li> </ul> <p><u>SP4 Indicators</u></p> <ul style="list-style-type: none"> <li>• Statistics/data related to UHC Index available at national, state and regional levels.</li> <li>• Functioning framework for interagency collaboration and coordination established</li> </ul>			
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		<ul style="list-style-type: none"> <li>• Health included in the social safety net/protection programme</li> <li>• Stakeholders’ perceptions of the extent to which specific outputs were delivered to the standard expected in the different CP areas</li> <li>• Stakeholders’ views of how the outputs contributed towards the outcomes (in different CP areas)</li> </ul>			
	3.1.2. How have WHO CO staff and implementation partners been capacitated to integrate and implement disability inclusive, gender responsive, equitable and transformative programs?	<ul style="list-style-type: none"> <li>• Capacity building activities completed for WHO CO staff on disability inclusion, equity, gender responsive and transformative programming</li> <li>• Themes and content of disability inclusion, equity, gender etc. trainings given to WHO CO staff</li> <li>• Perceptions of WHO CO staff on usefulness of capacity building activities related to equity, gender and transformation</li> <li>• WHO CO stakeholders’ perceptions on the adequacy of trainings and level of satisfaction with trainings</li> <li>• Recommendations on areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Desk Review</li> <li>• Key informant interviews with relevant stakeholders in WHO headquarters, Regional and Country Offices; Government ministries and institutions; Implementing partners including CSOs, NGOs etc.</li> </ul>	Country Programme and specific projects’ documents and reports, - WHO Annual Country Reports; Action Plans; Programme Monitoring Evaluation and Learning (MEL) Framework and Operational plan; and programme logframe; etc Key informants	Descriptive analysis Thematic analysis
<b>3.2 What factors contributed to or hindered the success of WHO interventions across priority areas?</b>	3.2.1. What are the major factors influencing the achievement of the programme outcomes, including equity,	<ul style="list-style-type: none"> <li>• Stakeholders’ perceptions of internal and external factors to WHO which contributed to the success of Monitoring and evaluation, advocacy, and</li> </ul>	<ul style="list-style-type: none"> <li>• Desk Review</li> <li>• Key informant interviews with relevant stakeholders in WHO headquarters, Regional</li> </ul>	Reviewed documents: - Country Programme and specific projects’ documents and reports WHO Annual Country Reports;	Thematic analysis Causal contribution analysis Triangulation of different data sources

<p><b>What are the key challenges, lessons learned, and areas for improvement?</b></p>	<p>behavioural and gender-related results?</p>	<p>coordination of activities including related to equity, behavioural and gender-related results</p> <ul style="list-style-type: none"> <li>• Stakeholders’ perceptions of facilitators of the achievement of different programme component (MNCAH, Routine Immunization, Polio eradication, Emergency responses, etc.) goals</li> <li>• Stakeholders’ opinions on usefulness and achievements of Social Mobilization, Social and Behaviour Change Communication activities</li> <li>• Stakeholders’ views of the country programme activities reaching out to communities and in particular to refugees, IDPs, Pastoralist populations.</li> <li>• External factors (political, socio-economic, funding) that had a bearing on service delivery (related to (UHC, health security, healthier populations, governance, polio eradication, OCR) and their influence on achievement or otherwise of outcomes</li> <li>• Stakeholders’ perceptions of the extent and timeliness of contributions from the region and head office in response to</li> </ul>	<p>and Country Offices; Government ministries and institutions; Technical and financial Development partners; Implementing partners including CSOs, NGOs etc.</p> <ul style="list-style-type: none"> <li>• Staff Perception Survey</li> </ul>	<ul style="list-style-type: none"> <li>- Donor Reports</li> <li>- Monitoring and Evaluation reports;</li> <li>Data from Perception Survey</li> <li>Key informants</li> <li>Survey data</li> </ul>	
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		needs identified by the CO in Somalia.			
	<p>3.2.2. What are the major factors that hindered the achievement of the programme outcomes, what were the main challenges and how were they managed? What were key lessons learned and areas for improvement?</p>	<ul style="list-style-type: none"> <li>Stakeholders’ perceptions of barriers/bottlenecks to the achievement of programme outcomes, including equity, behavioural and gender-related results</li> <li>Stakeholders’ views and evidence on planned multi-sectorial approaches for service improvement were implemented/ reason for non-implementation</li> <li>Stakeholders’ perceptions of the effects of COVID-19, flood, drought insecurity etc. on the country programme interventions</li> <li>Alternative modes of CP processes implemented during the pandemic, droughts, floods, other emergencies including insecurity             <ul style="list-style-type: none"> <li>Identified Risks</li> <li>Strategies that dealt with the risks</li> </ul> </li> <li>Stakeholders’ perceptions of the opportunities that emerged in the country programme during the COVID pandemic and other relevant emergencies including insecurity related humanitarian crises</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Key informant interviews with relevant stakeholders in WHO headquarters, Regional and Country Offices; Government ministries and institutions; Technical and financial Development partners; Implementing partners including CSOs, NGOs etc.</li> <li>Staff Perception Survey</li> </ul>	<p>Country Programme and specific projects’ documents and reports WHO Annual Country Reports; Donor Reports Monitoring and Evaluation reports; Project Risk Registers, Emergency Plans and Responses Incidence reports Data from Perception Survey Key informants Survey data</p>	<p>Thematic analysis Causal contribution analysis Triangulation of different data sources</p>

		<ul style="list-style-type: none"> <li>Stakeholders' perceptions and evidence of unintended (positive and /or negative) effects of the programme</li> </ul>			
<p><b>3.3 To what extent have WHO programs integrated cross-cutting issues of health equity, gender equality, human rights, and disability?</b></p>	<p>3.3.1. To what extent did the four strategies priorities adopted in the WHO CCS integrate crosscutting priorities (climate changes incidences, gender, social and behaviour change, disability inclusion, equity and human rights) and demonstrate a reasonable contribution at the Outcome level, including any differential results across groups including refugees and IDPs?</p>	<ul style="list-style-type: none"> <li>Evidence of integration of the crosscutting priorities into the action plans related to the four strategic priority areas (SP1 -SP4)</li> <li>Quantitative evidence of progress on outcome-level indicators including differential results across groups</li> <li>Evidence of changes (positive and negative) in the situation of children in different geographic regions (States), and disaggregated by sex and possibly disability</li> <li>Stakeholders' views of causes of differential results across groups</li> </ul>	<ul style="list-style-type: none"> <li>Desk Review</li> <li>Secondary quantitative analysis of population-based data (e.g., DHIS2, MICS, DHS)</li> <li>Key informant interviews with relevant stakeholders in WHO Country Office; Government ministries and institutions; Technical and financial Development partners; Implementing partners including CSOs, NGOs etc.</li> <li>Staff Perception Survey</li> </ul>	<p>Country Programme and specific projects' documents and reports, - WHO Annual Country Reports; Action Plans; Programme Monitoring Evaluation and Learning (MEL) Framework and Operational plan; and programme logframe; etc</p> <p>Key informants Available studies and assessment reports related to different CP areas Population based surveys Survey data</p>	<p>Descriptive analysis Thematic analysis Causal contributory analysis</p>
<p><b>4. EFFICIENCY: The extent to which the results of the CP were delivered cost-effectively using the available resources</b></p>					
<p><b>4.1 To what extent are WHO's internal M&amp;E systems, resource management, and external donor-facing communication mechanisms supporting WHO's performance in Somalia?</b></p>	<p>4.1.1. To what extent are WHO interventions perceived as economically and operationally rational use of resources, including in response to new and emerging health needs that require adjustment or reprioritization of interventions??</p>	<ul style="list-style-type: none"> <li>Stakeholders' perceptions of appropriateness and adequacy of planned activities and their contributions towards outcomes</li> <li>Evidence of the extent to which WHO CO was able to redirect its actions to meet the most urgent health needs including those resulting from the COVID-19 pandemic</li> </ul>	<p>Desk Review Key informant interviews with relevant stakeholders in WHO Regional Office; WHO Country Offices; Secondary quantitative data analysis of CP financial data</p>	<p>Project Intervention Monitoring data Donor Reports CP Financial Data and Reports CP Annual Review Reports; Data programme operational costs Key informants</p>	<p>Content analysis</p>

		<p>(containment, de-containment, prolongation of the situation).</p> <ul style="list-style-type: none"> <li>• Extent to which the responses from the WHO headquarters and RO arrived on time including in emergent situations.</li> </ul>			
	<p>4.1.2. To what extent are WHO’s internal M&amp;E systems, resource management, and external donor-facing communication mechanisms designed and implemented in coordination across different programme areas, and with other partners?</p>	<ul style="list-style-type: none"> <li>• Stakeholders’ opinions of the extent to which the CCS interventions were designed and implemented in coordination with other programme areas, and with other partners</li> <li>• Stakeholders’ perceptions of the extent to which WHO’s funding mechanisms, administrative procedures and those of the national partners enable the CP to be implemented smoothly and on schedule.</li> <li>• Stakeholders’ perceptions of the extent to which the internal M&amp;E systems, the organisational, administrative and Human Resources (HR) arrangements; donor communication mechanisms were adapted to emergency and humanitarian situations (different implementation methods than for development).</li> <li>• Stakeholders’ perceptions of the usefulness of established</li> </ul>	<p>Desk Review Key informant interviews with relevant stakeholders in WHO headquarters, Regional Office; WHO Country Office; Government ministries and institutions; Technical and financial Development partners; other implementing partners Staff perception survey</p>	<p>Country Programme and specific projects’ documents and reports WHO Annual Country Reports; Donor Reports Data from Perception Survey Key informants</p>	<p>Content analysis</p>

		partnership networks and strategies			
<p><b>4.2 What resource mobilization measures should WHO Somalia adopt to secure flexible funding for the next strategic phase in a fragile context?</b></p>	<p>4.2.1 What are the most viable and context-appropriate funding sources and mechanisms that WHO Somalia can tap into for flexible funding in a fragile context?</p>	<ul style="list-style-type: none"> <li>• Number and types of potential donors (bilateral, multilateral, private sector, philanthropic) identified as interested in flexible funding in fragile states.</li> <li>• Documented evidence of donor funding portfolios in Somalia that are currently flexible (e.g., unearmarked or softly earmarked).</li> <li>• Stakeholders' views of alignment between donor strategic priorities and WHO Somalia's strategic objectives.</li> <li>• Existence and evidence of usefulness of similar flexible funding models used by other UN agencies or NGOs in Somalia or comparable contexts.</li> <li>• Stakeholders' opinions of historical responsiveness of identified donors to WHO Somalia's funding appeals and how these can be leveraged (or not).</li> </ul>	<p>Desk Review Key informant interviews with relevant stakeholders in WHO Regional Office; WHO Country Offices; National Government; donors/key funding agencies</p>	<p>Country Programme and specific projects' documents and reports WHO Annual Country Reports; Donor Reports National and International literature Key informants</p>	<p>Content analysis</p>
	<p>4.2.2. Were there alternatives that would have worked better in the 2020 -2025 programme and what are those?</p>	<ul style="list-style-type: none"> <li>• Evidence of the most economical options for use of human, financial and materials resources provided under the CP Interventions (component-based allocations/intended results and actual</li> </ul>	<p>Desk Review Key informant interviews with relevant stakeholders in WHO headquarters, Regional Office; WHO Country Offices; National and State Government; other</p>	<p>Country Programme and specific projects' documents and reports WHO Annual Country Reports; Donor Reports CP Financial Data and Reports CP Annual Review Reports; Data programme operational</p>	<p>Content analysis</p>

		<p>expenditures/results produced)</p> <ul style="list-style-type: none"> <li>Stakeholders' views of alternatives that would have worked better with specific examples</li> </ul>	<p>technical and implementing partners</p>	<p>costs Key informants</p>	
	<p>4.2.3. How can WHO Somalia strengthen its internal capacity and strategic positioning to attract and manage flexible funding in Somalia's fragile context?</p>	<ul style="list-style-type: none"> <li>Existence and quality of WHO Somalia's resource mobilization strategy, including dedicated staffing and tools.</li> <li>Extent to which strategic partnerships or alliances have been formed to co-advocate for flexible funding.</li> <li>Level of donor satisfaction with WHO Somalia's financial reporting, transparency, and results communication.</li> <li>Evidence of internal systems (e.g., financial flexibility, monitoring and reporting tools) to effectively manage unearmarked or pooled funds.</li> </ul>	<p>Desk Review Key informant interviews with relevant stakeholders in WHO headquarters, Regional Office; WHO Country Offices; National and State Government; other technical and implementing partners</p>	<p>Country Programme and specific projects' documents and reports WHO Annual Country Reports; Donor Reports National and International literature Key informants</p>	<p>Content analysis</p>
<p><b>5. SUSTAINABILITY– Assess the extent to which the WHO supported CP can continue over time</b></p>					
<p><b>5.1 To what extent has WHO contributed to building national capacity for long-term health outcomes, and how likely are WHO-supported initiatives to be sustained within the Somali health system?</b></p>	<p>5.1.1 To what extent has the Government of Somalia shown ownership of the WHO supported Country Programme, and is able and willing to fund the continuation of Country Programme interventions?</p>	<ul style="list-style-type: none"> <li>Stakeholders' views and evidence of: <ul style="list-style-type: none"> <li>- national/local ownership</li> <li>- use of local capacity, etc</li> <li>- Gender and equity related capacity built outlast the intervention?</li> </ul> </li> <li>Evidence of financial commitment by the</li> </ul>	<p>Desk Review Key informant interviews with relevant stakeholders in WHO headquarters, Regional Office; WHO Country Offices; National and State Government; other</p>	<p>Country Programme and specific projects' documents and reports WHO Annual Country Reports; Donor Reports National and International literature Key informants</p>	<p>Descriptive analysis Thematic analysis Narrative analysis Triangulation of different data sources</p>

		<p>Government (national, sub-national and local governments) – budgetary allocations etc.</p> <ul style="list-style-type: none"> <li>• Evidence of identified and interactions with external funding sources (private sector, donors etc) to support the programme – government stakeholders looking for, finding and identifying synergies to provide support</li> <li>• Local authorities' participation in planning and implementation of identified CP activities</li> </ul>	<p>technical and implementing partners</p>		
5.1.2. To what extent have systems and capacity being strengthened within the Government of Somalia to ensure the benefits of CP interventions are likely to continue?	<ul style="list-style-type: none"> <li>• Stakeholders' perceptions of capacity at national, state and local government levels</li> <li>• Evidence of sustainability strategies implemented by</li> <li>• WHO (i) exit strategies in projects documents/agreements (ii) capacity building (iii) advocacy and communication (iv) partnership strategies</li> <li>• Evidence of partnerships, innovations and technologies to strengthen different programme areas including monitoring systems</li> <li>• Examples of concrete mechanisms initiated to ensure appropriation of results by national and</li> </ul>	<p>Desk Review Key informant interviews with relevant stakeholders in WHO headquarters, Regional Office; WHO Country Offices; National and State Government; other technical and implementing partners</p>	<p>Country Programme and specific projects' documents and reports WHO Annual Country Reports; Donor Reports National and International literature Key informants</p>	<p>Descriptive analysis Thematic analysis Narrative analysis Triangulation of different data sources</p>	

	<p>5.1.3. To what extent was the development–humanitarian nexus considered in activities designed to build resilience of the systems?</p>	<p>state counterparts</p> <ul style="list-style-type: none"> <li>• Consideration of the development–humanitarian nexus in the programme design including programme log frames</li> <li>• Documented evidence of the contribution of institutional and service delivery mechanisms put in place by WHO programming</li> <li>• Examples of institutions whose organizational capabilities were strengthened by WHO programming</li> <li>• Stakeholders’ views and evidence of the CCS enabling compliance to national and international obligations around children/human rights</li> <li>• Stakeholders’ views and evidence of the extent of balanced focus and resources allocation for humanitarian and development aspects</li> <li>• Evidence where Government has scaled up interventions, acted on policy/legislative proposals and programme improvements flowing from WHO support and advocacy</li> <li>• Level of gender and equity considerations in the programme’s log frame, ToC and the results chain</li> <li>• Number of women organisations and human rights activists (CBO) that</li> </ul>	<p>Desk Review Key informant interviews with relevant stakeholders in WHO headquarters, Regional Office; WHO Country Offices; National and State Government; other technical and implementing partners</p>	<p>Country Programme and specific projects’ documents and reports WHO Annual Country Reports; Donor Reports National and International literature Key informants</p>	<p>Descriptive analysis Thematic analysis Narrative analysis Triangulation of different data sources</p>
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		were consulted and participated in the design, implementation and evaluation phases.			
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# 7. Data collection instruments

## Informed consent form – key informant interviews – government stakeholders

The KonTerra Group is conducting the Evaluation of WHO’s contribution to Somalia’s health system (2020–2025). This consent form explains the evaluation and the role of participants in the study. Please consider this information and take as much time as you need. If you have questions at a later time, you can ask any of the members of the national evaluation team.

