



REPUBLIC OF SOMALILAND
MINISTRY OF LABOUR AND SOCIAL AFFAIRS

NATIONAL PLAN OF ACTION FOR CHILDREN 2016-2020

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FORWARD

The National Plan of Action for Children (NPAC) is a comprehensive *overarching* plan that brings together government's obligations in the realization of the rights of children in Somaliland. The Ministry of Labor and Social Affairs' mandate is to ensure the promotion, protection and fulfillment of the rights of children and has coordinated the development of this NPAC.

There is need to ratify a number of international treaties such as the United Nations Convention on the Rights of the Child and its Optional Protocols Prohibiting the Sale of Children, Involvement of Children in Armed Conflict, the African Charter on the Rights and Welfare of the Child, the United Nations Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of all forms of Discrimination Against Women, which oblige us, together with our Constitution to ensure that children's rights are a reality in their daily lives.

The NPAC was developed with the rights of all children in Somaliland at its heart. It looks at the broad areas where we as a country collectively work to make sure that our children are safe, healthy, happy, educated, developed, participate and have an adequate standard of living. Thus, this NPAC strives to give guidance to all spheres of government and partners in the realization of the rights of every child in the country. Furthermore, through the setting of clear goals, objectives and indicators we can monitor the realization of children's rights as to make sure that no child is left behind.

The success of the NPAC is embedded in the commitment of all government Ministries at national, regional and district levels to ensure that they meet their obligations and work together its implementation. All Ministries, regions and municipalities have a role to play in the realization of children's rights. The Ministry of Labor and Social Affairs has a responsibility towards the children of the country to develop the institutional mechanisms, mainstreaming and advocacy strategies as well as monitoring and evaluation systems on child rights realization. Hence, an overarching plan such as the NPAC provides the Ministry with a framework to achieve its mandate.

Childhood is not stagnant and characterized by ongoing development, change and learning. Similarly we believe that the NPAC is a living document that is responsive to the specific situation of children in the country as we learn, grow and change as a nation.

The NPAC 2016–2020 was developed in close collaboration with government departments so as to ensure that existing priorities, programs and commitments are included as part of this overall plan. It was consulted broadly with various stakeholders including children at national, regional, district and village level.

Finally, I would like to thank to Mr. Khadar Mahmoud Ahmed, the lead consultant for the development of the NPAC, to Save the Children Somaliland for the generous support to the

development and finalization of the plan and to ANPPCAN-SOM for their catalyst role in facilitating the process of developing the N

ACKNOWLEDGEMENT

The development of the National Plan of Action (NPAC) for Somaliland Children has been challenging but enriching experience. The Ministry of Labor and Social Affairs (MoNPD) is grateful to all those who participated in its formulations. We are deeply indebted to the member's civil society and other government agencies for their cooperation and contribution.

I would like to express unreserved gratitude to the NPAC MoLSA and SCI team for the sleepless nights they endured to have this Plan researched, developed and written up. I would like to mention in particular the Child Protection Unit head and team Leader Mr. Ahmed Kayse the, Planning Department Director, Mr. Cawaale Mohamed. I would like to thank Mr. Mohamoud Aqli and Fatun Farah of SCI for their support and lastly but not leastly the independent consultants involved in the process, namely Hamse A. Khaire and Khadar.

On behalf of MoLSA, please also allow me to expresses my gratitude to the Save the Children International (SCI) for the technical and financial support. This has helped us enrich the development planning process, and enhanced the work of MoLSA.

The successful completion of this NPAC for Somaliland Children would not have been possible without the unreserved and fervent support of the Minister, HE Ali Mohamed Sandule.

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MR. MOHAMED YUSUF
DIRECTOR GENERAL
MINISTRY OF LABOR AND SOCIAL AFFAIRS

CHAPTER I : INTRODUCTION

1.1 SOMALILAND AT GLANCE

Somaliland is situated on the eastern Horn of Africa (HoA). It borders Djibouti on the West, Federal Democratic Republic of Ethiopia to the South, Somalia to the east and to the North is the Gulf of Aden. Covering an area of 137,600 square kilometers with a coastline of 850 km.

The decision to withdraw from the Somali Republic was made by the Congress of Council of Clan Elders held in Buroa from 27 April to 15 May 1991. Constitutionally, Somaliland is a self-declared democratic republic and State with a multi-party political system. The Government of Somaliland (GoS) has three branches of governance consisting of the Executive, Legislature and the Judiciary.

- a) The Executive branch works independently from the Legislature. It is headed by an elected President and consisting of the President, Vice-President, and the Council of Ministers appointed by the President.
- b) Somaliland has a parliament which forms the legislative branch. The House of Representatives consists of members who represent the public, and forms the first part of the country's legislature- passing laws, and overseeing the political situation in the country.
- c) The Judicial Branch adjudicates over disputes. The branch performs its duties in accordance with the Constitution and the laws of the land. It is independent of the other branches of the state.

The population of Somaliland estimated at 4 million with annual growth rate of 3.14%. The average life expectancy for males is 50 years old, and for females it is 55. (Source UNDP, 2007). 55% of the population is nomadic or semi-nomadic, with 45% living in urban areas or rural settlements.

Since its inception in 1991, Somaliland's economy operates in an environment characterised by little public sector management or regulation and without strong formal economic or monetary policies. There is nonetheless a vibrant informal economy largely based on trans-national trade and livestock. The urban private sector is strengthening, especially in services industries such as telecommunications. Commercial infrastructure and institutions are functional and relatively sophisticated. This improving economic activity is underpinned by diaspora international remittances, estimated to be up to US\$1 billion per year (source: www.fco.gov.uk).

1.2 THE LEGAL FRAMEWORK

Somaliland has a complex judiciary and legal system which can be difficult to interpret for the benefit of children. Somaliland has a pluralist legal framework that comprises of the following three tiers of justice system:

1. Customary Law (Xeer)
2. Islamic Al-Shari'ah Law
3. Formal Statutory Law

Customary Law (Xeer): The customary "xeer" or the traditional system is the most widely applied, where male clan elders serve as judges and help mediate cases using precedents. It is not standardized or documented but varies among the different communities based on local practices. Based purely on oral tradition, xeer was "developed by Elders to mediate peaceful relations between clans and sub-clans. Until recently it was estimated that xeer is applied in solving up to 80-90% of all disputes and criminal cases. This Customary legal principle which is used to fill in the gaps in state administration is perceived as highly effective and efficient.

Islamic Al-Shari'ah Law: Constitutionally enshrined Al-Sharia Islamic law operates on the basis of the Quran and Hadith of the Prophet. According to Article 5 of the Constitution, Islam is the religion of the Somaliland state. The laws of the nation shall be grounded on, and shall not be contrary to Islamic Sharia.

Formal Statutory Law: Colonial statutory law comprises of a Constitution and statutory law including formal judiciary structures, with a three-tiered system of Supreme, Regional and District Courts.