The evaluation aims to provide insights into WHO’s efforts in strengthening health systems, encompassing both humanitarian and developmental initiatives, as well as its role in coordinating activities within the health sector. Findings from this evaluation will inform the development of the next WHO Country Cooperation Strategy (2026–2030) and also contribute to evidence-based decision-making for improved health outcomes in Somalia.

To do this, the evaluation will focus on addressing the following objectives:

Assess the contribution of the WHO, through its CCS, to progress toward the triple billion targets of the GPW13 – globally – and the health-related SDGs in Somalia.

Evaluate the extent to which CCS objectives and targets have been achieved, including relevant indicators in the CCS results framework<sup>31</sup>.

Identify key success factors and emerging good practices as well as challenges, gaps, risks, and areas for improvement.

Draw lessons and recommendations to inform both the remaining period of the current CCS and the new WHO Country Cooperation Strategy design and implementation to improve WHO’s strategic positioning in Somalia.

Help WCO and its partners identify key priorities and mobilize the necessary resources to fund the new CCS and its operational plans.

### Voluntary Participation

We are inviting you to participate in this study because you are a Key Government Stakeholder

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. You may change your mind and stop participating at any time.

## Procedures

We would like to ask you some questions relating to the Somalia Health Related Country Programme (from 2020-2025). We will ask you questions relating to programme and operational strategies and WHO's positioning within the development community; your perceptions of the achievements and outcomes of the Country Programme; how things worked out – what facilitated changes and what were the barriers faced? Key lessons learned and areas for improvements.

To make sure that I don't forget or change what you are saying to me I ask for your permission to audio record and write down the conversation. Everything that will be recorded and written down will be confidential. Please note that you can refuse to give your permission to this.

## Duration

The interview will last for about 60-90 minutes

## Benefits

There are no direct benefits to you from being in this evaluation. However, your input could help improve future WHO programming in Somalia.

## Risks, discomforts and rights to withdraw

There are no obvious physical, psychological, social, economic, legal, and emotional risks in participating in this study. Participation in this study is voluntary. During the interview, you are allowed to refuse to answer any question and you are allowed to stop the interview at any time. There are no consequences should you decide not to continue with the interview.

## Confidentiality and Privacy

The information that you give us is completely confidential. We will not associate your name with anything that you say. We will not use personal identifiers for the information obtained. Privacy will be assured during this interview by having it here (or virtually).

## Consent and contact

Have you got any questions you would like to ask?

Do you agree to answer the questions now?

If you have any other questions about this study later you can contact the Evaluation Team on (*mobile telephone no*) : .....

If you agree to participate after receiving the above information please sign below.

Check for verbal consent

Read by Respondent [ ] Interviewer [ ]

Agreed [ ] Refused [ ]

Respondent: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

If 'Refused', the Interviewer should inform the Team Lead for proper documentation.

## Informed consent form – key informant interviews – WHO stakeholders

The KonTerra Group is conducting the Evaluation of WHO's contribution to Somalia's health system (2020–2025). This consent form explains the evaluation and the role of participants in the study. Please consider this information and take as much time as you need. If you have questions at a later time, you can ask any of the members of the national evaluation team.

The evaluation aims to provide insights into WHO's efforts in strengthening health systems, encompassing both humanitarian and developmental initiatives, as well as its role in coordinating activities within the health sector. Findings from this evaluation will inform the development of the next WHO Country Cooperation Strategy (2026–2030) and also contribute to evidence-based decision-making for improved health outcomes in Somalia.

To do this, the evaluation will focus on addressing the following objectives:

Assess the contribution of the WHO, through its CCS, to progress toward the triple billion targets of the GPW13 – globally – and the health-related SDGs in Somalia.

Evaluate the extent to which CCS objectives and targets have been achieved, including relevant indicators in the CCS results framework<sup>31</sup>.

Identify key success factors and emerging good practices as well as challenges, gaps, risks, and areas for improvement.

Draw lessons and recommendations to inform both the remaining period of the current CCS and the new WHO Country Cooperation Strategy design and implementation to improve WHO's strategic positioning in Somalia.

Help WCO and its partners identify key priorities and mobilize the necessary resources to fund the new CCS and its operational plans.

### Voluntary Participation

We are inviting you to participate in this study because you are a Key WHO Stakeholder

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. You may change your mind and stop participating at any time.

### Procedures

We would like to ask you some questions relating to the WHO Somalia Country Programme (from 2020-2025). We will ask you questions relating to programme and operational strategies and WHO's positioning within the development community; your perceptions of the achievements and outcomes

of the Country Programme; how things worked out – what facilitated changes and what were the barriers faced? Key lessons learned and areas for improvements.

To make sure that I don't forget or change what you are saying to me I ask for your permission to audio record and write down the conversation. Everything that will be recorded and written down will be confidential. Please note that you can refuse to give your permission to this.

### **Duration**

The interview will last for about 60-90 minutes

### **Benefits**

There are no direct benefits to you from being in this evaluation.

### **Risks, discomforts and rights to withdraw**

There are no obvious physical, psychological, social, economic, legal, and emotional risks in participating in this study. Participation in this study is voluntary. During the interview, you are allowed to refuse to answer any question and you are allowed to stop the interview at any time. There are no consequences should you decide not to continue with the interview.

### **Confidentiality and Privacy**

The information that you give us is completely confidential. We will not associate your name with anything that you say. We will not use personal identifiers for the information obtained. Privacy will be assured during this interview by having it here (or virtually).

### **Consent and contact**

Have you got any questions you would like to ask?

Do you agree to answer the questions now?

If you have any other questions about this study later you can contact the Evaluation Team on (*mobile telephone no*) : .....

If you agree to participate after receiving the above information please sign below.

Check for verbal consent

Read by Respondent [ ] Interviewer [ ]

Agreed [ ] Refused [ ]

Respondent: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

If 'Refused', the Interviewer should inform the Team Lead for proper documentation.

## Informed consent form – key informant interviews – technical/ development/ implementing partners

The KonTerra Group is conducting the Evaluation of WHO's contribution to Somalia's health system (2020–2025). This consent form explains the evaluation and the role of participants in the study. Please consider this information and take as much time as you need. If you have questions at a later time, you can ask any of the members of the national evaluation team.

The evaluation aims to provide insights into WHO's efforts in strengthening health systems, encompassing both humanitarian and developmental initiatives, as well as its role in coordinating activities within the health sector. Findings from this evaluation will inform the development of the next WHO Country Cooperation Strategy (2026–2030) and also contribute to evidence-based decision-making for improved health outcomes in Somalia.

To do this, the evaluation will focus on addressing the following objectives:

Assess the contribution of the WHO, through its CCS, to progress toward the triple billion targets of the GPW13 – globally – and the health-related SDGs in Somalia.

Evaluate the extent to which CCS objectives and targets have been achieved, including relevant indicators in the CCS results framework<sup>31</sup>.

Identify key success factors and emerging good practices as well as challenges, gaps, risks, and areas for improvement.

Draw lessons and recommendations to inform both the remaining period of the current CCS and the new WHO Country Cooperation Strategy design and implementation to improve WHO's strategic positioning in Somalia.

Help WCO and its partners identify key priorities, and mobilize the necessary resources to fund the new CCS and its operational plans.

### Voluntary Participation

We are inviting you to participate in this study because you are a Key Development/Implementing Stakeholder

Your participation in this study is entirely voluntary. It is your choice whether to participate or not. You may change your mind and stop participating at any time.

### Procedures

We would like to ask you some questions relating to the Somalia Health Related Country Programme (from 2020-2025). We will ask you questions relating to programme and operational strategies and WHO's positioning within the development community; your perceptions of the achievements and

outcomes of the Country Programme; how things worked out – what facilitated changes and what were the barriers faced? Key lessons learned and areas for improvements.

To make sure that I don't forget or change what you are saying to me I ask for your permission to audio record and write down the conversation. Everything that will be recorded and written down will be confidential. Please note that you can refuse to give your permission to this.

### **Duration**

The interview will last for about 60 minutes

### **Benefits**

There are no direct benefits to you from being in this evaluation.

### **Risks, discomforts and rights to withdraw**

There are no obvious physical, psychological, social, economic, legal, and emotional risks in participating in this study. Participation in this study is voluntary. During the interview, you are allowed to refuse to answer any question and you are allowed to stop the interview at any time. There are no consequences should you decide not to continue with the interview.

### **Confidentiality and Privacy**

The information that you give us is completely confidential. We will not associate your name with anything that you say. We will not use personal identifiers for the information obtained. Privacy will be assured during this interview by having it here (or virtually).

### **Consent and contact**

Have you got any questions you would like to ask?

Do you agree to answer the questions now?

If you have any other questions about this study later you can contact the Evaluation Team on (*mobile telephone no*) : .....

If you agree to participate after receiving the above information please sign below.

Check for verbal consent

Read by Respondent [ ] Interviewer [ ]

Agreed [ ] Refused [ ]

Respondent: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

If 'Refused', the Interviewer should inform the Team Lead for proper documentation.

## Generic topic guides for key informant interviews

These interview guides are generic. They do not cover all the specific issues for all categories of stakeholders across all the organizations. Evaluation Team members will use their judgement and focus on areas which are likely to add most to the team's existing knowledge, while allowing interviewees to highlight the issues which are most important to them. Specific questions asked will depend on the strategic roles and responsibilities highlighted by the respondents.

### Topic Guide – Government Stakeholders at National and State levels

Background Information

Collection location

Position held

Activities carried out within the framework of the WHO Portfolio of Work in Somalia

Years of experience

Types of interventions involved in (related to outcomes UHC, health security, healthier populations, governance, polio eradication, OCR)

Role of a respondent - I'd like to start by having you briefly describe your role and responsibilities within the Country Programme as a government stakeholder.

### Context of Programme Implementation

What is your view of the context in which the Government/WHO Somalia Country Programme is implemented?

What were the main threats (insecurity, economic, political, emergency context including COVID-19, etc.) that the country has faced, which have influenced the Country Programme.

In your opinion, what is the extent to which these threats have influenced the design and implementation of the Country Programme? (*Probe for each threat separately*).

Broadly, how do you think the different Country Programme interventions have been /were able to adapt to the country context in order to achieve their objectives? (*Probe for MNCAH, RI, Polio Eradication, OCR etc. separately and depending on the function of the stakeholder being interviewed*)

What were the opportunities? How did they influence the implementation of the Country Programme interventions?

What were the elements that could not be tackled? How did the programme adjust to them?

## Relevance

To what extent are the objectives of the Country Programme, the design and approaches appropriate (as relating to the CCS (2021– 2025) to respond to beneficiaries, country, and partner/institution needs, policies, and priorities??

How would you describe the alignment of WHO's support to Somalia's national development priorities?

How would you describe the appropriateness of WHO's mix of approaches (relating to policy advice, systems strengthening, and intensification of service delivery) for Somalia's context?

Has there been significant changes to the Government strategies and priorities in the areas of WHO programming? How did WHO's advocacy efforts and /or technical support contribute to these changes?

In your view, to what extent has WHO's support been responsive and adaptive to changes in the country's context? (*Probe for COVID-19 pandemic, drought, floods, inflation/economic shocks, and other emergencies*)

To what extent do you think the Country Programme addresses the needs of children, adolescents and women in Somalia, including the most vulnerable such as refugees and internally displaced persons (IDPs)? *Please give reasons for your answer.*

In your opinion, is WHO working in the most appropriate geographical areas? Do you consider that WHO support (either nationally or state specific) is appropriate to the country's emerging health needs especially in view of the evolving humanitarian crises? *Please give reasons for your answer. Why? Why not?*

In what ways did the CCS used by the government and WHO put different vulnerable groups into consideration in the design and implementation of interventions? *Please give some examples. (Probe for refugees, IDPs, persons with disabilities etc.)*

## Coherence

To what extent has WHO in Somalia contributed to UN system-wide and health sector coordination for both development and humanitarian action?

To what extent were meaningful partnerships or coordination mechanisms established with other key actors e.g. government at national and state levels, other UN agencies, civil society, NGOs, private sector, academia, etc.?

How would you describe the strength of partnerships with the implementing Government agencies; and other UN agencies including during the COVID pandemic? Could you please provide examples of specific interventions planned and implemented collaboratively or jointly and results achieved?

How would you describe the functionality of the coordination mechanisms?

What are the bottlenecks that have been identified?

How have the coordination mechanisms contributed towards addressing the predefined bottlenecks and contributing to the results?

What do you think could be done better to improve partnerships and coordination?

What are WHO's comparative strengths in the country – particularly in alignment with other UN agencies and development partners?

How do you assess the synergy between the government, other UN agencies/development partners and WHO in the perspective of the programme? In your view, to what extent has WHO's comparative strengths been harnessed to achieve synergetic effects and to position WHO where it can make the biggest difference?

What do you perceive the quality WHO's role in multi-agency responses including how WHO supports the integration of development and humanitarian planning (e.g., through the Humanitarian-Development-Peace Nexus)?

### Effectiveness

How would you describe changes due to the Country Programme Interventions at national, state, and local levels from 2020-2025? (*Probe for specific outputs and expected outcomes in related to UHC, health security, healthier populations, governance, polio eradication, OCR*)

How can these changes be explained - what do you think has made it possible for these changes to happen? Why? What else?

What in your view were the most effective interventions/engagement strategies? (*Probe for different strategies – e.g SBCC, evidence advocacy, system strengthening, service delivery*) What factors explain the successes? Were there any missed opportunities (*e.g. public-private sector linkages, etc.*)?

What were the least effective interventions? What factors explain this failure?

What are the main constraints relating to demand or to the population level? What do you think has made it difficult for changes to happen? Why? What else?

What in your view is the capacity of WHO CO staff and implementation partners to integrate and implement disability inclusive equitable, gender responsive and transformative programs?

What are the strengths?

What are the gaps?

What could be improved?

What (positive and negative) unintended effects did the Country Programme interventions generate at state and national levels? Please give examples.

**Efficiency** (*the roles and responsibilities detailed at the start of the interview will determine the stakeholder(s) to ask some of the questions*)

In your opinion, are the budget and planned activities sufficient (in quantity and quality) to achieve the results? Are there gaps not covered by other UN agencies or the government?