Currently Somaliland does not have a legal definition of a child. It can be argued that ambiguity and inconsistency over the age of majority is largely a result of the heterogeneity of the legal system. However, defining which age should be recognized as a child without establishing a birth registration system will not have a significant impact on child rights, including setting the minimum age of recruitment and participation in the armed forces, the minimum age of criminal responsibility and minimum age for employment among others.

The Constitution of the Republic of Somaliland does not contain specific clauses on the concept of the best interest of the child. In fact, apart from the mention of "youths" (Article 15), "the young" (Article 15.8) and "the welfare of the family" (Article 36.4) – children are not specifically named in the constitution. However, the articles are of general application and are therefore relevant for children. The Penal Code sets the age for criminal liability at 14 years old. Children between the ages of 14 – 17 years old have less protection under the Penal Code due to this article. It is left up to the Judge to define reduction of punishment. However it also prescribes lenience and reduced punishment for children between the ages of 14 – 17.

The Government of Republic of Somaliland has not yet become an official state party to the UN Convention on the Rights of the Child (UNCRC), but it has done much to honour the international standards established in the UNCRC. Many more children now have access to an education system, to a health care system than was the case a decade ago. However a very

significant proportion (source: SL CR Situational Analysis, SC 2010), often more than 50% do not have access to these rights. These children [55%] live in [rural] places that are difficult to reach, live in families with a mobile lifestyle [nomadic] or distant from centres of administration.

The NPAC posits that international partners and donors should recognize that their direct support to government structures (ministries, regional governments, district councils and community structures that form part of these reporting structures) is needed to ensure not only that children's rights are realized but that these efforts are well coordinated and sustained. Given the scarcity of resources allocated for the promotion and implementation of children's rights, it is fundamental to establish a multisectoral response in order to fulfill children's rights. . This NPAC presents a proposed action plan, performance plan and budget proposal to address challenges facing children and youth in Somaliland for the period 2016-2020.

1.3 THE RATIONALE AND STRATEGIC OVERVIEW OF THE NPAC

Under international law Somaliland is considered as part of Somalia. However, it has on its own account confirmed its intention, and made a statement of "ratification" in November 2001 but this has not been followed up with any concrete action. The Ministry of Foreign Affairs of the present Government of Somaliland, a government elected in July 2010, sees no reversal on this position and re-iterates the intention to formally ratify at the point that Somaliland is accepted into the community of nations as a nation state in its own right. The Government of Somaliland argues that the Somaliland constitution in article 21, paragraph 2 states: "*The articles which relate to fundamental rights and freedoms shall be interpreted in a manner consistent with the international conventions on human rights and also with the international laws referred to in this Constitution*" and thus in the light of this article the Somaliland Constitution, in all the parts related to fundamental rights and freedoms, does comply with the UNCRC and the ACRWC.

The NPAC serves a dual purpose: serve as a platform for awareness building and coordination of efforts to ensure the rights of children are protected and fulfilled. Awareness of Rights/capacity building around rights of children, (together with their parents as co-claimants) need to know what entitlements they/their children should be able to claim. Duty bearers that include parents, professionals, officials, decision makers, people who have an influence over social norms, need to have a good grasp of the whole range of children's rights and the responsibilities that follow from these rights. There needs to be a critical mass of this knowledge, and a professional engagement as a core conceptual framework for any work with children. At the present time this is very weak.

This NPAC has been developed to continue the government's efforts to enhance child rights and programmes that will improve the survival, development, protection and participation rights of children in Somaliland. Therefore this NPAC should be considered a strategic statement of intent and a programmatic plan that advances the cause of children in Somaliland.

There is dire need to better coordinate and cooperate among GoS ministries and departments and with NSAs. This is as much between NGOs and donors as it is between government

departments. This takes both resources and commitment. Many of the institutions connected with the state party reporting would have provided this opportunity but in its absence the NPAC should facilitate this function.

CHAPTER 2 : SITUATIONAL ANALYSIS

2.1 BRIEF INTRODUCTION

The 2010 Situation Analysis Report for Somaliland noted that awareness of children's rights was consistently identified as weak or non-existent. This applies to all stakeholders, government, non-government, parents, professionals, media, rights holders, and duty bearers. Of perhaps greatest significance is that application of the principles of human rights and child rights is low amongst those involved in working for improvements in children's lives and so the failure to apply these principles is often an underlying constraint to progress. These include the failure to recognize, and to institutionalize the interdependence and indivisibility of children's rights. Some rights are consistently not recognized and taken into account in decision making.

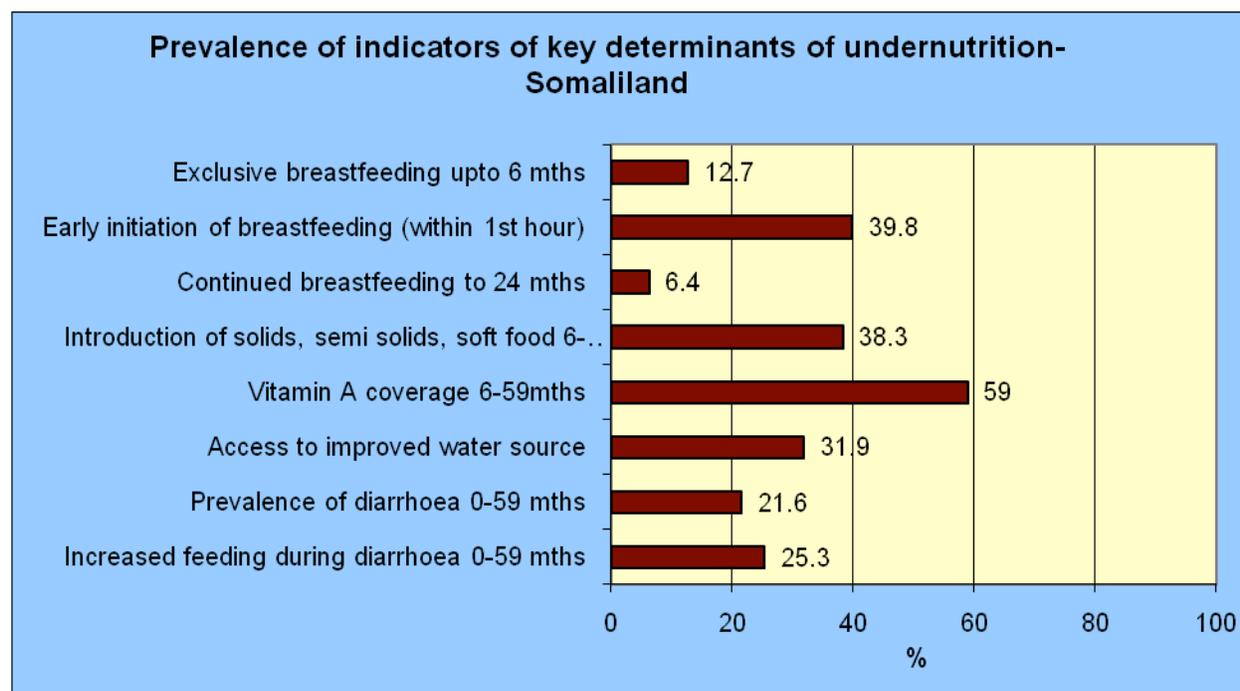
2.2 CHILD SURVIVAL

According to the UNICEFMICS, 2011 Somaliland has some of the worst child survival indicators in the world as can be testified by summary statistics below;

Table 1: Key Social and Health Indicators

Indicator	Value	Sources
Under 5 mortality	90/1000	UNICEF MICS 2011
Infant mortality	72/1000	UNICEF MICS 2011
Neonatal mortality	45/1000	UNICEF MICS 2011
Maternal mortality ratio	1044/100,000	MIS 2006
DPT 3, Measles Coverage by age 1	11%, 25%	UNICEF MICS 2011
% of women married before 18	26-37%	UNICEF MICS 2011
Use of effective contraception	3%	UNICEF MICS 2011
Total fertility rate	7-8	UNICEF MICS 2011
Skilled attendance at delivery	30%	UNICEF MICS 2011
Prevalence of FGM	98%	UNICEF MICS 2011
Under 5s wasted	13%	UNICEF 2009
Under 5s stunted	42%	UNICEF 2009
Under-5 global acute malnutrition rate	15%	FSNAU 2012

Improved water piped to home	42%	UNICEF MICS 2011
Use of improved sanitation	77-23%	UNICEF MICS 2011
Adult HIV prevalence	1.3% – 1.5%	Various estimates
Life expectancy	51 yrs	UNDP 2011
Access to PTMCT	1%	MICS
Anaemia in school-age-children	55%	FSNAU 2009
Anaemia in WCBA	47%	FSNAU 2009
Birth registration	3%	MICS 2011
Prevalence of OVC	10%	MICS
Child Labour	49%	MICS



Current and comprehensive data sets on the causes of child mortality in Somaliland can be inferred from the UNICEF MICS 2011 and from the HMIS that records service/activity /diagnostic data. The main *direct* causes of under-five mortality in Somaliland are **acute respiratory tract infection (including pneumonia) (24%), diarrhoea (19%), neonatal disorders (17%), and measles (12%)**. Around a fifth of children's deaths are from "unspecified causes", testament to the lack of detailed information of health. The latest figures for Somaliland are that **35-48 per 1,000 newborn** infants die within the first month of life, the highest neonatal mortality rate in the world according to the WHO report World Health Statistics 2010. Immunization coverage (one year olds fully immunized) is only around **8%** (MICS 2011) and DPT3 dropout rate is 75% (NHPII 2011). Somaliland's nutrition strategy highlights the prevalence of eight defective infant and child-care practices that

underpin much of the high malnutrition rates in the country, itself an underlying cause of poor health.

Limited access to primary health care, inadequate quality of service provision, poor hygiene, sanitation, and low supply levels are some critical factors which contribute to these desperately poor health and social indicators. The lack of adequate and qualified health care workers in all regions of Somaliland is enormous. Acute skilled staff shortages, structural fragmentation, insufficient and distorted incentives to motivate staff, limited supervision and mostly ad-hoc management arrangements hamper child survival efforts across Somaliland. Although Somaliland's health authorities are developing strategies and tools for improved governance of the sector, huge gaps are still evident, and require substantial funding, capacity building and support.

For several indicators, the situation is however improving: access to improved sanitation stands at almost 50 percent and access to improved water at 45 percent in urban areas, although the cost of safe water is often prohibitive, especially in schools. This indicates that the collective efforts of the GoS, CSOs, INGOs and the private sector are yielding positive results, although performance is significantly worse than the average for East Africa Region.

2.3 CHILD DEVELOPMENT

Child right situational analysis (2010), National education policy (2013), Education Sector Strategic Plan-ESSP(2012-2016) indicate that children (0-18) have low access to quality education and recreational leisure opportunities. Particular concern is the lack of educational, recreational, health, nutritional, protection and safety opportunities for children aged between 0-6 years. For example, the recent consultation survey (2013) revealed that Somaliland institutions have limited programming in child development. However, access to education is limited, although the total gross enrolment rate (GER) of 32.8 percent – 42.4 percent for boys and 23.2 for girls, is significantly higher than in Puntland and South Central Somalia.

In Somaliland, early childhood education (ECE) is neither formalized nor well established and the few classes that exist are run by the private sector. The limited provision is largely due to factors such as the lack of economic ability and awareness among communities and parents regarding its importance. However, there are well established Koranic schools that provide Islamic teaching to children aged between 3-6 years and beyond.

The responsibility for supervision of the Koranic learning centers lies with the Koranic Schools Department of the Ministry of Religion and Endowments. The transition rate from Koranic schools to formal primary education is very low because in most rural nomadic areas where there are provisions for Koranic schools there are no formal primary schools. Ministry of Education acknowledges the importance of ECE as well as the current inadequate provisions for the formal pre-primary education sub-sector. The government intends to start and promote systematic and sustainable ECE as part of the education sector strategy.

2.3.1 Basic education

Basic Education comprises formal primary education and all forms of Non-formal or flexible education targeting disadvantaged children, with special consideration of girls and disadvantaged communities (including illiterate adults) with approaches such as flexible/alternative basic education, pastoralists education and others, all at primary education level.

In 2012 the Somaliland Education Sector Strategic Plan (2012-2016) reported a gross enrollment rate at the primary school level at 46%, 57% boys and 40% girls), indicating that gender disparity is still critical. The 46% means that gross enrolment has increased only by 2 percentile points since 2008/2009 when it was calculated at 44% (EC Identification Study, 2008). The Strategic Plan (2012-2016) also indicates that enrolment in remote rural districts is much lower despite the recently enacted Free Primary Education (FPE) policy (Jan. 2011), and that overcrowding is a major constraint in urban centers. This is mainly due to lack of educational facilities, which limits access to education. The latest Education Management Information system 2012/2013 draft report indicates the overall Gross Enrolment Rate of 51%, 56 for boys and 44% of girls respectively representing an improvement of 5% over 2011/2012 academic year enrolment.

2.3.2 Secondary Education

Secondary education consists of forms 1-4 made up of two sections, junior secondary (1-2) and senior secondary (3-4). Ministry policy is to aim a GER of 50% by 2016. Currently there are total of 100 secondary schools of which 37 are private. The age category of secondary education is not well defined because the primary education entry age varies due to accessibility issues. The total current student enrolment of both private and public secondary schools 2011/12 is 36400. The total teaching force currently serving the secondary education sector is 1202 teachers of whom only 26 are female.