In your view, how timely were the delivery of results? What worked well? What were the challenges?

Could you describe how the programme interventions were designed and implemented in coordination with WHO, and with other partners? How did this influence the management of resources?

Are there cheaper alternatives that would have made it possible to achieve the same results with final beneficiaries? If yes, what are they? Have these alternatives been explored and used?

What in your opinion is the most viable and context-appropriate funding sources and mechanisms that WHO Somalia can tap into for flexible funding in Somalia's fragile context?

### **Sustainability**

What is your view of the extent to which the Government of Somalia has shown ownership of the WHO supported Country Programme, and is able and willing to fund the continuation of Country Programme interventions? *(Probe for intrinsic and extrinsic elements - examples of change of mind-set; the use of local resources/ capacities and /or networks that are (or can be) effectively applied to sustain the achievements of the response. Ask for examples of how the national, and State governments have demonstrated ownership and capacity to self-support in the Country Programme).*

What measures have been taken in the design and implementation of the programme to ensure its sustainability and ownership by beneficiaries as well as state and national entities? *(Probe for strengthening of government capacity and monitoring)*

### **Lessons learned and suggestions for improvement**

What, if any, have been the promising, emerging and good practices that were identified at both the country and state levels? *(Probe for main lessons drawn from the implementation of the WHO supported country programme).*

What could be improved?

What should be the key focus of WHO support in the next programme cycle?

## **Topic guide – WHO stakeholders**

Background Information

Collection location

Position held

Activities carried out within the framework of the WHO Portfolio of Work in Somalia Years of experience

Types of interventions involved in (related to outcomes UHC, health security, healthier populations, governance, polio eradication, OCR)

Role of a respondent - I'd like to start by having you briefly describe your role and responsibilities within the Country Programme as a WHO stakeholder.

### Context of Programme Implementation

What is your view of the context in which the Government/WHO Somalia Country Programme is implemented?

What were the main threats (insecurity, economic, political, emergency context including COVID-19, etc.) that the country has faced, which have influenced the Country Programme.

In your opinion, what is the extent to which these threats have influenced the design and implementation of the Country Programme? (*Probe for each threat separately*).

Broadly, how do you think the different Country Programme interventions have been /were able to adapt to the country context in order to achieve their objectives? (*Probe for MNCAH, RI, Polio Eradication, OCR etc. separately and depending on the function of the stakeholder being interviewed*)

What were the opportunities? How did they influence the implementation of the Country Programme interventions?

What were the elements that could not be tackled? How did the programme adjust to them?

### Relevance

To what extent are the objectives of the Country Programme, the design and approaches appropriate (as relating to the CCS (2021– 2025) to respond to beneficiaries, country, and partner/institution needs, policies, and priorities??

How would you describe the alignment of WHO's support to Somalia's national development priorities?

How would you describe the appropriateness of WHO's mix of approaches (relating to policy advice, systems strengthening, and intensification of service delivery) for Somalia's context?

Has there been significant changes to the Government strategies and priorities in the areas of WHO programming? How did WHO's advocacy efforts and /or technical support contribute to these changes?

In your view, to what extent has WHO's support been responsive and adaptive to changes in the country's context? (*Probe for COVID-19 pandemic, drought, floods, inflation/economic shocks, and other emergencies*)

To what extent do you think the Country Programme addresses the needs of children, adolescents and women in Somalia, including the most vulnerable such as refugees and internally displaced persons (IDPs)? *Please give reasons for your answer.*

In your opinion, is WHO working in the most appropriate geographical areas? Do you consider that WHO support (either nationally or state specific) is appropriate to the country's emerging health needs especially in view of the evolving humanitarian crises? *Please give reasons for your answer. Why? Why not?*

In what ways did the CCS used by the government and WHO put different vulnerable groups into consideration in the design and implementation of interventions? *Please give some examples. (Probe for refugees, IDPs, persons with disabilities etc.)*

## Coherence

In your opinion, to what extent are WHO's interventions and priorities in Somalia consistent internally across WHO's three levels, and externally with other development partners? *(Probe separately for the two categories).*

To what extent has WHO in Somalia contributed to UN system-wide and health sector coordination for both development and humanitarian action?

To what extent were meaningful partnerships or coordination mechanisms established with other key actors e.g. government at national and state levels, other UN agencies, civil society, NGOs, private sector, academia, etc.?

How would you describe the strength of partnerships with the implementing Government agencies; and other UN agencies including during the COVID pandemic? Could you please provide examples of specific interventions planned and implemented collaboratively or jointly and results achieved?

How would you describe the functionality of the coordination mechanisms?

What are the bottlenecks that have been identified?

How have the coordination mechanisms contributed towards addressing the predefined bottlenecks and contributing to the results?

What do you think could be done better to improve partnerships and coordination?

What are WHO's comparative strengths in the country – particularly in alignment with other UN agencies and development partners?

How do you assess the synergy between the government, other UN agencies/development partners and WHO in the perspective of the programme? In your view, to what extent has WHO's comparative strengths been harnessed to achieve synergetic effects and to position WHO where it can make the biggest difference?

What do you perceive the quality WHO's leadership role in multi-agency responses including how WHO supports the integration of development and humanitarian planning (e.g., through the Humanitarian-Development-Peace Nexus)?

## Effectiveness

How would you describe changes due to the Country Programme Interventions at national, state, and local levels from 2020-2025? (*Probe for specific outputs and expected outcomes in related to UHC, health security, healthier populations, governance, polio eradication, OCR*)

How can these changes be explained - what do you think has made it possible for these changes to happen? Why? What else?

What in your view were the most effective interventions/engagement strategies? (*Probe for different strategies – e.g., SBCC, evidence advocacy, system strengthening, service delivery*) What factors explain the successes? Were there any missed opportunities (*e.g. public-private sector linkages, etc.*)?

What were the least effective interventions? What factors explain this failure?

What are the main constraints relating to demand or to the population level? What do you think has made it difficult for changes to happen? Why? What else?

What in your view is the capacity of WHO CO staff and implementation partners to integrate and implement disability inclusive equitable, gender responsive and transformative programs?

What are the strengths?

What are the gaps?

What could be improved?

What (positive and negative) unintended effects did the Country Programme interventions generate at state and national levels? Please give examples.

## **Efficiency** (*the roles and responsibilities detailed at the start of the interview will determine the stakeholder(s) to ask some of the questions*)

In your opinion, are the budget and planned activities sufficient (in quantity and quality) to achieve the results? Are there gaps not covered by other UN agencies or the government?

In your view, how timely were the delivery of results?

To what extent was the WHO CO able to redirect its actions to meet the most urgent health needs including those resulting from the COVID-19 pandemic (containment, de-containment, prolongation of the situation)?

To what extent did the responses from the WHO headquarters and RO arrive on time including in emergent situations (during the 2020 -2025 programme)?

What worked well? What were the challenges?

Could you describe the extent to which WHO's internal M&E systems, resource management, and external donor-facing communication mechanisms supported WHO's performance in Somalia? (*Probe separately for each element*)

Are there cheaper alternatives that would have made it possible to achieve the same results with final beneficiaries? If yes, what are they? Have these alternatives been explored and used?

What in your opinion is the most viable and context-appropriate funding sources and mechanisms that WHO Somalia can tap into for flexible funding in Somalia's fragile context?

In your opinion, how can WHO Somalia strengthen its internal capacity and strategic positioning to attract and manage flexible funding within Somalia's fragile context?

## Sustainability

What is your view of the extent to which the Government of Somalia has shown ownership of the WHO supported Country Programme, and is able and willing to fund the continuation of Country Programme interventions? *(Probe for intrinsic and extrinsic elements - examples of change of mindset; the use of local resources/ capacities and /or networks that are (or can be) effectively applied to sustain the achievements of the response. Ask for examples of how the national, and State governments have demonstrated ownership and capacity to self-support in the Country Programme).*

What measures have been taken by WHO in the design and implementation of the programme to ensure its sustainability and ownership by beneficiaries as well as state and national entities? *(Probe for strengthening of government capacity and monitoring)*

Could you describe how programme strategies, plans, and tools, particularly those with an equity and gender focus, have been institutionalized in systems, policies, mechanisms and strategies among government, NGO/civil society, and other partners and stakeholders? *Ask for examples of improved government systems, service delivery mechanisms, and service integration*

What were the challenges? What are the opportunities?

To what extent has the development-humanitarian nexus been considered in activities designed to build resilience of the communities and systems?

## Lessons Learned and Suggestions for Improvement

What, if any, have been the promising, emerging and good practices that were identified at both the country and state levels? *(Probe for main lessons drawn from the implementation of the WHO supported country programme).*

What could be improved?

In your opinion, what strategic direction should WHO adopt to optimize its role and impact in Somalia moving forward?

What should be the primary focus areas of WHO's support in the upcoming programme cycle, particularly in light of the evolving global health and development financing landscape? *(Please elaborate on the rationale behind your recommendations, referencing current challenges, opportunities, and contextual dynamics).*

Considering the humanitarian-development-peace (HDP) nexus, what operational or programmatic model would you consider most appropriate for WHO to adopt in Somalia? *Please provide reasons for your answer.*

## Topic guide – technical /development partners

Please probe for specific organizations as appropriate and note that there are specific questions that apply to only one level

### Background Information

#### Background Information

Collection location

Position held

Activities carried out within the framework of the WHO Portfolio of Work in Somalia

Years of experience

Types of interventions involved in (related to outcomes UHC, health security, healthier populations, governance, polio eradication, OCR)

Role of a respondent - I'd like to start by having you briefly describe your role and responsibilities within the WHO supported Country Programme as a Technical/Development/Implementing partner.

### Context of the Implementation of birth registration interventions

Is your organization supporting the WHO supported Country Programme in Somalia? In what key ways are your organization providing support?

What is your view of the context in which the Government/WHO Somalia Country Programme is implemented?

What were the main threats (insecurity, economic, political, emergency context including COVID-19, etc.) that the country has faced, which have influenced the Country Programme.

In your opinion, what is the extent to which these threats have influenced the design and implementation of the Country Programme? (**Probe** for each threat separately).

Broadly, how do you think the different Country Programme interventions have been /were able to adapt to the country context in order to achieve their objectives? (**Probe** for MNCAH, RI, Polio Eradication, OCR etc. separately and depending on the function of the stakeholder being interviewed)

What were the opportunities? How did they influence the implementation of the Country Programme interventions?

What were the elements that could not be tackled? How did the programme adjust to them?

## Relevance

To what extent are the objectives of the Country Programme, the design and approaches appropriate (as relating to the CCS (2021– 2025) to respond to beneficiaries, country, and partner/institution needs, policies, and priorities??

How would you describe the alignment of WHO's support to Somalia's national development priorities?

How would you describe the appropriateness of WHO's mix of approaches (relating to policy advice, systems strengthening, and intensification of service delivery) for Somalia's context?

Has there been significant changes to the Government strategies and priorities in the areas of WHO programming? How did WHO's advocacy efforts and /or technical support contribute to these changes?

In your view, to what extent has WHO's support been responsive and adaptive to changes in the country's context? (**Probe** for COVID-19 pandemic, drought, floods, inflation/economic shocks, and other emergencies)

To what extent do you think the Country Programme addresses the needs of children, adolescents and women in Somalia, including the most vulnerable such as refugees and internally displaced persons (IDPs)? Please give reasons for your answer.

In your opinion, is WHO working in the most appropriate geographical areas? Do you consider that WHO support (either nationally or state specific) is appropriate to the country's emerging health needs especially in view of the evolving humanitarian crises? Please give reasons for your answer. Why? Why not?

In what ways did the CCS used by the government and WHO put different vulnerable groups into consideration in the design and implementation of interventions? Please give some examples. (**Probe** for refugees, IDPs, persons with disabilities etc.;

## Coherence

In your view to what extent are WHO's interventions and priorities in Somalia consistent with that of your organization? Please provide reasons for your answer.

To what extent has WHO in Somalia contributed to UN system-wide and health sector coordination for both development and humanitarian action?

To what extent were meaningful partnerships or coordination mechanisms established with other key actors e.g. government at national and state levels, other UN agencies, civil society, NGOs, private sector, academia, etc.?

How would you describe the strength of partnerships with the implementing Government agencies; and other UN agencies including during the COVID pandemic? Could you please provide **examples** of specific interventions planned and implemented collaboratively or jointly and results achieved?

How would you describe the functionality of the coordination mechanisms?

What are the bottlenecks that have been identified?

How have the coordination mechanisms contributed towards addressing the predefined bottlenecks and contributing to the results?

What do you think could be done better to improve partnerships and coordination?

What are WHO's comparative strengths in the country – particularly in alignment with other UN agencies and development partners?

How do you assess the synergy between the government, other UN agencies/development partners and WHO in the perspective of the programme?

In your view, to what extent has WHO's comparative strengths been harnessed to achieve synergetic effects and to position WHO where it can make the biggest difference?

What do you perceive the quality of WHO's role in multi-agency responses including how WHO supports the integration of development and humanitarian planning (e.g., through the Humanitarian-Development-Peace Nexus)?

## Effectiveness

How would you describe changes due to the Country Programme Interventions at national, state, and local levels from 2020-2025? (**Probe** for specific outputs and expected outcomes in related to UHC, health security, healthier populations, governance, polio eradication, OCR)

How can these changes be explained - what do you think has made it possible for these changes to happen? Why? What else?

What in your view were the most effective interventions/engagement strategies? (**Probe** for different strategies – e.g., SBCC, evidence advocacy, system strengthening, service delivery) What factors explain the successes? Were there any missed opportunities (e.g. public-private sector linkages, etc.)?

What were the least effective interventions? What factors explain this failure?

What are the main constraints relating to demand or to the population level? What do you think has made it difficult for changes to happen? Why? What else?

What in your view is the capacity of WHO CO staff and implementation partners to integrate and implement disability inclusive equitable, gender responsive and transformative programs?

What are the strengths?

What are the gaps?

What could be improved?

What (positive and negative) unintended effects did the Country Programme interventions generate at state and national levels? Please give **examples**.

**Efficiency** (the roles and responsibilities detailed at the start of the interview will determine the stakeholder(s) to ask some of the questions

In your opinion, are the budget and planned activities sufficient (in quantity and quality) to achieve the results? Are there gaps not covered by other UN agencies or the government?

In your view, how timely were the delivery of results? What worked well? What were the challenges?

Could you describe how the programme interventions were designed and implemented in coordination with WHO, and with other partners? How did this influence the management of resources?

Are there cheaper alternatives that would have made it possible to achieve the same results with final beneficiaries? If yes, what are they? Have these alternatives been explored and used?

What in your opinion is the most viable and context-appropriate funding sources and mechanisms that WHO Somalia can tap into for flexible funding in Somalia's fragile context?

### **Sustainability**

What is your view of the extent to which the Government of Somalia has shown ownership of the WHO supported Country Programme, and is able and willing to fund the continuation of Country Programme interventions? (**Probe** for intrinsic and extrinsic elements - examples of change of mind-set; the use of local resources/ capacities and /or networks that are (or can be) effectively applied to sustain the achievements of the response. **Ask for examples** of how the national, and State governments have demonstrated ownership and capacity to self-support in the Country Programme).

What measures have been taken in the design and implementation of the programme to ensure its sustainability and ownership by beneficiaries as well as state and national entities? (**Probe** for strengthening of government capacity and monitoring)

## Lessons Learned and Suggestions for Improvement

What, if any, have been the promising, emerging and good practices that were identified at both the country and state levels? (Probe for main lessons drawn from the implementation of the WHO supported country programme).

What could be improved?

In your opinion, what strategic direction should WHO adopt to optimize its role and impact in Somalia moving forward?

What should be the primary focus areas of WHO's support in the upcoming programme cycle, particularly in light of the evolving global health and development financing landscape? (**Please elaborate on the rationale** behind your recommendations, referencing current challenges, opportunities, and contextual dynamics).

Considering the humanitarian-development-peace (HDP) nexus, what operational or programmatic model would you consider most appropriate for WHO to adopt in Somalia? **Please provide reasons** for your answer.

## FGD topic guide – health workers (PHC/MNCAH teams and CHWS)

### Subdomain: Context and Community Engagement

Please can you describe the Somalia's Health Programme supported by WHO? Specifically, capacity building, the immunization including the polio eradication interventions? And the Emergency Responses to outbreaks including during the COVID-19 pandemic?

What in your view are community needs and expectations from the WHO supported Country Programme interventions? (*Also **probe** for Emergency responses*)

What is the role of health facilities in the Country Programme interventions in the different communities both urban and rural? Also for the refugees and the internally displaced persons (IDPs).

What programme interventions are you involved in and what are your activities?

**Instructions: Probe further by asking specifically how they are involved, when they started delivering services and to what beneficiaries, ask for examples).**

What are your roles and activities as a health worker involved in PHC delivery including immunization?

How do you engage with the communities on health including immunization?

Can you tell us more about discussions held about health including immunization?

What specific services do you offer regarding health?

What works well? What are the difficulties experienced?

In your opinion, has the country health programme addressed all the needs and expectations of the communities? What are the gaps? What can be done differently by the programme to improve things?

### **Subdomain: Effectiveness - Demand, Access and PHC Services and Emergency Response Services**

In your view have the PHC including immunization interventions of the country programme built your capacity to do your work? How? (**Probe** for job description, guidelines, training, support supervision, data management and usage etc.)

In your view, has the PHC interventions of the country programme made it easier for parents to use health and immunization for their children? If yes, how?

Has this by any means enabled the health workers and local governments to plan and deliver their core services better and how? Are there any negative changes as a result of the various PHC interventions?

**Instructions: Probe** further by asking what must change with respect to PHC including immunization and polio eradication services (either by the health sector and other auxiliary service providers) to encourage parents to seek health and immunization services; and make it easier, simpler and efficient, and how the proposed changes should be implemented by the health sector

Do you think in the last five years (2020-2025) parents have used PHC including immunization services more for their children? If yes, what could be reason/s for this increase? (Ask about what documented evidence exists)

In your perception, has the survival of under-five children increased in your state? Please can you give reasons for your answers? (Ask about what documented evidence exists)

In your opinion, what discourages people from accessing health and immunization services for their children? How can this be addressed?

In your view, how easy is it for parents to access emergency services during situations like Cholera outbreak and COVID-19?

How did the COVID-19 situation affect healthcare and immunization of children? How did it affect demand for PHC including immunization services by the communities? How did it affect the PHC services? Do you think there were consequences? (**Probe** for length of closure of facilities in 2020; reluctance to access care and immunization by communities; situations in 2021 and 2022) Please explain.

What about any other crisis (Probe for insecurity situations; refugees, IDP status etc.)? How has this influenced access to health care and immunization of children?

How were things handled by the government and WHO during COVID and/or during any other crises situation? Please could give some examples? What could be improved? How?

### Subdomain: Perception of Changes

What is according to you the main changes that have taken place as a result of the PHC and Emergency response interventions from 2020 -2025? (**Probe separately for each one**).

What are the main constraints relating to demand of 1) Immunization including polio services 2) Maternal including antenatal services and 3) Emergency response services? What do you think has made it difficult for changes to happen? Why? What else?

What are strengths and weaknesses of the Health programme (**Probe separately for PHC, Emergency responses gaps; community engagement; interventions monitoring**). What could be improved?

What internal (national, state, local government, community levels) and external (including WHO) contextual factors have been of influence on the health interventions (positive and negative)?

What were the drivers of change (institutions, persons, events) that caused changes and results?

What is your perception of the contribution of the WHO supported Country Programme to the overall strengthening of the health system? Please could you explain? Ask for **examples**.

Did the PHC including immunization /polio interventions generate any (positive or negative) unintended effects at community, local, state and national levels? Please give examples.

### Subdomain: Gender equality and Equity

Are there differences in the way parents utilise health including immunization and polio services for female and male children in your community? Why? Why not?

Have you noticed any changes in the opinion of members of your community regarding the importance of health and immunization services utilization for girls and boys due to the WHO supported country programme? Explain please.

To what extent has the programme interventions (PHC including immunization/polio Emergency response services) reached the poorest/vulnerable as well in your community? Do you think there are differences in the way it has reached the wealthiest and most destitute? What about refugees? IDPs? Disabled persons? Please give example

## Perception survey

### Background:

To gain a deeper understanding of stakeholders' appreciation of WHO's work in Somalia, an online perception survey will be administered to WHO staff of the WCO and field offices, and Implementing Partners (including NGOs, CBOs etc.) of the health sector across the country.

The survey will be administered in English and Arabic. In line with the principles of perception surveys, the number of open-ended questions has been kept low but with ample space and opportunities for the respondents to explain their responses.

### Consent:

The KonTerra Group is conducting an evaluation of WHO's contributions to the health system in Somalia during the period 2020–2025. This evaluation seeks to provide insights into WHO's efforts in strengthening health systems, encompassing both humanitarian and developmental initiatives, as well as its role in coordinating activities within the health sector. The findings will inform the formulation of the WHO Country Cooperation Strategy (2026–2030) and will support evidence-based decision-making aimed at improving health outcomes in Somalia.

As part of the evaluation, the team has developed a short survey (link inserted below/attached) to which we kindly invite you to respond. The survey takes about twenty minutes to complete and seeks the opinion of key partners who, directly or indirectly, support the realization of women and child health rights in Somalia

The survey complements other data collection tools for the evaluation, namely a literature review, in-depth interviews, and focus group discussions. The survey will provide important input on stakeholders' appreciation of WHO's activities in Somalia.

The survey is anonymous and your name and the name of the organisation (*except WHO*) for which you work will not be quoted in the evaluation report or any other document that will be published.

Participation in this survey is voluntary, and you may withdraw at any time or answer only some of the questions. The survey is anonymous, which implies that the results will be reported so no comments made can be attributed to specific individuals. All information will be kept confidential, so please feel free to express your views!

We hope you will be able to fill in the survey by July 2025. If you have any questions don't hesitate to contact the evaluation Team Leader, **Dr. Ngozi Akwataghibe**

Thank you in advance.

### Section 1: About your organization

Name of your

Organisation/Agency/Department: \_\_\_\_\_

Number of years your organisation has engaged with WHO Somalia: ..... Years

Are you familiar with the key areas of the WHO Country Cooperation Strategy (CCS) ?

Yes  No

Please classify your organisation [select one option only]

- WHO
- Other UN Agency
- National NGO/CSO
- International NGO


**Section 2: About your association with WHO**

201. What is the nature of your engagement with WHO Somalia Country Office [may select more than one option]

- Staff
- Implementing Partner
- Media and communication partner
- Advocacy Partner
- Technical support service provider
- Oversight/coordination
- No direct engagement


In which geographic area in **Somalia and Somaliland** is your engagement with WHO? [may select more than one option]

- National
- Somaliland
- Puntland
- Galmudug
- Hirshaabelle
- South West
- Jubaland
- None of the above


In which Strategic Priority (SP) of the WHO Somalia CCS does your work relate more to? [may select more than one option]

- Primary Health Care-led recovery
- Emergency Preparedness, Surveillance and Response
- Multisectoral Engagements/Approach
- Strengthening Health Governance
- Other (please specify)


Which of the following groups are you engaged with on WHO work? [may select more than one option]

- Children below 5 years

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- Pregnant Women
- Adolescents
- Health care workers
- No direct engagement with target group
- Other (Please specify)


**Section 3: RELEVANCE**

Are you familiar with or involved in the WHO CCS planning and design process?

Yes  No

Is the current CCS based on the results and learnings from the previous strategy?

Yes  No  Do not know

In your opinion, are WHO’s vision, strategies, and interventions aligned with Somalia’s national and local health priorities, needs, and policies?

Yes  No  Do not know

If you answered "Yes," please rate the alignment on a scale from **1 to 5, where 1 = Slightly relevant and 5 = Highly relevant.**

Do you think the country programme has effectively addressed emerging needs or changes in context, particularly in terms of Health Systems Strengthening?

Yes  No  Do not know

If you answered "Yes," please rate the relevance of the program on a scale from **1 to 5, where 1 = Slightly relevant and 5 = Highly relevant.**

Do you think the program has effectively addressed emerging needs or changes in context, particularly in terms of Emergency Preparedness, Surveillance and Response?

Yes  No  Do not know

If you answered "Yes," please rate the relevance of the program on a scale from **1 to 5, where 1 = Slightly relevant and 5 = Highly relevant.**

Do you think the program has effectively addressed emerging needs or changes in context, particularly in terms of using a Multisectoral Approach?

Yes  No  Do not know

If you answered "Yes," please rate the relevance of the program on a scale from **1 to 10, where 1 = Slightly relevant and 5 = Highly relevant.**

Do you think the program has effectively addressed emerging needs or changes in context, particularly in terms of strengthening Health Governance?

Yes  No  Do not know

If you answered "Yes," please rate the relevance of the program on a scale from **1 to 10, where 1 = Slightly relevant and 5 = Highly relevant.**

To what extent do you think the WHO supported Country Programme addresses the needs, barriers, and challenges faced by the most vulnerable groups (including refugees and Internally Displaced Persons (IDPs) in the following areas?

**Please rate each area from 1 (not at all) to 5 (very much)**

Statement	Rating				
	1	2	3	4	5
(a) Equity					
(b) Human Rights-Based Approach					
(c) Humanitarian response					
(d) Disability Inclusion					
(e) Gender equality goals					

**Section 4: COHERENCE**

(For WHO Staff Only) To what extent are WHO’s interventions and priorities in Somalia consistent internally across WHO’s three levels (Headquarters, Regional Office and Country Office)?

**Please rate from 1 (Not consistent at all) to 5 (Perfectly consistent)**

To what extent are WHO’s interventions and priorities in Somalia consistent with your organization’s interventions and priorities in Somalia?

**Please rate from 1 (Not consistent at all) to 5 (Perfectly consistent)**

Overall, how would you rate the extent to which WHO in Somalia contributed to UN system-wide and health sector coordination for both development and humanitarian action?

**Please rate from 1 (Did not contribute much) to 5 (Contributed very significantly)**

How effectively do you think WHO Somalia establishes partnerships or coordination with key actors (e.g., government, UN agencies, civil society, NGOs, private sector, academia) in the country?

**Please rate from 1 (Not effective at all) to 5 (Perfectly effective)**

(If Q401 > 1) To what extent do you think these partnerships helped address key challenges and contribute to achieving results at a larger scale?

**Please rate from 1 (Not helpful at all) to 5 (Perfectly helpful)**

Overall, how meaningful were the partnerships or coordination mechanisms established with the government and other stakeholders at national and state levels?

**Please rate from 1 (Not at all meaningful) to 5 (Perfectly meaningful)**

**Section 5: EFFECTIVENESS**

Please rate your opinion on effectiveness on a scale 1 to 5 (1 – very unsatisfactory; 2- unsatisfactory; 3 – moderately satisfactory; 4 – satisfactory; 5 – very satisfactory) in the following areas [only one rating per question]

Statement	Rating
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	1	2	3	4	5
501. In your area of engagement, how effective is the WHO work in reaching the most vulnerable?					
502. Are the programme outputs reaching the target population?					
503. Are the outputs delivered in a timely manner?					
504. What is your opinion on the quality of work?					
505. What is your opinion on the partnership WHO has with your organization?					
506. What is your opinion on the level of skills and competency of WHO staff in providing technical support?					

If, in your opinion, effectiveness is to be improved, how would you suggest such improvements be undertaken?

- Increasing development initiatives
- Scaling up humanitarian initiatives
- Improving implementation modalities
- Working better with partners
- Other (Please specify)


Other.....  
 .....

Please rate your opinion on the results WHO has contributed in the following thematic areas [only one rating per question] - Scale 1 to 5 (1 – very unsatisfactory; 2- unsatisfactory; 3 – moderately satisfactory; 4 – satisfactory; 5 – very satisfactory) **[Please answer only the sections relevant to your area of engagement].**

**PHC-Led Recovery**

Statement	Rating				
	1	2	3	4	5
(a) Improving access to revised essential package of health services for children and women					
(b) Improving routine immunization					
(c) Achieving Polio eradication					
(d) Improving health workforce capacity					

**Emergency Preparedness, Surveillance and Response**

Statement	Rating				
	1	2	3	4	5
(a) Improving government capacity for OCR					
(b) Improving vaccination coverage for at risk groups					
(c) Increasing the scope of accessible areas covered by integrated disease surveillance and response system					

**Multisectoral Approach**

Statement	Rating				
	1	2	3	4	5
(a) Established multisectoral coordination mechanism to tackle social determinants of health					
(b) Integrated health and nutrition interventions have been implemented at the PHC level					
(c) Enhanced country capacity to assess health risks from climatic shocks.					
(d) Increased exclusive breastfeeding of children 0-6months					

### Health Governance

Statement	Rating				
	1	2	3	4	5
(a) Established better coordination and sharing of information among bilateral partners and Global Action Plan for Healthy Lives and Well-being for All (GAP) principal agencies					
(b) Improving availability of regular, reliable and actionable health information and data to monitor progress of SDG 3 goals at national and subnational levels					
(c) Implemented GAP is reflected in the form of joined and collaborative multipartner-funded projects to support progress towards the health-related SDGs					

### Humanitarian and Polio Eradication efforts

Statement	Rating				
	1	2	3	4	5
(a) Humanitarian efforts have been timely and effective					
(b) Polio eradication efforts have been well targeted and achieved the expected results					

In regard to gender equity in WHO programming, please provide your opinion on the following in your area of work/engagement with WHO: [only one rating per question] - Scale 1 to 5 (1 – very unsatisfactory; 2- unsatisfactory; 3 – moderately satisfactory; 4 – satisfactory; 5 – very satisfactory)

Statement	Rating				
	1	2	3	4	5
(a) WHO brings up gender equity regularly in our collaborations					
(b) Creating/supporting interventions with gender considerations that make a tangible difference in gender equity on the ground					
(c) Creating enabling environment for gender equality in programming in partners					
(d) Support promotion of sex-disaggregated data collection					
(e) Generating awareness and communication for social change					
(f) Participating in advocacy and policy fora					
(g) Supporting policies to protect gender parity and equality					

To what extent do you think WHO integrated cross-cutting priorities in its work in Somalia?

**Please rate each strategy on a scale from 1 (No integration) to 5 (Strong integration)**

Strategy	Rating				
	1	2	3	4	5
(a) Health equity					
(b) Gender equality					
(c) Disability Inclusion					
(d) Human rights					

(if Q510 > 1) To what extent do you think the integration of these cross-cutting priorities contributed to program outcomes?

**Please rate each strategy on a scale from 1 (No contribution) to 5 (Strong contribution)**

Strategy	Rating				
	1	2	3	4	5
(a) Health equity					
(b) Gender equality					
(c) Disability Inclusion					
(d) Human rights					

On a scale of 1 to 5, how strongly do you think the following external factors influenced the achievement (or lack thereof) of the program's results??