The present Somaliland secondary education context is characterized by a rapid growth in numbers entering secondary schools with annual growth rates of 20%-far above things planned for. This in turn has led to overcrowding in schools/classrooms and high pupil-teacher ratio. This is a major challenge that impacts on all of the other areas. There is also an acute shortage of teachers especially mathematics, sciences and English language teachers and a poor pedagogical practices where classroom teaching and learning practices are still teacher-centered because education is mainly geared towards knowledge consumption rather than knowledge creation. In addition, professional developments of teachers mainly focus in-servicing of primary teachers hence there is need to equally strengthen the secondary sector through site training programs. There is also limited access to secondary education by the poor and other disadvantaged groups due to school fees charged by schools. This prevents grade 8 graduates from poor families accessing secondary education. In addition, there is inadequacy of the availability and the use of ICT to enhance the quality of teaching and learning and unfortunately poor English language proficiency by both students and teachers, which has led to poor curriculum delivery and pedagogical setbacks. The infrastructure conditions of secondary schools is inadequate such as libraries and laboratories for effective delivery of the curriculum in science and languages.

2.4 CHILD PROTECTION RIGHTS

The UNCRC, Somaliland Constitution and other local legal instruments as well as religious and traditional customs guarantee the protection of children against all forms of violence and abuses. However, studies confirm that children in Somaliland continue to experience violations against their rights. Below are the analysis of the key protection concerns of children in Somaliland:

2.4.1 Gender Based Violence (FGM, sexual assault, rape, and child and forced marriage)

The constitution of the Republic of Somaliland stipulates that: "Every person shall have the right to security of his person. Physical punishment and any other injury to the person is prohibited." (Article 24.2, Constitution). Although, there is no specific legislation, policy or program of action to uphold standards on sexual exploitation and abuse against children or adults, the above statement can be inferred to apply to sexual violence and exploitation, sale, trafficking and abduction and any other forms of exploitation.

Between 2009 and 2010, the documented incidents of sexual violence increased substantially in all areas of Somaliland. Sexual exploitation and abuse is a widespread problem particularly for girls and women in the IDP camps and girls on the streets. Unfortunately, such cases are often overlooked by law enforcing organs that subscribe to cultural/traditional out-of-courts settlement of cases. Children and affected families are not empowered to demand their rights. Some families report cases of rape to the police and local authorities, but there is often little or no actions taken. SC Child Rights Situation Analyses 2010 stressed that lack of protection by communities and local organs of the government encourages sexual abuses in their communities.

2.4.2 Female Genital Mutilation/Cutting

Children in Somaliland continue to experience violation of their rights through harmful traditional practices, especially Female Genital Mutilation/Cutting (FGM/C). At 98%, FGM/C prevalence is the highest in the world (MICS 2006). It is often performed by traditional practitioners, without anesthesia and under unsanitary conditions. FGM/C is mostly prevalent in rural areas and performed by local circumcisers and traditional birth attendants. However, there is medicalization of the practice in urban areas and among affluent people who enlist the services of healthcare personnel out to make an extra income from the practice¹.

2.4.3 Child and Forced Marriage:

In Somaliland marrying young girl is considered good by many, especially in rural communities. However, concern is more about children marrying too early since this may have health and other implications in their lives. Both early and forced marriages are caused by a number of reasons, including the need to protect family honour and economically gain from a girl's early marriage due to poverty. Some parents think that girls are better protected from defilement/rape and the shame that comes with that, if they were in the care of their suiter while they grow up. The consequences of early marriages are significantly harmful. Not only

does it affect the girls emotionally, physically and psychologically, but it also a significant impact on girls' access to education, and improvement of their economic status.

2.4.4 Corporal Punishment

Although prohibited by article 24 of the Somaliland Constitution as well as the Juvenile Justice Act 2007 and Teachers Code of Conduct 2012, Corporal Punishment is still widely used in schools and communities in all regions of Somaliland. Corporal punishment happens at school and at home and there is little action taken by concerned duty bearers to address the problem. The situation is more rampant in Quranic Schools.

2.4.5 Street Children

Recent studies (source: SC study on street children 2012) have revealed an increase in street children in Somaliland. Street children in Somaliland have been described as any child who live or roam the streets scavenging or begging for food /money, looking for casual work such as washing cars, shoe shinning, sweeping food kiosks for pay in cash or kind, trading in small items such as sweets, waste plastic papers, metal scraps, vegetables, fruits, khat or stay on the street to fend for him/herself using all methods including selling of drugs and/or stealing from the public.

Most of the children (76.25%) and their parents (95%) found in the streets of Somaliland towns are Somalilanders and a small fraction of (23.75%) children and 5% parents said they either come from Ethiopia, Djibouti, Somalia. Root causes of driving children to the streets are poverty and negative social cultural practices that include gender based discrimination, clan based discrimination, and violence against Children, leading to pull factors that draw children to the street. Factors that lead to become street child are:

- Peer influence by those who have been on the street for some time,
- Attraction to the use of intoxicating drugs, khat, glue which are readily available on the street,
- Availability of leftover food from restaurants and food kiosks which children can buy/work for/or is donated to them especially during the month of Ramadan.
- Begging opportunity for money from worshipers coming from mosques attract children to the streets.
- Children who hailed from abusive homes wanted to escape from sanctions of parents.
- Availability of working opportunities in the urban areas compared to the rural areas attracted large immigration of children from rural areas to urban centers.
- Perceived "good" city and town lifestyle compared to rural nomadic lifestyle attracted children to immigrate to town and ended up working and living on the streets.

2.4.6 Children with disability

Children with disabilities are some of the most discriminated and marginalized categories of children in Somaliland². Undocumented numbers of children with disabilities continue to suffer unprotected in Somaliland. Disabilities in Somaliland are caused due to (i) the Somali wars & mines (ii) natural defects, and (iii) diseases during the childhoods. They all share common

problems relating to social isolation and lack of accessibilities. Most families hide their disabled children, because they are generally stigmatized as “cursed children”³.

The core issue for children and disability is one of discriminatory treatment/acts of discrimination. In many aspects of life and in regard to public services children with disabilities do not enjoy the same rights as fully able children. Environmental issues, for example access to public buildings, schools, navigable footpaths, lack of appropriate play spaces, are accompanied by bullying and stigma, “name calling” and bad perceptions and attitudes. Anecdotally children are reported as kept hidden and out of sight. They are invisible, sometimes locked up (got this information from NPAC interviews). It was noted traffic accidents, and the conflict/on-going wars remain a significant cause of disability for children.

2.4.7 Birth registration

Birth registration is a hot button child protection issue in Somaliland. The Government has not institutionalized the citizenship of children through birth registration. This has led to legal and other implications for children especially where the legal process cannot determine the actual age of a child in a criminal offence. Absence of a comprehensive registration of children at birth makes it very difficult to programme for children because their number and other backgrounds are not known. Children's right as citizens can be guaranteed constitutionally if they have birth certificates. However, there is a pilot birth registration initiative that has been initiated by the Ministry of Interior together with Ministry of Health and Local Governments with the support of UNICEF.

2.4.8 Children in conflict with the law

The CRSA 2010 found that as many as 25% of children came into contact with the law for reasons linked with drugs, lack of parental care, group fighting, and theft. A Save the Children Denmark study in 2009 compared findings then to the children in prison now, finding that there had been an increase. The implementation of the Juvenile Justice Law is weak. Although cases involving Children are often diverted to community resolution mechanisms, children are imprisoned until resolution. The police are the first law enforcement body to come in contact with children and have not been trained. There is limited capacity of government institutions, lack of a special police unit for children, lack of a special court for children, absence of a supportive mechanism, lack of rehabilitation centres, limited coordination and resources sharing among the duty bearers.