**(1 = Not at all, 5 = Extremely strongly)**

Statement	Rating				
	1	2	3	4	5
(a) COVID-19 pandemic					
(b) Insecurity					
(c) Droughts/flooding					
(d) Inflation					
(e) Fluctuations in the funding landscape					

### Section 6: EFFICIENCY

How useful do you think WHO's internal M&E systems has been in supporting WHO's performance in Somalia?

**(1 = Not at all efficient, 5 = Extremely efficient)**

How useful do you think WHO's resource management has been for the achievement of the program results in Somalia?

**(1 = Not at all useful, 5 = Extremely useful)**

How useful do you think the external donor-facing communication mechanisms have been for resource mobilization and utilization of funds?

**(1 = Not at all useful, 5 = Extremely useful)**

### Section 7: SUSTAINABILITY

On a scale of 1 to 5, how strongly do you think the Government of Somalia has demonstrated ownership of the WHO supported Country Programme in its willingness and ability to fund the continuation of CCS interventions?

**(1 = Not at all, 5 = Extremely strongly)**

On a scale of 1 to 5, how much do you think systems and capacity within the Government of Somalia are being strengthened to ensure the long-term benefits of CCS interventions?

**(1 = Not strengthened at all, 5 = Fully strengthened)**

**Thank You.**

**THE END.**

# 8. Indicators linked to the CCS strategic priorities and the WCO outputs and their progress

Strategic Priority 1 – Advance UHC: ensure more people benefit from UHC						
<p><b>Description of progress:</b> Gaps in interim data (ANC, TB treatment etc.) and differences in measurement methodologies across years (e.g., malaria incidence) make it difficult to assess whether progress is on track.</p> <p><b>Indicator and data quality notes:</b> The indicators are well-aligned with UHC domains (coverage, mortality, workforce, financing). There is a balance between service coverage (e.g., skilled birth attendance, ANC, vaccination) and health outcomes (maternal, under-five, neonatal mortality). However, some targets are either too modest (e.g., maternal mortality reduction) or overly ambitious (e.g., workforce density). Many baseline data points are relatively old (e.g., workforce density from 2014, maternal mortality from 2017). This undermines the utility of the indicators for current decision-making and suggests weak health information systems. The framework indicates disaggregation by geography, sex, and gender, but disaggregated results are not available for most indicators.</p>						
Country impact framework indicator	Baseline (year)	Target /Achieved (2023)	Target /Achieved (2025)	Outputs contributing to the outcomes and impact KPI definition	Progress on KPI reported in framework by WHO	
					2020 Q4	2023 Q4
UHC Service Coverage Index	27 (2019)	29 * different	31 / 33.5 <a href="#">(16)</a>	Percentage of HCFs that have implemented UHC essential		

		sources and methodologies to define the UHC index		package of services <sup>4</sup>		
Maternal mortality ratio (per 100 000 live births)	829 (2017)	800 / Not Available	780	Status of adoption/update of WHO reproductive and maternal health guidelines		
Proportion of births attended by skilled personnel (%)	31.9(2019)	37/ Not Available <a href="#">(17)</a>	40	Status of adoption/update of WHO reproductive and maternal health guidelines		
Under-5 mortality rate (per 1000 live births) <sup>a</sup>	117 (2019)	114 / <b>104<sup>5</sup> (Female 98 Male -110)</b>	110	Status of implementation of key community and facility-based interventions for newborn and child health & development		
Neonatal mortality rate (per 1000 live births) <sup>a</sup>	37 (2019)	33 / <b>34.9 <a href="#">(18)</a><sup>7</sup></b>	30		Status of achievement of the EMVAP targets	
Proportion of children < 1 with access to pentavalent 3 vaccines (%) <sup>a</sup>	42 (2019)	> 60 / 83% <sup>8</sup> (2024)	> 70	Status of implementation of the WHO primary health care quality indicators <sup>6</sup>		

<sup>4</sup> As part of the effort to progress towards UHC and following a UHC index value of 25, Somalia launched the Health Sector Strategic Plan (HSSP-II) 2017-2021, and the Somali Roadmap for achieving UHC 2019-2023, demonstrating strong political commitment and paving the way for the roll out of UHC in the country. One of the key dimensions of UHC is the package of essential health services. The delivery of the EPHS is expanding in the country, with the implementation of World Bank funded and FCDO funded project started in Q4 2023.

<sup>6</sup> Indicators not prioritized and not adopted as of Q4 2023

<sup>7</sup> Trading Economics based on WB modelled estimates

<sup>8</sup> WHO / Government dashboard. However it is to be noted that Districts such as Galkayo North (Mudug) report implausibly high coverage (e.g., BCG at 240%, DTP3 at 366%, Measles1 at 323%, IPV-1 at 399%), which reinforces concerns around denominator accuracy and data quality

Proportion of women (15–49 years) receiving antenatal care four or more times (%)	24 (2020)	> 30 /Not available <a href="#">(17)</a>	> 35	Status of adoption/update of WHO reproductive and maternal health guidelines		
Proportion of tuberculosis cases that are treated (%)	42 (2019)	> 42.5 /Not available <a href="#">(19)</a> <sup>9</sup>	> 43	Np KPI directly related		
Incidence of malaria (per 1000 population a year)	2.15 (2018)	1.10 /Available figures estimated differently <a href="#">(20)</a> <sup>10</sup>	0.70	Percentage of HCFs that have implemented UHC essential package of services		
				Status of implementation of the WHO primary health care quality indicators		
Proportion of people living with HIV receiving antiretroviral therapy (%)	29.7 (2018)	48.2/ 50% (2021) <a href="#">(21)</a> <sup>11</sup>	> 50	No KPI directly related		
Essential health workforce density (per 1000 population)	0.11 (2014)	> 1/ 5.3 <a href="#">(22)</a>	> 1	Status of implementation of the health workforce strategic plan <sup>12</sup>		

<sup>9</sup> However, according to WHO Regional Office for the Eastern Mediterranean Communication on Somalia – “The number of TB treatment centres in Somalia grew from just 7 centres in 1995 to 109 centres in 2023. TB cases enrolled on treatment have also gradually increased in number, from 10 469 cases per year in 2010 to 18 604 cases per year in 2023. Overall, during this period, the programme enrolled a total of 211 554 TB cases on treatment. The programme successfully saved the lives of 184 052 TB cases from 2010 to 2023 – giving an average treatment success rate of 87%.”

<sup>10</sup> **Incidence of malaria (per 1,000 population at risk) in Somalia was reported at 58.89 in 2023**, according to the World Bank modelled estimates.

<sup>11</sup> Indicator slightly different (Somalia - Antiretroviral Therapy Coverage (% of people with advanced HIV infection) and value based on modelled estimates

<sup>12</sup> Little or no financial resources allocated to strategic activities for health workforce development. The significant efforts on several trainings were siloed by project. This was a challenge within WHO and across most implementing partners, while it was noted that the health system components of the big support – funded by World Bank and GHIs – could be better utilized.

Proportion of PHC facilities with selected essential medicines available, including NCD medicines (%)	NA	> 50 /28% <sup>13</sup>	> 65	Percentage of HCFs that have implemented UHC essential package of services	Green	Yellow
				Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis.	Green	Yellow
				Status of implementation of the WHO primary health care quality indicators	Red	Red
Government health expenditure as per cent of total health expenditure (%)	< 1	> 1 / 2-4% <sup>14</sup>	2	Percentage of leadership and health diplomacy events organized with the support of WHO <sup>15</sup>		
Strategic Priority 2 – Enhancing health security						

**Description of progress on outcomes:** WHO’s investments in integrated disease surveillance, laboratory strengthening, and incident management directly contributed to building International Health Regulations (2005) (23) core capacities. This is reflected in the increase in IHR core capacity score (31 → 31.8) and timely outbreak detection (51.7% → 68.3%) showing incremental progress. However, coverage of IDSR remains very limited (>15% in 2023 vs 40% target for 2025). Vaccination of at-risk populations improved (46.5% in 2023), but the sustainability of campaigns is uncertain (discussed in detail in the following sub-section). Malnutrition prevalence remains high at 50%, well above the target of <15% target. However, this is, possibly due to humanitarian crisis. These results indicate systemic fragility that go beyond health sector interventions. Key informants praised WHO’s strong emergency response capacity, particularly in relation to cholera outbreaks, polio eradication, outreach campaigns, and Expanded Programme on Immunization (EPI) catch-up. Vertical programmes programmes also created operational capacity in Somalia (surveillance, campaigns, cold chain) that is visible at facility level (FGD reports of high vaccination uptake). Evidence from FGDs underscored WHO’s crucial role in ensuring continuity of immunization, outbreak response, and emergency preparedness with CHWs and facility staff reporting marked increases

<sup>13</sup> Somalia Harmonised Health Facility Assessment 2022-2023 National Report *Health centres had an average of 28% of the 29 essential medicines (8 out of 29 medicines) and primary health units had an average of 14% (4 out of 29 medicines).*

<sup>14</sup> Stakeholder interviews

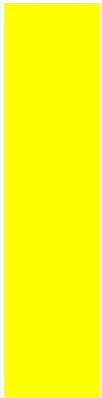

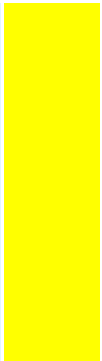

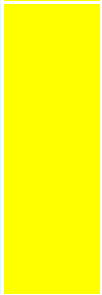



<sup>15</sup> Involves increased donor engagement through frequent meetings and distribution of WHO’s programme and policy briefs to influence their decisions and advocate for sustainable funding for the health sector.

in community awareness and vaccine uptake following vaccination campaigns, with coverage reportedly rising to 80–95% in some localities. WHO’s provision of diagnostics and support to laboratory systems was documented as enabling quicker differential diagnosis for multiple threats and lab strengthening missions were described as tied to oxygen and clinical care scale-up [\(24\)](#).

**Indicator and data quality notes:** The indicators are appropriate for Somalia’s vulnerability profile. The alignment with IHR and NAPHS provides a foundation for internationally comparable monitoring. However, there is inconsistent or unavailable data for IDSR and outbreak response timeliness beyond 2023. Additionally, the malnutrition figure (50%) seems inconsistent with earlier baselines (17.4%), suggesting either methodological differences or acute crisis impact. The heavy reliance on modelled or humanitarian partner estimates, limits comparability over time.

Country impact framework indicator	Baseline (year)	Target /Achieved (2023)	Target /Achieved (2025)	Outputs contributing to the outcomes and impact KPI definition	2020 Q4	2023 Q4
IHR core capacities score <sup>a</sup>	31 (2019)	31.8 / 33 <a href="#">(25)</a>	> 35	Status of using findings from the IHR monitoring and evaluation framework to develop or update the national action plans	Yellow	Green
				Status of country State Party Self-Assessment Annual Reporting (SPAR) on IHR implementation.	Yellow	Green
Proportion of people in accessible areas covered by integrated disease	0	> 15 / Not available	> 40	Status of adaptation and implementation of the real-time early warning surveillance	Yellow	Green

surveillance and response system (%)				framework		
Proportion of IHR events detected and responded to in a timely manner (%)	51.7 (2018)	68.3 / Not available	> 75	Officially nominated rapid response teams at all levels (national, regional)		
				Status of implementation of simulation exercises using WHO tools and guidelines		
				Status of completion of event risk assessments (rapid risk assessments/public health situation analysis for events) within recommended timeframe		
				Status of implementation of the Emergency Operation Centre		

<p>Proportion of at-risk people vaccinated against epidemic- and pandemic-prone diseases (%)</p>	<p>0</p>	<p>46.5 / Not available</p>	<p>&gt; 75</p>	<p>Percentage of health facilities covered by the implementation of the national prevention strategic plans for priority pandemic and epidemic prone diseases (e.g. cholera, Dengue fever, influenza...)</p>		
				<p>Status of implementation of capacity building on Field Epidemiology (such as RRT training) to prevent potential disease outbreaks caused by high-threat pathogens.</p>		
<p>Proportion of children under 5 years who are acutely malnourished (%)<sup>a</sup></p>	<p>17.4 (2017)</p>	<p>&lt; 15 / 50% (26)<sup>16</sup></p>	<p>&gt; 75</p>	<p>Status of development/review of national strategies and action plans on nutrition and diet-related risk factors</p>		
<p>Strategic Priority 3 – Promoting healthier population</p>						

<sup>16</sup> Approximately 1.8 million children under five were expected to suffer from acute malnutrition in Somalia in 2023

**Description of progress on outcomes:** Breastfeeding showed marginal improvement (33% → 34% in 2023), and stunting is on track (27.4% → 26%) though breastfeeding and stunting improvements are too modest to achieve transformative health gains by 2025. This is a positive indication of WHO effectiveness given WHO implementation of a number of activities through the CHW network addressing the promotion of breastfeeding and also health seeking behavior. Furthermore, as discussed under the coherence and coordination criteria, WHO’s convening role has been instrumental in advancing strategic health information governance. Other indicators, less directly aligned with WHO’s operational mandate in the country, demonstrated more mixed performance. For instance, road traffic mortality reduction targets were achieved by 2023, an ambitious but relevant goal given Somalia’s rapid urbanization. However, access to sanitation declined (42% baseline vs 33% in 2023), highlighting fragility of services.

**Indicator and data quality notes:** The indicators focus on child nutrition (exclusive breastfeeding, stunting) and environmental health. The WASH and road safety domains are more closely aligned with WHO’s normative mandate, while the programmatic and operational responsibilities largely rest with other agencies. This division of roles makes it challenging to attribute progress in these areas directly to WHO’s contribution. Overall, the Nutrition and WASH indicators align with SDG monitoring, allowing global comparability. However, data on several indicators is “not available” reflecting gaps in data collection (e.g., safe drinking water). The decline in sanitation raises questions on whether estimates are based on comparable methods. Moreover, disparities related to income/residence in Somalia make aggregated figures misleading. Monitoring depends largely on infrequent national household surveys.

Country impact framework indicator	Baseline (year)	Target /Achieved (2023)	Target /Achieved (2025)	Outputs contributing to the outcomes and impact KPI definition	2020 Q4	2023 Q4
Proportion of children aged 0–6 months who are exclusively breastfed (%)	33 (2020)	> 40 / 34 (27)	53	Status of implementation of key community and facility-based interventions for newborn and child health & development		
Prevalence of stunting in children under 5 years (%) <sup>a</sup>	27.4 (2020)	26 / 24 (27)	< 25	Status of development/review of national strategies and action plans on		

				nutrition and diet-related risk factors		
Proportion of the population with access to safely managed drinking-water services (%)	52 (2017)	> 55 Not available <a href="#">(27)</a>	> 60	Status of implementation of a surveillance mechanisms (surveys) for reporting on drinking water safety	No score	
Proportion of the population with access to safely managed sanitation services (%) <sup>a</sup>	38 (2017)	42 / 33 <a href="#">(27)</a>	> 45	No KPI related		
Road traffic mortality rate (per 100 000 population)	27.4	< 25.0 20 <a href="#">(28)</a>	< 23.0	No KPI related		
Priority 4--Strengthening health governance						

**Description of progress on outcomes:** Indicator values show some evidence of progress: UHC statistics partially available at multiple levels, interagency coordination frameworks functional, and health integrated into social protection. Furthermore, as discussed under the coherence and coordination criteria, WHO is a central actor in the UN system and has actively supported the development and functioning of health sector coordination structures at national and sub-national levels. Stakeholders emphasized WHO’s role in supporting the Somali government to develop core policies such as the national health policy, the EPHS 2020, and the RMNCAH strategies, which became the backbone of sectoral planning

**Indicator and data quality notes:** Binary “Yes/No” indicators lack nuance and may overstate achievements (e.g., “framework established” does not assess effectiveness or quality). There are limited indicators to track accountability, financing, and citizen engagement. In addition to binary measures providing limited granularity, “partially” reported achievements (e.g., UHC data) lack clear benchmarks for progress. Overall, verification may depend on policy documents rather than measurable outcomes.

Country impact framework indicator	Baseline (year)	Target /Achieved (2023)	Target /Achieved (2025)	Outputs contributing to the outcomes and impact KPI definition	2020 Q4	2023 Q4
Statistics/data related to UHC Index available at national, state and regional levels <sup>a</sup>	–	Yes / Partially		Percentage of HCFs that have implemented UHC essential package of services		
Functioning framework for interagency collaboration and coordination established	–	Yes / Yes		No KPIs directly related		
Health included in the social safety net/protection programme	–	Yes / Yes		No KPIs directly related		

Note: The achievement of targets are colour coded – green indicates that the target was achieved, red indicates ‘target not achieved’, grey: indicates that data is unavailable.

# 9. Evaluation governance mechanism

## Evaluation management group (EMG)

**Purpose:** The Evaluation Management Group comprises about 5 key stakeholders with decision-making authority over the WHO Somalia programme evaluation. The EMG provides overall oversight and strategic direction for the evaluation process, ensuring it aligns with organizational goals and objectives.

### Key Responsibilities:

- Ensure that the evaluation objectives for WHO Somalia are relevant and aligned with organizational strategies and priorities.
- Oversee the entire evaluation process, from design to completion, ensuring adherence to UNEG and WHO ethical standards and quality criteria.
- Develop and manage the evaluation work plan, timeline, and logistics, including contracting, payments, and operational aspects.
- Coordinate with external evaluators and internal stakeholders to ensure seamless collaboration and effective communication throughout the evaluation.
- Monitor progress and address any operational or evaluation challenges, ensuring timely decision making.
- Facilitate the collection and analysis of data to meet evaluation objectives.
- Provide technical inputs, feedback, and support to the external evaluation team and conduct first-level reviews of key evaluation deliverables based on WHO QA standards.
- Ensure adequate resources, both financial and human, are allocated to support the evaluation process. Approve and sign off on the final evaluation report and provide a management response to evaluation recommendations.
- Ensure the dissemination and use of evaluation findings to inform subsequent programming, policy changes, or strategic decisions.

**Meeting Frequency:** Regular (weekly/bi-weekly) meetings at different stages of the evaluation (inception, during/After/data collection, draft/final evaluation).

### Evaluation Reference Group (ERG)

**Purpose:** The Evaluation Reference Group serves as an advisory body to provide technical guidance and ensure that the evaluation process is objective, credible, and methodologically sound. Comprise 8 – 12

subject matter experts/representatives from programs/ key external stakeholders (internal or external) who have a good understanding of the Somalia context. It will include representatives from WHO Somalia CO, WHO Regional Office for the Eastern Mediterranean, WHO headquarters, the Somali Ministry of Health, and external stakeholders.

**Key Responsibilities:**

- Review and provide feedback on evaluation design, methodology, and tools (ensure the evaluation considers diverse perspectives, especially those of key stakeholders) as proposed by the evaluation team in the Inception report to strengthen the evaluation's rigor.
- Review the draft evaluation report providing feedback on the evaluation findings and contribute to the co-creation of evaluation recommendations to ensure they are relevant and actionable.
- Validate and review the final evaluation report.

Meeting Frequency: As needed, mainly at 3 points (inception, draft evaluation report, and final report stages).

Reporting: Provide feedback and recommendations to (through) the Evaluation Management Team or directly to the external evaluation consultants (during joint meetings/validation workshop).

# 10. List of stakeholders in key informant interviews

**Total stakeholders engaged: 78 (including 8 FGD participants (FMS Public Health Officers))**

Stakeholder Category	Institutions / Individuals	Number of Interviewees
<b>WHO Somalia Country Office (WCO)</b>	Epidemiology Lead; Health Systems Specialist; Information Management Officer; Technical Officer (WHE); Epidemiologist; NCD/UHC Specialist; Mental Health/UHC Specialist; Nutrition/UHC Specialist; Operations Manager; Medical Officer (TB); Medical Officer (General); Planning Officer; HIS/Coordination Officer; Representative; EPI/Medicines Officer; Polio Eradication (WHO Regional Office for the Eastern Mediterranean support); Health Cluster Lead; WHO Cluster Coordination Team (liaison)	18
<b>Federal Ministry of Health</b>	Planning Director; Head of Disease Surveillance Unit; Senior Technical Advisor; Director, INMRA; EPI Manager; DG Demartino Public Hospital; DG Public Health; Director, Procurement & Supply Chain Management; Director of Planning (tentative); Former DG; Director, Family Health Department; DG, Public Health Department	12
<b>Federal Member States (FMS) – Ministry of Health s</b>	DG Jubaland Ministry of Health; Jubaland Ministry of Health rep.; DG Hirshabelle Ministry of Health; EPI Manager Hirshabelle; DG Southwest State Ministry of Health; Planning Director SWS; DG Galmudug Ministry of Health; Galmudug Ministry of Health rep.; DG Puntland (Planning & Policy); Former DG Puntland; Former DG Somaliland; BRA DG; BRA Mogadishu rep.; DG Hishabelle Ministry of Health	15
<b>WHO Regional Office (WHO Regional Office for the Eastern Mediterranean) &amp; headquarters</b>	WHO Regional Office for the Eastern Mediterranean PME/Planning; Regional Adviser Health System Resilience; WHO Regional Office for the Eastern Mediterranean Technical Officer Measles/Rubella; WHO headquarters – WHO Regional Office for the Eastern Mediterranean Governance Specialist; WHO Polio Eradication WHO Regional Office for the Eastern Mediterranean; Italian Cooperation liaison	6
<b>UN Agencies</b>	UNCT (RC, UNFPA, IOM, UNOPS, UNICEF, others); UN	6

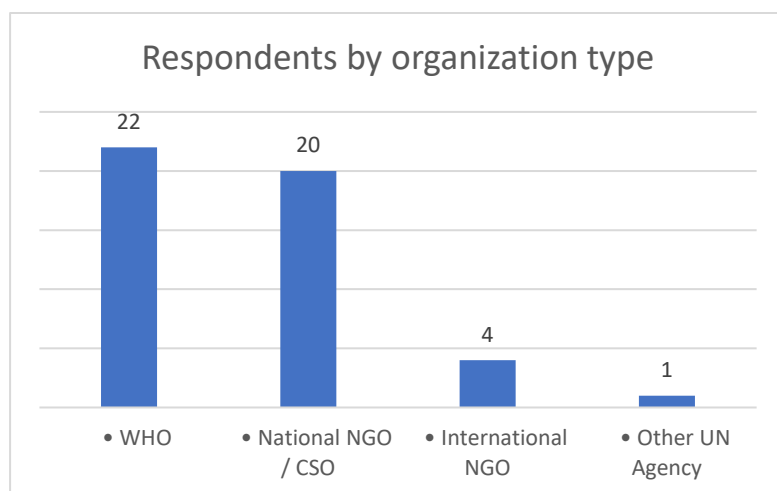
	OHCHR; UNICEF Somalia; UNFPA Somalia; UNOPS Somalia; IOM Somalia	
<b>Development Partners / Donors</b>	World Bank Somalia Health Focal Point; Italian Cooperation; WCO International Relations (Nairobi Liaison); Other bilateral donor representatives	4
<b>Civil Society / Academia / Private Sector</b>	Somali Universities/Institute of Public Health; President, Somali Medical Association; Somali Disability Empowerment Network (SODEN); Head of Disability Section (Ministry of Health); Former NHPC Director; Kalkaal Hospital (Private Sector, virtual); Other private sector reps.	7
<b>State-Level Public Health Officers (FGDs)</b>	Public Health Officers from Federal Member States (FGD group)	8
<b>INGOs / Cluster Partners</b>	Save the Children International; World Vision	2

# 11. Team composition and roles

Name (role)	Primary responsibilities
<p>Ngozi Akwataghibe (Team leader)</p>	<ul style="list-style-type: none"> <li>- Lead on design and methodology of the evaluation</li> <li>- Lead on inception report drafting and reviews</li> <li>- In-person data collection in Mogadishu</li> <li>- Remote interviews</li> <li>- Lead of exit debriefing presentation</li> <li>- Data analysis</li> <li>- Evaluation report drafting and reviews</li> <li>- Team’s steering, meeting with WHO</li> </ul>
<p>Ricardo Sole (Public Health Expert)</p>	<ul style="list-style-type: none"> <li>- Contribution to design and methodology of the evaluation</li> <li>- Contribution to inception report drafting and reviews</li> <li>- In-person data collection in Mogadishu</li> <li>- Remote interviews</li> <li>- Participation to exit debriefing presentation</li> <li>- Data analysis</li> <li>- Contribution to evaluation report drafting and reviews</li> </ul>
<p>Mowlid Yusuf (Local consultant)</p>	<ul style="list-style-type: none"> <li>- Contribution to design and methodology of the evaluation</li> <li>- Contribution to inception report drafting and reviews</li> <li>- In-person data collection in Mogadishu and selected states</li> <li>- Remote interviews</li> <li>- Participation to exit debriefing presentation</li> <li>- Data analysis</li> <li>- Contribution to evaluation report drafting and reviews</li> </ul>
<p>Jane Burke (QA Advisor)</p>	<ul style="list-style-type: none"> <li>- Review of all deliverables against WHO QA checklist to ensure quality standards are reached for initial submission</li> <li>- Reviews of revised versions to make sure all stakeholders comments are addressed</li> <li>- Provision of strategic guidance to the team</li> </ul>

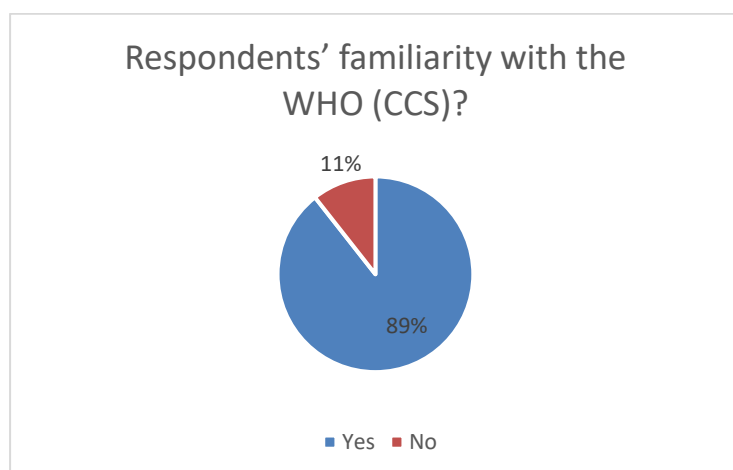
Mélanie Romat (Evaluation Manager)	<ul style="list-style-type: none"><li>- Support to deliverables</li><li>- Participation in meetings with ET and stakeholders</li><li>- Support to logistics</li><li>- Oversight of budget and timeline</li></ul>
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# 12. Summary of perception survey results



## 1. Familiarity with the WHO Country Cooperation Strategy (CCS)

Respondents were asked whether they were familiar with the WHO Country Cooperation Strategy (CCS). The results show a high level of awareness among stakeholders, with 89.4% of respondents (42 individuals) confirming their familiarity with the CCS. Only 10.6% (5 individuals) indicated they were not familiar with it. Among those who responded "No", a breakdown by organizational affiliation shows that 3 were from National NGOs (NNGOs) and 2 were from WHO itself.



These results suggest that the CCS has been effectively disseminated among key health actors in Somalia. The high awareness rate indicates that the strategic direction of WHO's engagement is widely known and possibly integrated into stakeholder planning and collaboration processes.

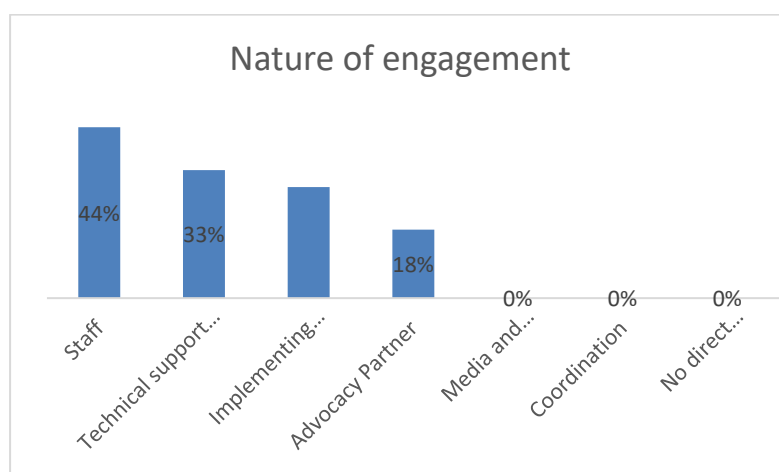
Continued communication and engagement efforts can help maintain this momentum and ensure that newer or less-engaged actors are brought up to speed.

**Table 4: Respondents' familiarity with the WHO Country Cooperation Strategy (CCS)**

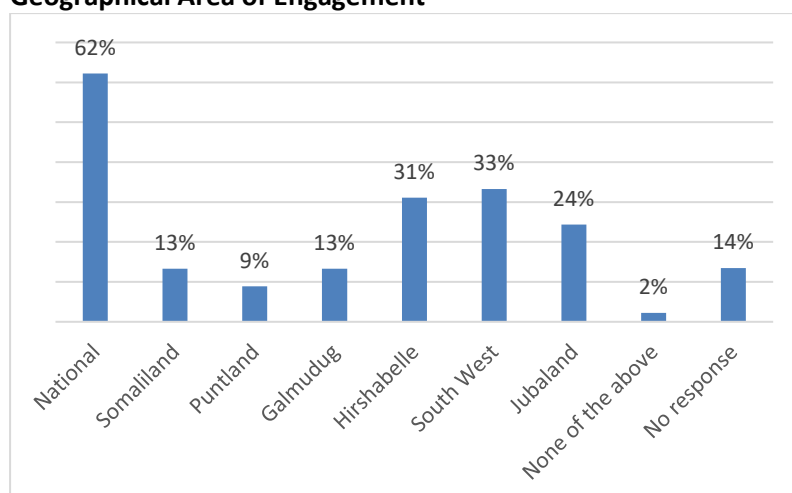
Response	Frequency	Percentage
Yes	42	89.4%
No	5	10.6%
Total	47	100%

### Nature of Engagement with WHO Somalia Country Office

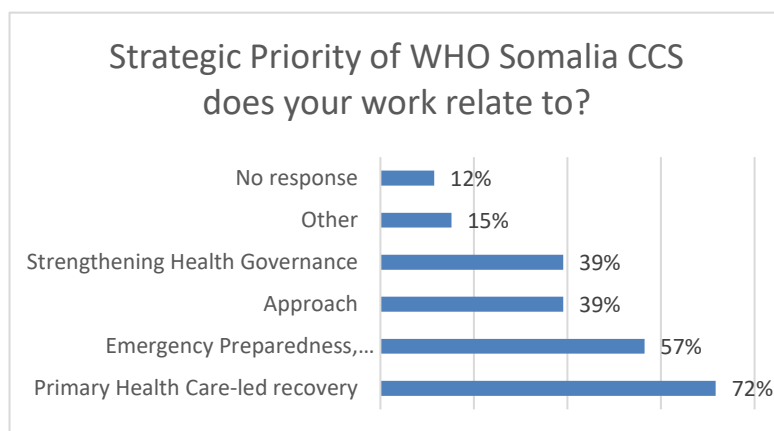
A notable proportion of respondents (44.4%) identified as WHO staff, followed by 33.3% as technical support service providers, and 28.9% as implementing partners. Engagement in advocacy roles was reported by 17.8% of respondents. No respondents indicated roles in media and communication, coordination, or reported no direct engagement with WHO.