2.5 CHILD PARTICIPATION

The 2010 Child right Situation Analysis Report for Somaliland noted that awareness of children's rights to participate in decisions that affect their lives was constantly identified as weak. This applies to all stakeholders, government, non-government bodies, parents, professionals, media, rights holders and duty bearers.

The challenges of realizing children's participation rights are many, not least because it is frequently a new concept, although in practice children's views are often valued in general day to day decision making albeit on an informal basis. Children themselves have to learn and practice these rights. School is an ideal environment to be guided through the practice of contributing views and opinions to decision making as a valuable way of learning democratic skills. There are also opportunities through programmes such as child to child groups. Systems of monitoring provide an ideal institutional opportunity and can provide a platform for developing tools that can be used in other settings.

CHAPTER III : STRATEGIC FRAMEWORK

4.1 BRIEF INTRODUCTION

Chapter three describes the vision, mission, key principles, overall goal, objectives and strategies of the National Plan of Action for Children.

4.2 VISION

Well-nurtured children with full opportunities for growth and development in a safe and protective environment

4.3 MISSION

Ensure the survival, development, protection and participation of children by developing appropriate policies, plans and programs, spreading awareness about their rights and facilitating access to social services as well as institutional and legislative support for enabling children to grow and develop to their full potential

4.4 KEY PRINCIPLES

- i. Children's rights, needs and interests must be prioritized at all levels of development planning and policy-making to ensure positive outcomes for them.
- ii. All children have the right to be treated with respect and dignity, and they must be protected from all forms of abuse.
- iii. Attention must be given to protecting the rights of marginalized and disadvantaged children, particularly those with disabilities.
- iv. Children must have access to quality free healthcare starting with fetal and neonatal care.
- v. Every child must have the opportunity to attend quality free education, including free early childhood education and development
- vi. Children must have the best possible opportunities in life when their parents and/or legal guardians are able to provide their child with emotional and material support.
- vii. Children have valuable perspectives, so they should be supported in their own initiatives and encouraged to participate in decisions affecting them to the extent that they are able.

4.5 THE GOAL

The goal of the NPAC is to articulate and analyze the key priorities of children in Somaliland in line with the UNCRC and the ACRWC and to ensure the survival, development, protection, and participation rights of all children.

4.6 CHILD SURVIVAL OBJECTIVES AND STRATEGIES

4.6.1 Child Health

Objective: To reduce the child morbidity and mortality rates;

Strategies

The above objective will be achieved by the following strategies: -

- i. Implement and rollout out Phase I and Phase II of the EPHS (Core Program I) to all regions in Somaliland;
- ii. Evolve national immunization program focusing on routine immunization coverage for children and WCBA;
- iii. Accelerate behavior change communication and community mobilization efforts for new born and child care;
- i. Develop national programs for the prevention and control of ARI and Diarrhea among all children;
- ii. Take concrete steps for prevention, early detection and prompt treatment of malaria and provide malaria treatment through hospitals, health centres and primary health care units;
- i. Take steps to prevent transmission of HIV/AIDS to children including from mother to child,
- ii. Strengthen infrastructure facilities at all levels of care—Primary Health Units (PHU), Health Centers (HC), Referral Health Centers (RHC) and Hospitals including the Pediatric Specialized Hospital;
- iii. Ensure availability of adequately skilled manpower resources including doctors and trained nurses at all health care facilities and train medical personnel in IMCI and essential new-born care;

4.6.2 Maternal Health

Objective

- i. To improve maternal and neonatal health and reduce maternal mortality ratio;

Strategies

- i. Implement and rollout out Phase and Phase I of the EPHS II (Core Program I and II) to all regions in Somaliland;
- ii. Strengthen infrastructure facilities at all levels of care including referral mechanisms in order to increase institutional deliveries including access to essential obstetric care services at all levels;
- iii. Establish and implement a comprehensive skill birth attendant training program and strengthen the capacity and accreditation of training institutions;
- i. Improve maternal health by awareness generation and early registration and screening of all pregnant women;
- ii. Promote birth spacing through access to information and services;

- iv. Introduce Kangaroo strategy to strengthen care of new-born and infants at home and community level, especially of those without access to services;

4.6.3 Nutrition

Objective: To reduce malnutrition among under-five children as well as pregnant and lactating mothers;

Strategies:

- i. Universalize early initiation of breast-feeding (colostrums feeding), exclusive breastfeeding for children from birth up to first six months along with the continued breastfeeding up to two years or beyond and promote complementary feeding after six months.
- ii. Evolve National Anemia Control Program and screen all women, adolescent girls and school age children
- iii. Strengthen and expand integrated management of acute malnutrition services for the prompt treatment of MAM and SAM children;
- iv. Support the implementation of the micro-nutrient strategy in a comprehensive manner through dietary diversification, supplementation, fortification and public health measures.
- v. To improve household food security through adequate production of food grain, vegetables and equitable distribution.
- vi. Promote appropriate diets and healthy life styles and nutrition education through awareness generation.
- vii. Promote optimal infant and young child feeding practices, including size and frequency of meals through nutritional education and communication;
- viii. Give special attention to the nutritional needs of children with disabilities and children affected by other illnesses like HIV/AIDS, TB, etc.
- ix. Establish nutrition monitoring, mapping and surveillance system and review the nutrition situation of children annually by establishing a system of community-based monitoring and field surveys and researches with a focus of vulnerable groups.

4.6.4 Water and Sanitation

Objective: To improve access, availability and use of safe drinking water and sanitation means;

Strategies:

- i. Cover all schools in urban and rural areas with sanitation and safe drinking water supply facilities including sufficient water for hygiene and give attention to the special needs of girls;
- ii. Progressively cover rural, urban poor settlements and IDP camps with water and sanitation facilities with annual targets;
- iii. Introduce community-lead-total-sanitation strategy to vulnerable communities and rollout to wider population;

- iv. Develop sustainable facilities with appropriate low cost technology mix by replicating innovative and successful models and create awareness of the public on the use of safe drinking water and sanitation technologies;
 - i. Strengthen partnerships with the community, NGOs and wider WASH stakeholders at all levels;
 - ii. Evolve national program to support water management including rainwater harvesting in both urban and rural settings;
 - iii. Develop a system to institutionalize strong monitoring mechanism to assess achievement of targets and impact on children;

4.6.5 Children Affected by HIV/AIDS

Objectives

- i. To ensure a supportive and enabling environment for care, treatment, protection and rehabilitation of children infected and affected by HIV/AIDS including home-based care,
- ii. To scale up prevention of mother-to-child transmission at all levels, i.e. during pregnancy, child birth (ensuring correct birthing practices as per global guidelines and administering Nevirapine) and breast-feeding.

Strategies

The above objectives will be achieved by the following strategies: -

- i. Ensure non-discrimination through the promotion of an active and visible policy of de-stigmatization of children infected, orphaned and made vulnerable by HIV/AIDS.
- ii. Ensure easy accessibility, adequate supplies of safe and quality blood and blood components for all, irrespective of economic or social status.
- iii. Raise awareness, improve knowledge and understanding among the general population about AIDS infection and STD routes of transmission and methods of prevention.
- iv. Include information on sexual and reproductive health, including on HIV/AIDS, in school curricula and implement appropriate counseling services in schools.
- v. Enable children affected by HIV/AIDS to attend schools without discrimination and create awareness among school children,
- vi. Ensure availability of "Prevention of Mother to Child Transmission Services" in all Ante natal care clinics as close to the home of mothers as possible. Availability of Nevirapine and maternal care to ensure safe birth to HIV positive mothers.
- vii. Support and promote community based care for children affected by HIV/AIDS and ensure their access to shelter and services on an equal basis with other children.

4.7 CHILD PROTECTION OBJECTIVES AND STRATEGIES

4.7.1 Children in Conflict with the Law

Objectives

- i. To develop appropriate strategies to prevent offences by children and recognize separate set of needs for children in conflict with law and develop measures for their effective care, treatment and rehabilitation.
- ii. To create child friendly judicial and administrative procedures dealing with children in conflict with law.

Strategies

The above objectives will be achieved by the following strategies:-

- i. Implement the Juvenile Justice Law to ensure that all institutions under it are put in place and adhere to international standards of care and protection in order to rehabilitate juvenile offenders in a child-friendly environment, and by utilizing the network of institutional and non-institutional facilities.
- ii. Set up Juvenile Police Units in every district and sensitize the enforcement machinery to extend humane treatment of children in conflict with law.
- iii. Identify and set up Model Rehabilitation Centers in each region/district for children in conflict with law.
- iv. Ensure access to free legal aid and advice. Ensure that children are heard in all legal proceedings against them by involving them, taking into account their dignity and best interest.
- v. Train and sensitize the judiciary about child rights and the international and national legal framework for child protection.
- vi. Compile, analyze and address factors leading to offences by children.

4.7.2 Child Sexual Exploitation

Objectives

- i. To identify and address the root causes leading to sexual abuse and exploitation of children, both girls and boys, and implement preventive and rehabilitative strategies against sexual abuse and exploitation of children.
- ii. To ensure the safety, protection, and security of victims of sexual exploitation and provide assistance and services to facilitate their recovery and social reintegration
- iii. To criminalize, prosecute and penalize effectively, all forms of sexual exploitation and sexual abuse of children.
- iv. To ensure that in the treatment by the criminal justice system of children who are victims, the best interests of the child are a primary consideration.

Strategies

The above objectives will be achieved by the following strategies: -

- i. Undertake research to identify the nature and magnitude of all forms of child sexual abuse and exploitation with a view to improve policy and interventions for the safety and protection of children.
- ii. Develop and enact laws for prohibition and prevention of child abuse and punishment of offenders.
- iii. Sensitize police, judiciary and health authorities towards victims of sexual abuse and exploitation, especially during the investigation process and trial of victims of rape and sexual abuse.
- iv. Sensitize media to accept social responsibility in reporting cases of child sexual abuse and to respect the dignity and privacy of the child.
- v. Promote public awareness of the dangers and harmful effects of such offences with the view to sensitize parents, caregivers and the community.
- vi. Build public, private and NGO partnership to address this social challenge.

4.7.3 Child Trafficking

Objectives

- i. To implement preventive, protective and rehabilitative strategies for trafficked children and those at risk.
- ii. To ensure the safety, protection, and security of victims of trafficking and provide assistance and services to facilitate their recovery and social reintegration.

Strategies

The above objectives will be achieved by the following strategies:

- i. Ratify UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children
- ii. Develop plan of action to combat trafficking of children and adolescents.
- iii. Establish facilities for shelter, food, clothing, health care, counseling, education, training, skill development, so as to facilitate social and economic rehabilitation of rescued victims.
- iv. Sensitize police, judiciary, media and health authorities towards trafficked victims, especially during the investigation process and trial of victims of trafficking and improve quality of services.
- v. Establish sound information systems regarding trafficking routes and networking of NGOs and other agencies engaged in prevention, rescue and rehabilitation of victims.
- vi. Establish communication with neighboring countries and NGOs to prevent cross-border trafficking of children and facilitate repatriation and rehabilitation of victims.
- vii. Create a body to exclusively deal with the problem of trafficking and establish strong coordination for the prevention, rescue and rehabilitation of trafficked children,

4.7.4 Combating Child Labour

Objectives

- i. To develop a list of hazardous occupations to facilitate progressive elimination of all forms of child labor.
- ii. To rescue and remove children below twelve years of age from the workforce by 2020

Strategies

The above objectives will be achieved by the following strategies: -

- i. Conduct a nation-wide survey on the prevalence and magnitude of child labor.
- ii. Develop and enact child labor law and follow up on its implementation.
- iii. Educate society not to employ children or economically exploit them.
- iv. Ensure prevention of trafficking of children for domestic work and other forms of child labour.
- v. Establish a system of reporting of such incidents
- vi. Universalize and accelerate school enrolment, attendance and retention so that children are prevented from being employed as labour.

4.7.5 Birth Registration

Objectives

To establish a system of birth registration and ensure the rights of all children on birth registration is secured and met.

Strategies:

The above objective will be achieved by the following strategies: -

- i. Commission a study to document the status of the birth registration system in Somaliland and develop a birth registration road map and improvement plan;
- ii. Establish and rollout a system of registering and reporting of all births and deaths;
- iii. Undertake national campaign on birth registration at all levels to increase access of birth registration services with a focus on children living in rural, nomadic and hard-to-reach areas;
- iv. Build the capacity of the national institutions mandated for vital statistics and birth registration through provision of basic equipments, technical assistance, training, and infrastructure development;

4.8 CHILD DEVELOPMENT OBJECTIVES AND STRATEGIES

4.8.1 Early Childhood Care and Education

Objectives

- i. To address the physical, cognitive and emotional developmental needs, including early childhood learning opportunities to the 3-6 years age group of children by enhancing the scope, coverage and quality of ECCD services.

Strategies

The above objectives will be achieved by the following strategies: -

- i. Expand and improve the quality of early childhood care with primary attention given to girls.
- ii. Establish pre-school centers, day care centers and creches at work places and in the community to cover the early childhood care and development rights of all children,
- iii. Train and produce cadres of child care workers and other community groups for ensuring good childcare practices, sensitive approach to the young child and development support.
- iv. Develop inbuilt mechanisms for monitoring the learning outcomes in children and undertake periodic assessment to ensure that all children acquire school readiness by the end of the program
- v. Enhance the capability of both the parents to look after the mental health, psycho-social and stimulation needs of the child through effective parenting programs,

4.8.2 Children with Disability

Objectives

- i. To ensure continued rehabilitation services to all children with disabilities, whoever requires them.
- ii. To ensure inclusive and accessible education and life skill training for all children with disabilities beyond the stage of early interventions to enable them to develop their personality and abilities to their fullest potential.