### Geographical Area of Engagement



### Relation with WHO strategic priorities

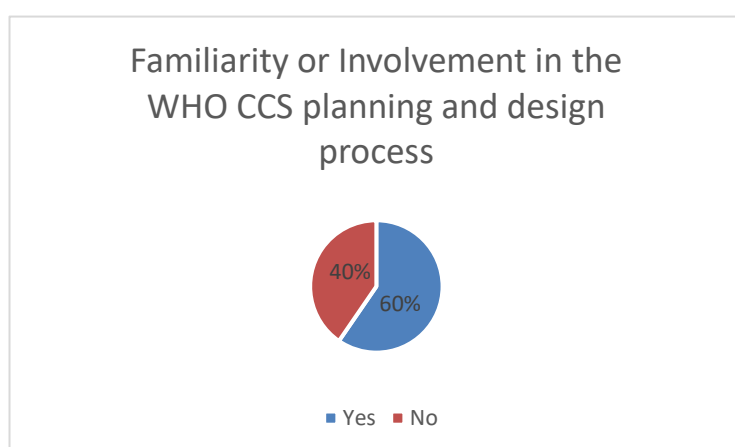


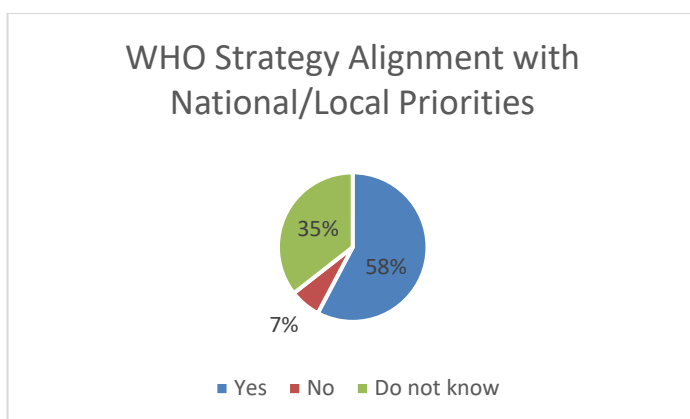
### 2. Assessment of the Relevance of WHO activities

The relevance of the WHO Somalia Country Cooperation Strategy (CCS) was assessed by stakeholders across key domains. Results indicate that a majority of respondents perceive the CCS to be well-aligned with national priorities and relevant to current health needs in Somalia. Just over half of the respondents (53.8%) reported being familiar with or involved in the WHO CCS planning and design process. While half (50.0%) agreed that the current CCS is based on previous lessons and strategies, a notable proportion (30.8%) were uncertain, highlighting potential gaps in institutional knowledge or communication. Encouragingly, 82.7% affirmed that WHO strategies are aligned with national and local priorities.

Across thematic areas, relevance ratings were consistent:

- **Health Systems Strengthening:** 75% acknowledged this was addressed; 60.9% rated it '4' and 34.8% rated it '3'.
- **Emergency Preparedness and Response:** 78.8% affirmed its inclusion; 73.2% rated it '4' and 22% rated it '3'.
- **Multisectoral Approach:** 73.1% confirmed its integration; 68.4% rated it '4' and 26.3% rated it '3'.
- **Health Governance:** 76.9% agreed it was addressed; 75% rated it '4' and 15% rated it '3'.





### Relevance of the WHO Country Programme to Vulnerable Groups

The relevance of the WHO Country Programme to addressing the needs of the most vulnerable groups was assessed across five areas: equity, human rights-based approach, humanitarian response, disability inclusion, and gender equality goals. The findings indicate a strong perception among stakeholders that WHO’s programming aligns with these priorities, although variations in perceived relevance highlight areas for further improvement.

#### Equity

A majority of respondents (55.8%) rated equity considerations in WHO-supported activities as either “Relevant” (32.7%) or “Highly Relevant” (23.1%), suggesting that the Country Programme is effectively incorporating equity in its interventions. However, 7.6% of respondents rated it in the lower relevance range (ratings 1 or 2), indicating the need for further targeted equity-driven strategies to ensure inclusive access to services, especially in hard-to-reach populations.

#### Human Rights-Based Approach

The WHO’s integration of a human rights-based approach was similarly well-regarded, with 32.7% rating it as “Relevant” and 19.2% as “Highly Relevant.” The combined proportion of low relevance ratings (1.9% for rating 1 and 9.6% for rating 2) remained modest, reflecting an overall positive assessment. However, the notable portion (25.0%) who rated this as only moderately relevant (rating 3) may suggest room to strengthen accountability mechanisms and participatory planning frameworks.

#### Humanitarian Response

Stakeholders gave high marks to the WHO’s responsiveness to humanitarian needs, with 36.5% rating this aspect as “Relevant” and 28.8% as “Highly Relevant.” This suggests a strong alignment of WHO programming with the ongoing humanitarian plan in Somalia, especially in fragile and conflict-affected settings. Only 3.8% provided low ratings, confirming widespread recognition of WHO’s leadership role in emergency preparedness and response.

### Disability Inclusion

The findings related to disability inclusion present a mixed picture. While 38.4% of respondents rated disability inclusion as either “Relevant” or “Highly Relevant,” a significant proportion (36.5%) rated it as only “Moderately Relevant.” Moreover, 15.4% rated it on the lower relevance end (ratings 1 and 2). These findings indicate a need for WHO to strengthen the systematic inclusion of people with disabilities across all areas of health programming and policy design.

### Gender Equality Goals

Perceptions of WHO’s alignment with gender equality goals showed slightly lower ratings compared to other themes. While 30.8% of respondents rated this as “Relevant” and 13.5% as “Highly Relevant,” the most frequent response was “Moderately Relevant” (38.5%). These results suggest that although gender equality is being acknowledged in programme implementation, there remains an opportunity for WHO to increase its footprint in gender equality, including stronger representation, disaggregated data, and gender-sensitive health service delivery.

## **3. Assessment of the Coherence of WHO activities in Somalia**

### Alignment with Partner Priorities

When asked to what extent WHO’s interventions and priorities in Somalia are consistent with those of their organizations (Q401), 40.4% of respondents rated them as “Very consistent” and 15.4% as “Perfectly consistent.” Only 5.8% rated the alignment as “Slightly,” while 21.2% found it “Moderate.” This shows that over half (55.8%) of respondents perceive WHO’s priorities as well-aligned with their own, reflecting strong internal coherence.

### Contribution to UN and Health Sector Coordination

In terms of WHO’s contribution to broader UN system-wide and health sector coordination across both development and humanitarian domains (Q402), 44.2% of respondents rated it “Very,” and 13.5% rated it “Perfectly.” This confirms WHO’s significant role and visibility in joint sectoral coordination. Only 3.8% of respondents indicated a “Slight” contribution.

### Effectiveness of Partnerships

On the effectiveness of WHO Somalia in establishing partnerships and coordinating with key actors (Q403), 23.1% of respondents gave the highest score (“Perfectly”), while another 30.8% rated it “Very effective.” This means over 53.9% of respondents view WHO as effective in fostering collaboration. Only 3.8% of responses rated this aspect as “Not at all,” indicating limited dissatisfaction.

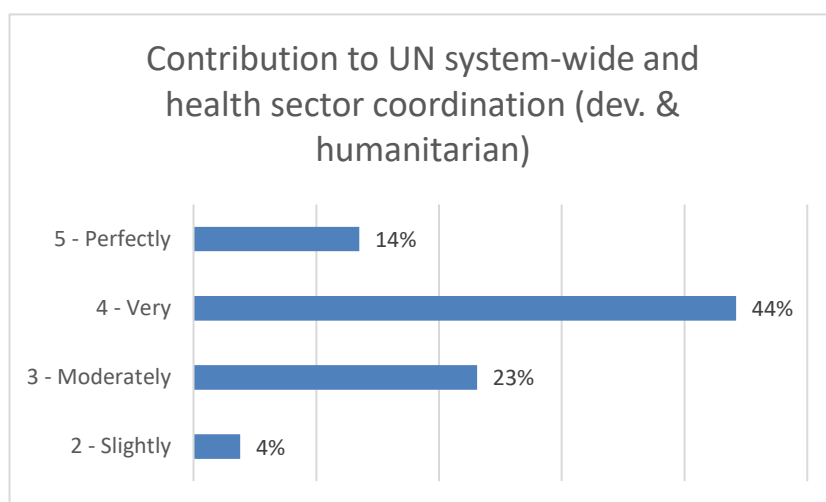
### Impact of Partnerships on Challenges and Results

Among those who indicated a degree of partnership alignment (Q404), **21.2%** considered partnerships “Very effective” in helping address key challenges and achieve results at scale,

and **3.8%** rated them as “Perfectly effective.” However, **9.6%** found them only “Moderate,” and **1.9%** “Slightly,” suggesting that although partnerships are largely valued, there remains potential to increase their strategic impact.

#### Meaningfulness of Coordination Mechanisms

Regarding the meaningfulness of coordination mechanisms at the national and state levels (Q405), 40.4% rated them “Very meaningful,” and 13.5% “Perfectly meaningful.” However, 11.5% of respondents felt they were “Slightly meaningful” and 19.2% only “Moderately meaningful,” highlighting opportunities to strengthen inclusivity and effectiveness across different governance levels.



### **4. Assessment of the Effectiveness of WHO work in Somalia**

#### **4.1 Perceived Effectiveness of WHO Programming**

Respondents provided largely positive feedback regarding the effectiveness of WHO's work in Somalia. The majority (41.3%) rated WHO's effectiveness in reaching the most vulnerable as *satisfactory*, while an additional 37.0% considered it *moderately satisfactory*. A small proportion (13.0%) rated it as *very satisfactory*, suggesting confidence in WHO's ability to prioritize and reach at-risk groups. Similarly, programme outputs were perceived as reaching the target population effectively, with 43.5% rating this as *satisfactory*, and 39.1% as *moderately satisfactory*. Timeliness of output delivery received a combined 84.8% satisfaction (43.5% satisfactory and 41.3% moderately satisfactory), although 8.7% still considered timeliness unsatisfactory. Quality of work was also rated positively: 45.7% moderately satisfactory and 39.1% satisfactory. Partnership between WHO and respondents' organizations was rated as satisfactory or better by 88.2% (including 10.9% very satisfactory). The perceived level of skills and competencies among WHO technical staff was similarly high, with 58.7% rating it as *satisfactory* and 17.4% as *very satisfactory*.

#### **4.2 Recommendations to Improve Effectiveness**

When asked how WHO could improve its effectiveness, respondents suggested:

- Working better with partners (67.4%)
- Increasing development initiatives (60.9%)
- Scaling up humanitarian efforts (58.7%)
- Improving implementation modalities (56.5%)
- Other suggestions (19.6%) included strengthening accountability, better monitoring, and more flexible funding mechanisms.

#### 4.3 Results-Based Effectiveness Ratings

Respondents were asked to rate WHO's effectiveness across several health-related areas.

Key findings include:

- **Routine Immunization** received the highest "very satisfactory" rating (21.7%), with an overall 78.3% of respondents marking it satisfactory or better.
- **Polio eradication** was also well-regarded, with 39.1% satisfactory and 19.6% very satisfactory.
- **Access to revised EPHS** and **OCR capacity** were both rated as satisfactory by 41.3% of respondents.
- **Exclusive breastfeeding promotion** (27.3d) and **disease surveillance system coverage** (27.2c) received high satisfaction levels at 39.1% and 41.3%, respectively.

Areas showing room for improvement included:

- Capacity to assess climate-related health risks, where 17.4% rated it unsatisfactory.
- **Multisectoral coordination** and **timeliness of humanitarian efforts**, although rated positively overall, had relatively lower "very satisfactory" ratings.

#### 4.4 Gender Equity and Inclusion

Perceptions of WHO's efforts in promoting gender equity varied:

- 41.3% agreed that WHO supports gender-sensitive interventions that make a tangible difference.
- Only 10.9% noted that WHO regularly brings up gender equity in collaborations.
- The highest satisfaction was seen in **participation in advocacy and policy fora** and **gender data collection support**, both at 41.3% satisfaction and above.

#### 4.5 Cross-Cutting Priorities

Respondents rated WHO's integration of cross-cutting priorities as follows:

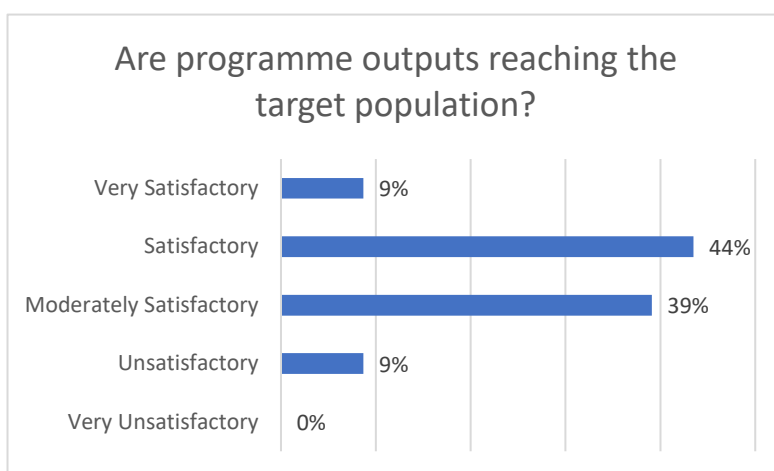
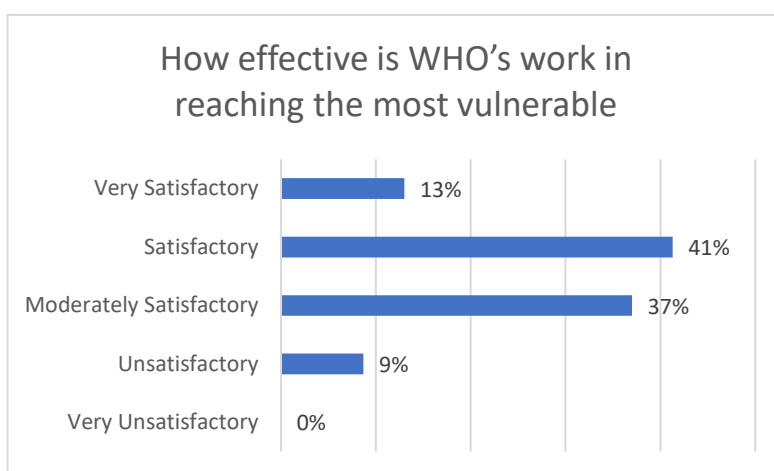
- **Health equity**: 87% rated moderately satisfactory or better.
- **Gender equality** and **human rights**: each received over 85% positive ratings.
- **Disability inclusion** had the lowest positive rating at 76.1%, with relatively more respondents rating it moderately or slightly satisfactory.

#### 4.6 External Factors Affecting Effectiveness

Respondents identified the following external factors as having significant influence on programme results:

- **COVID-19 pandemic**: 50% said it influenced outcomes significantly.