Strategies

The above objectives will be achieved by the following strategies:-

- i. Develop plan of action to support effective implementation of the Disability Policy.
- ii. Create effective links and quick referrals between primary health centers, mother and child health programs and hospitals (pediatric units) for the early detection of high risk babies and children with disabilities including children with mental health issues and mental illnesses.
- iii. Ensure all public facilities to have physical access, accessible toilets and playgrounds for children with disability.
- iv. Ensure adequate training and sensitization of all teachers to teach children with disability.

- v. Establish special centres with properly trained teachers in all educational institutions to support children with learning disabilities and ensure that entrance and examination procedures take cognizance of their learning disability and are suitably modified to enable children complete their education at all stages.

4.8.3 Education

Objectives

- i. All children to have access to quality primary schools, upper primary schools or their alternatives within a reasonable distance and all schools to have buildings, toilets, drinking water, electricity, playgrounds, blackboards and other basic facilities, with special attention to disadvantaged children.
- ii. To take measures to prohibit and eliminate corporal punishment in all schools and learning facilities.

Strategies

The above objectives will be achieved by the following strategies: -

- i. Make primary education free and compulsory
- ii. Educate, motivate and involve community and parents in enrolment and retention of children in schools.
- iii. Create vibrant parent-teacher associations to create local partnership for universalization of education.
- iv. Create curricula and text books that are non-discriminatory, relevant and child friendly with the specific objective of achieving age specific learning goals.
- v. Improve quality of teaching, learning processes and classroom interactions through capacity building of teachers, teacher development and teacher empowerment.
- vi. Encourage modernization of Madrasa and other such educational institutions by adoption of mainstream syllabus and teaching methods with specific attention to the education of the girl child

4.8.4 Sports and Recreation

Objectives

- i. To promote physical, mental and emotional health among adolescents, through play, sports, recreation, artistic and cultural expression, personality development and character building.

Strategies

- i. Establish play, leisure, sports and recreational facilities within the school and outside the school system;
- ii. Integrate Sports and Physical Education with the Educational Curriculum, making it a compulsory subject of learning up to the Secondary School level.

4.9 CHILD PARTICIPATION OBJECTIVES AND STRATEGIES

Objectives

- i. To enhance children's participation in decision making at household, community and school level.

Strategies

The above objective will be achieved by the following strategies:

- i. Educate the public on the rights of children to participate in decisions that affect their lives.
- ii. Advocate for child participation, especially for the girl child participation, at all levels.
- iii. Use public media, print and electronic, to disseminate information on child rights, constitutional commitments and all child related legislations so that all children are made aware of their rights and protection available to them.
- iv. Include information on child rights and children's participation in all training programs and literature on parenting and for professionals dealing with children.
- v. Strengthen children's capabilities for advocacy, leadership skills and other skills to participate effectively by supporting their own organizations, building networks, by dissemination of rights information and training, helping them access local, national and global processes and policy making forums.
- vi. Undertake legal and policy reforms to and develop national child/youth participation guideline.

CHAPTER V : IMPLEMENTATION, MONITORING, REPORTING ARRANGEMENTS

Implementing the Plan: The Government shall

- i. Give the primary responsibility for the implementation of this National Plan of Action for Children 2016-20205, and for ensuring an enabling environment for securing the rights and well-being of children to the Ministry of Social Affairs and Labor;
- ii. Meet the goals and aspirations for children and merit new partnerships with the community, and with the Non-Government and voluntary organizations and the private sector;
- iii. Ensure national planning processes and policy developments be integrated to goals of this Plan of Action at all levels;
- iv. Ensure inter sectoral coordination and convergence of all programs affecting children.
- v. Ensure co-operation with the community and Non-Government and voluntary sector working for and with children.
- vi. Ensure that efforts are made by the Government agencies for creating awareness and multimedia publicity, through mass communication in the print and electronic media, for promoting child rights.
- vii. Encourage media units under the Ministry of Information tobroadcast programs on children and programs for children on child related issues.
- viii. Encourage non-governmental organization and the civil society for the promotion of child rights.

Coordination and Monitoring the Plan: The Government shall

- i. Constitute a national coordination group to monitor the implementation of the NPAC and the CRC;
- ii. Support the Ministry of Labor and Social Affairs with the overall responsibility of the coordination of the implementation of the child rights and to create suitable mechanisms to ensure this by establishing:
 - a. National Commission for the Protection of Child Rights;
 - b. An office for combating trafficking for children including commercial sexual exploitation.
 - c. Creation of other need based mechanisms for child protection as and when required.
- iii. Regularly monitor the implementation of the plan at national, regional and district levels, to assess progress towards the goals and targets;
- iv. Develop a comprehensive system to collect and analyze disaggregated data on children, based on age, gender, cultural and socio-economic grouping, and special needs and circumstances to assess progress in achievement of child rights goals;
- v. Establish a range of child-focused research institutions and provide the necessary support to gather data and understanding in areas where information on the situation is inadequate;

- vi. Strengthen existing data collection mechanisms so that quality data on various measurable development indicators is generated and used for program assessment and improvement as well as for monitoring progress in achievement of goals;
- vii. Link the National Plan of Action for Children, 2016 - 2020 with relevant sector plans;
- viii. Undertake periodic and annual reviews at the national and sub-national levels in order to more effectively address obstacles and accelerate progress on the NPA goals.
- ix. Set up appropriate mechanisms for effective monitoring and evaluation at the national and sub-national levels for reporting and periodic review of the targets;
- x. Publish annual progress reports on the status of implementation of the NPA and the status of Somaliland children.

Mobilizing Resources: The Government shall

- i. Commit to the allocation of required financial, material and technical resources to the NPAC and will ensure its implementation.
- ii. Secure required financial, material, technical and human resources from all international community, private sector and non-governmental organizations.
- iii. Ensure that Government allocation and expenditures that benefit children are prioritized and that new ways of generating public financial resourced explored.
- iv. Prioritize allocation of budget on social sectors that have a high impact on the lives of children.
- v. Conduct regular budget monitoring to assess the effectiveness of allocation on outcomes for children.