- **Insecurity:** 40% said it had a high influence, with 20% saying it had a *very strong* impact.
- **Droughts/Flooding:** 52.2% said it influenced results significantly.
- **Inflation and funding fluctuations** were both seen as moderate to strong influencing factors, with about one-third rating them *very* or *moderately strong*.

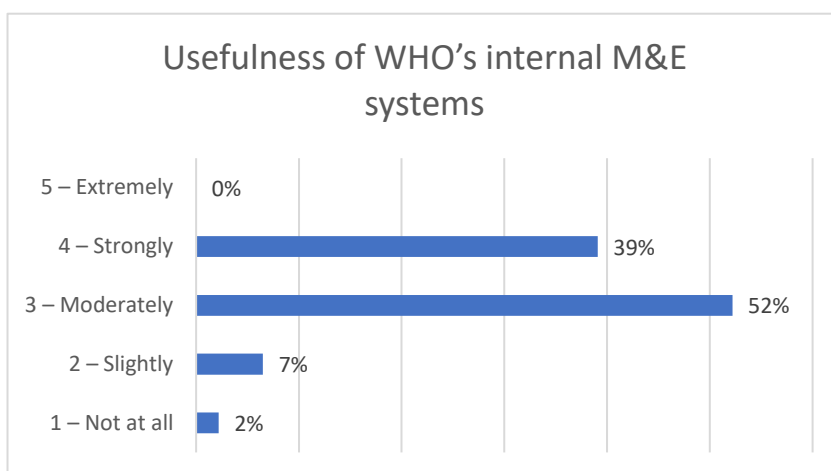


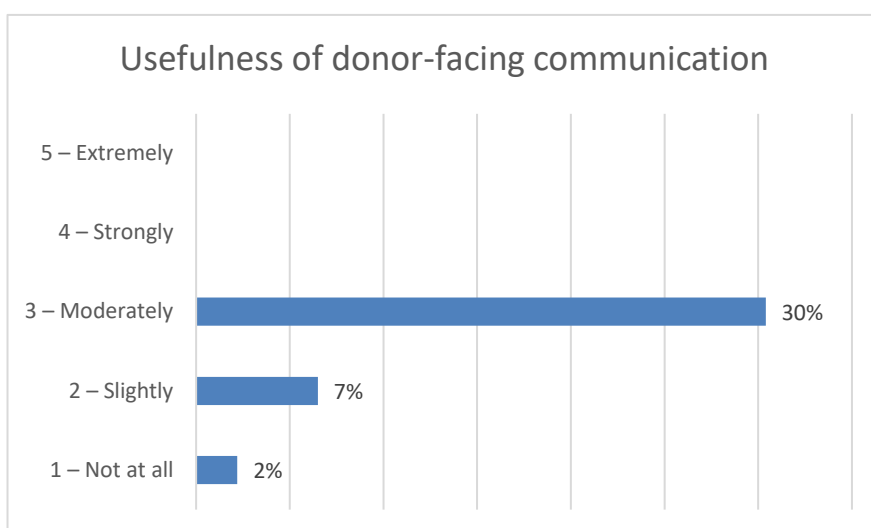
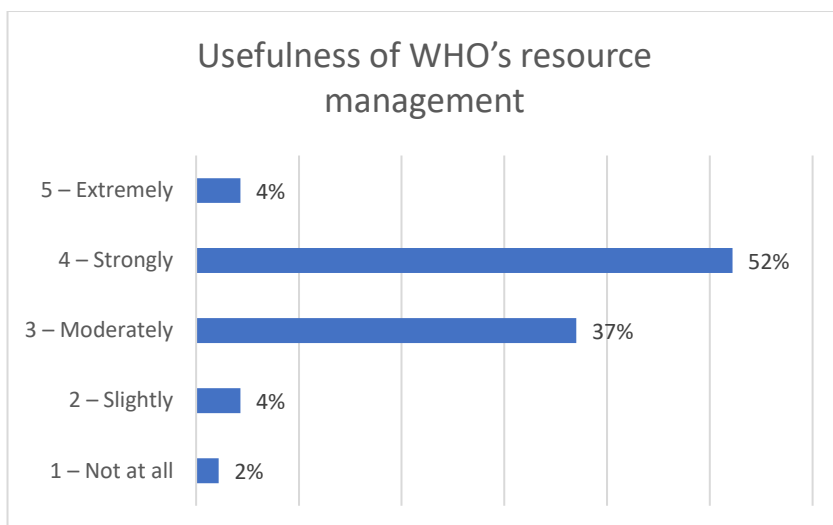
## 5. Assessment of the Efficiency of WHO activities in Somalia

The survey explored the extent to which WHO’s internal mechanisms and systems supported the efficient delivery and performance of its programmes in Somalia. Respondents were asked to rate the usefulness of WHO’s internal Monitoring and Evaluation (M&E) systems, resource management, and donor-facing communication mechanisms.

The findings demonstrate a generally positive perception of WHO Somalia's efficiency mechanisms:

- **Internal M&E Systems:** A significant majority of respondents found the M&E systems either *moderately* (52.2%) or *strongly* (39.1%) useful in supporting WHO’s performance. No respondents found them extremely useful, while only a small minority (8.7%) found them less useful.
- **Resource Management:** Over half (52.2%) rated WHO’s resource management as *strongly useful*, while 37% rated it *moderately useful*. Only 6.5% indicated limited usefulness.
- **Donor-Facing Communication:** WHO’s external communication mechanisms for resource mobilization and fund utilization were also rated highly, with 54.3% rating them as *strongly useful* and 30.4% as *moderately useful*. A small group (8.7%) indicated they found them less effective.





## **6. Assessment of the Sustainability of WHO activities in Somalia**

The sustainability assessment explores stakeholder perceptions regarding national ownership of the WHO-supported Country Programme and the long-term institutional strengthening within the Government of Somalia. The findings reflect moderate confidence in the sustainability aspects of WHO's support, with the majority of respondents indicating positive, albeit cautious, views on both ownership and capacity-building.

### **Government Ownership of WHO Programme**

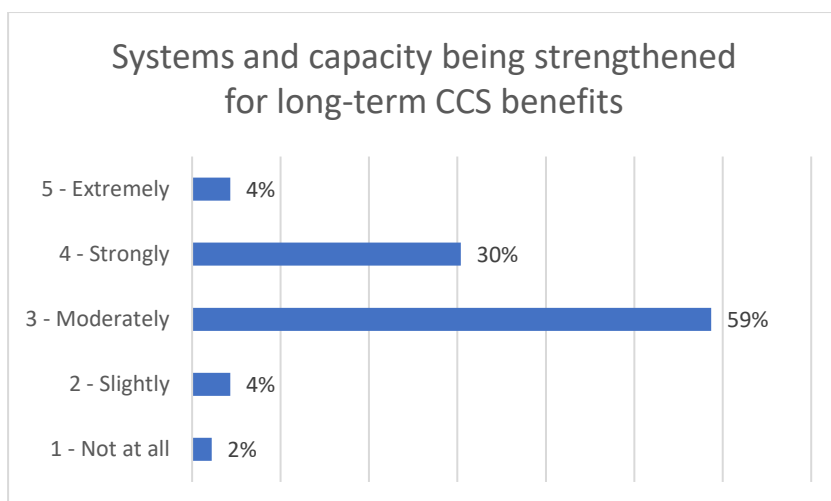
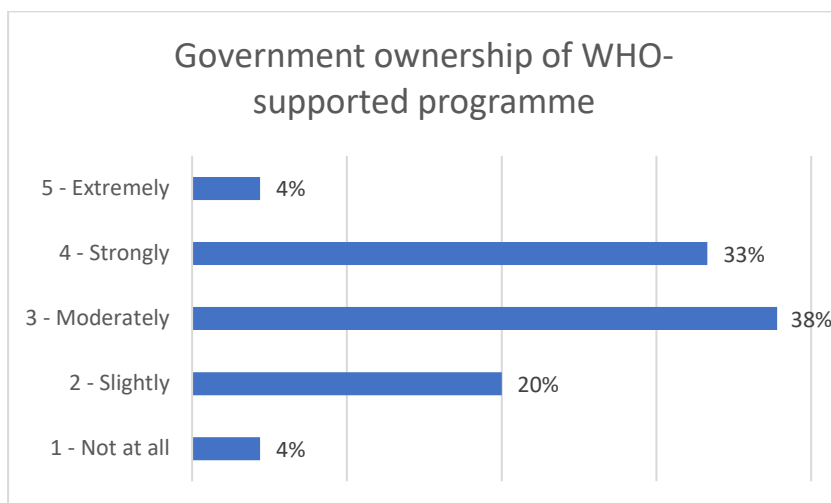
When asked about the extent to which the Government of Somalia has demonstrated ownership of the WHO-supported Country Programme:

- 37.8% of respondents rated this *Moderately*,
- 33.3% rated it *Strongly*,
- Only 4.4% believed ownership was *Not at all* demonstrated,
- While 20.0% rated it *Slightly* and another 4.4% indicated *Extremely*.

### System Strengthening and Long-Term Sustainability

On the question of whether systems and capacity within the Government are being strengthened to ensure long-term sustainability of WHO's interventions:

- A majority (58.7%) rated progress as *Moderate*,
- 30.4% viewed efforts as *Strong*,
- Only 2.2% selected *Not at all*,
- While **4.3%** selected both *Slightly* and *Extremely*.



# 13. Mapping the evidence to recommendations

Findings	Conclusions	Recommendations	Relevant Sections / Paragraphs
<p>The evaluation found that the CCS and ToC were conceptually sound and aligned with global and national priorities, but they lacked mechanisms for adaptation in Somalia’s volatile context. The CCS was not reviewed mid-term, even after major shocks such as COVID-19 and the 2022 drought. Risk scenarios (political volatility, funding shocks, humanitarian access) were not built into planning, and equity, gender, and inclusion</p>	<p>The CCS is relevant to Somalia’s health priorities, but its contribution pathways are weakened by fragile assumptions and lack of adaptive review. Outcomes in equity and inclusion remain less plausible without contingency planning, risk monitoring, and explicit operational strategies.</p>	<p><b>Strengthen strategic planning and adaptation:</b></p> <ul style="list-style-type: none"> <li>• Run structured, participatory priority-setting at federal, state, district and community levels.</li> <li>• Add risk/contingency scenarios to ToC.</li> <li>• Co-develop HRBA/Equity plan with OHCHR/UNICEF/UNFP A &amp; Somali CSOs.</li> </ul>	<p>Findings sections 3.1.1-3.1.2 (Relevance &amp; ToC); Conclusions section 4.1 (Relevance, Effectiveness)</p>

<p>were insufficiently operationalized. This limited the plausibility of outcomes and reduced flexibility in programme delivery.</p>			
<p>Coordination across UN agencies and with subnational actors was found to be inconsistent. While WHO played a central convening role nationally, state and district actors reported weak engagement, and community accountability mechanisms were underdeveloped . Many partners noted that alignment at the federal level was not translating into service delivery at the periphery.</p>	<p>National-level coherence is relatively strong, but effectiveness is diluted at state and district levels. Without systematic accountability mechanisms and structured platforms, community voices and local priorities are not sufficiently integrated into planning.</p>	<p><b>Improve coordination and accountability mechanisms:</b></p> <ul style="list-style-type: none"> <li>• Institutionalize district-level ABC platforms.</li> <li>• Embed community accountability tools (SMS hotlines, scorecards, radio forums).</li> <li>• Validate state/district operational plans through Health Cluster.</li> <li>• Establish inter-agency AAP Working Group with UNICEF.</li> </ul>	<p>Findings section 3.2.1 (Coherence &amp; Coordination); Conclusions section 4.2 (Coherence)</p>
<p>WHO’s internal M&amp;E system was described as</p>	<p>Weak M&amp;E prevents real-time learning</p>	<p><b>Strengthen monitoring, evaluation, and equity-disaggregated data</b></p>	<p>Findings section 3.4.1 (Efficiency EQ4.1); Conclusions section 4.3 (Efficiency,</p>

<p>fragmented, with limited integration across programmes. Data was optimized for global aggregation (GPW13/14 reporting) rather than operational decision-making in Somalia. Routine disaggregation by sex, age, disability, or population group (IDPs, nomads, rural) was absent, hindering equity analysis. Stakeholders noted that weak M&amp;E obscured value-for-money and limited adaptive management, making it difficult to link outputs to outcomes.</p>	<p>and adjustment. Contribution analysis is undermined by poor disaggregation, outdated baselines, and reliance on binary output indicators. This reduces the robustness of WHO's effectiveness and efficiency claims.</p>	<p><b>systems:</b></p> <ul style="list-style-type: none"> <li>• Build Integrated Somalia Monitoring Framework (link CCS–GPW).</li> <li>• Decentralize HMIS/DHIS2 with district dashboards.</li> <li>• Conduct CCS mid-term review.</li> <li>• Publish annual “State of Health Equity” report.</li> <li>• Train Ministry of Health staff in equity analytics.</li> </ul>	<p>Effectiveness)</p>
<p>WHO's delivery in Somalia has been heavily shaped by vertical funding (polio, emergencies),</p>	<p>Sustainability is undermined by donor dependence and parallel systems. Without</p>	<p><b>Advance health systems strengthening for resilience and sustainability:</b></p> <ul style="list-style-type: none"> <li>• Co-develop Somali PHC Roadmap integrating EPHS, RMNCAH,</li> </ul>	<p>Findings section 3.5 (Sustainability/Connectedness) ; Conclusions section 4.4 (Sustainability)</p>

<p>while Base Strategic Priorities (e.g., UHC, prevention, country support) remain underfunded. This pattern sustains WHO’s operational presence but sidelines long-term system strengthening. HRH gaps, parallel NGO delivery, and limited regulatory stewardship further compromise resilience.</p>	<p>stronger focus on PHC integration, equitable workforce deployment, and regulatory oversight, WHO’s contribution risks remaining reactive rather than transformative .</p>	<p>outbreak preparedness.</p> <ul style="list-style-type: none"> <li>• Support HRH Strategy (equitable deployment, task-shifting, CHWs).</li> <li>• Strengthen regulatory capacity (licensing, facility standards, PPP oversight).</li> <li>• Strengthen WHO–UNFPA coordination on RMNCAH.</li> <li>• Pilot integrated “PHC+” sites.</li> </ul>	
<p>Interviews highlighted inefficiencies in coordination between WHO headquarters, RO, and WCO, with follow-up from missions often incomplete and donor relations outsourced to Nairobi, limiting programmatic linkages. Funding was skewed toward emergencies</p>	<p>Tri-level coherence within WHO is inconsistent, and over-reliance on earmarked funding risks narrowing WHO Somalia’s scope. Resource mobilization and reporting mechanisms need to be restructured to</p>	<p><b>Strengthen tri-level WHO coherence and resource mobilization:</b></p> <ul style="list-style-type: none"> <li>• Institutionalize WHO headquarters –RO–WCO consultations with action logs.</li> <li>• Publish annual WHO–Somalia funds flow statement.</li> <li>• Use pooled/umbrella proposals linked to Integrated Monitoring Framework.</li> <li>• Establish Somalia-specific WHO Regional Office for the Eastern</li> </ul>	<p>Findings section 3.4.2 (Efficiency EQ4.2); Conclusions sections 4.3-4.4 (Efficiency &amp; Sustainability)</p>

and polio, with Base SPs underfunded by more than 50%. Donor-specific reporting met accountability requirements but did not feed into integrated planning.	improve alignment, predictability, and flexibility.	Mediterranean budget line.	
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