**NATIONAL PLAN OF ACTION (NPA) FOR SOMALILAND CHILDREN
2016-218**

ACTION PLAN MATRIX

Policy Area	Programme Outcomes	Output	Indicators & Targets	Means of verification	Responsible Institutions & Partners	Indicative Resources (Millions)	Funding Source
CHILD SURVIVAL	Access to affordable, quality health service to mother and child	Improved Access to Health Services	-Increased Budgetary Allocation from 6% (2015) to 15%	National Budget Document.	MoF	\$64	MoH INGO UN (WHO, UNICEF, CHF etc)
			-Reduced Infant Mortality for 72/1000 (2011, MICS) to 60%	-Multicenter Indicator Survey Report. - Government Health Report	MoH, UNICEF, WHO		
			-Reduced under 5 Mortality from 91/1000 (2011, MICS) to 80/1000	-Multi-center Indicator Survey Report. - Government Health Report	MoH UNICEF WHO		
			-Reduced neonatal mortality from 42/1000(MICS 2011) to 30/1000	-Multi-center Indicator Survey Report. -MoH Annual Health Report			
			-Proportion of deliveries attended by skilled midwives increased from 44% (2011, MICS) to 54%	-Multi-center Indicator Survey Report. -MoH Annual Health Report		NA	

			# new health facilities constructed				
			Proportion of communities within 5 km of health facilities increased	MoH Annual Health Report		NA	
			% of children below 1 year who are fully immunized against measles increased from 25% to 35% (2011 MICS)	Multi-cluster Indicator Survey Report. -MoH Annual Health Report	MoH UNICEF WHO GAVI		
						NA	
		-Improve quality of care for <5s	% of Health Facilities managing children < 5 according to IMCI guidelines increased	MoH Annual Report	MoH	NA	
		- Adolescent Health Policy	Adolescent health policy and programme of action developed and implemented	-MoH Annual Health Report	MoH UNICEF WHO GAVI	NA	
		-Health-care seeking behavior of <5	- % of children < 5 attended increased.	-MoH Annual Health Report	MoH UNICEF WHO	NA	
		-Women Nutrition	-Reduce % of women aged 15 -24 who have acute under nutrition.	-MoH Annual Health Report	MoH UNICEF WHO FSNAU	NA	
		-Child Nutrition	-Reduce % of < 5 children	-			

			that are under weight. -Reduce the proportion of < 5 children wasted by five percentage points -% of stunted children reduced from 20% (FSNAU) to 15%				
		-Sanitation and Hygiene	of household practicing improved care, sanitation and hygiene. # of awareness campaigns on sanitation and hygiene.	-MoW Annual Health Report -	MoW WHO Local Governments (District Councils)	NA	
		Access to safe drinking water	-increased % of households accessing safe drinking water from 41% (2011 MICS) to 60%				

Policy Area	Programme Outcomes	Output	Indicators & Targets	Means of verification	Responsible Institutions & Partners	Indicative Resources	Funding Source
CHILD EDUCATION							
Early Childhood Education	Access to early childhood education	Increase ECE Coverage	-By 2018, the total number of preschool Children increased by at least 10%	MoE&HL Statistical Yearbook	MoE&HL SCI Mercy		

	on (ECE)		by 2018		Corps		
		Strategy for Early Childhood Education (ECE) Developed	-By the end of 2016 ECE Strategy Developed.	Official Gazet	Other INGOs		
					LNGOs		
Primary & Secondary Education	Access to Affordable, Equitable Quality Primary & Secondary Education	<p>-Provision of School Construction/Expansion/Renovations.</p> <p>-Grants, Scholarship, and School feeding subsidy</p> <p>-Promote Gender Equity</p>	<p>-# classroom, toilets, girl-friendly spaces constructed, renovated and furnished</p> <p>-# of scholarships/grants awarded to poor and/or female students</p> <p>- GPI increased from 0.81 to 0.9</p> <p># Female Teachers mentored increases</p> <p>-Establishing Girl-friendly spaces in schools</p> <p>-# awareness raising campaigns on "Girls Education" increased by at least 10%</p> <p>- # of school feeding programmes supported</p> <p>-By the end</p>	Certificates of completion			

			<p>of 2018, primary Gross Enrollment Rate (GER) increased from 43% (MoE&H) to 60%</p> <p>% children completing 8 primary schools increased by 10%</p> <p>- Secondary Gross Enrollment Rate (GER) increased from 20% (MoE&H) to 35%</p>				
	<p><i>Improve Quality of Education</i></p>	<p>-Provide education materials: textbooks, uniform and etc.</p> <p>- Increase the quality and quantity primary and secondary school teachers</p> <p>- Increase teacher salary/wages and incentives</p>	<p>-Reduce text pupil textbook (Mathematics) ratio to 1:8 from 16:1 (MoE&HL Statistical yearbook)</p> <p>-% qualified primary teachers increased from 37% to 45% (MoEHL St. Yearbook).</p> <p>-# of pre and in- teachers trained</p> <p>- Construction</p>	<p>-MoE Statistical Yearbook.</p>	<p>MoE&HL</p> <p>SCI</p> <p>Mercy Corps</p> <p>Other INGOs</p> <p>LNGOs</p>		

			of the National Teacher Training Institute				
			-at least 10% increase on teachers salaries/wages and incentives				
	<i>Education Management</i>	<p>-The Education Information Management system (EIMS) improved to monitor the enrolment, drop-outs, and the primary and secondary school completion</p> <p>-CEC and School Administration and Management Training</p> <p>- Free Primary Education (FPE) revised</p> <p>-Approve and implement the Education Sector Act</p>	<p>-By the end of 2016, the EIMS Unit capacitated and rolled out to all region in Somaliland.</p> <p>-# CEC and school management training conducted</p> <p>-# of ESC meetings successfully conducted.</p> <p>-% of school resources provided by the community</p> <p>- Amendment s made to the FPE</p>	<p>-Training Reports</p> <p>-Official Parliament gazette.</p> <p>- Amended/revi ewed policy</p>	<p>MoE& HL</p> <p>SCI</p> <p>Mercy Corps</p> <p>Other INGOs</p> <p>LNGOs</p>		
Non-Formal Education (NFE)/Special Needs	<i>-Children with disability</i>	- Access to education services and integration of children with disability	- Comprehensive Survey of children with disability commissioned.				
	-		- # Children with special educational needs				

	Alternative Basic Education (ABE)	- Learning Spaces/Flexi-centres	accommodated by schools increased by 10% # of learning spaces and flexi-centres established. -# of students participating pastoralist education support services			
		Introduce "Second Chance" Programmes for primary schools	-By the end of 2018, the programme called "Second Chance" in the primary education completed by those who dropped out from school .			
Skill Training	Second-Chance Programme	-The development and implementation a programme of "Second Chance" for primary and secondary education level	# students of students benefiting from such programmes increased by 20%		MoE&HL SCI	
Leisure, Recreation and Play	- Extracurricular Activities	-Innovation of extracurricular activities in school with the participation of children . -Raise awareness on the importance of extracurricular activities	-By the end of 2017, in primary and secondary schools created and implemented innovative, modern programmes of extracurricular activities		MoYS &T MoEH &L	

			<p>with the active participation of children</p> <p>-# of school pitches added to existing school or new pitches constructed</p> <p>-# of awareness raising campaigns conducted on " the importance of extracurricular activities.</p>			
Parental and Family Care	<i>All children have the right to live and cared for by parents or guardians</i>	-Educate care takers and children to know their rights and duties -	<p>-# forums held to educate children on their duties and responsibilities</p> <p>-# of families whose skills developed</p>	-Household Surveys	-CECs - MoLSA MoE&HL	
Culture and Access to appropriate Information	- <i>Partnership and cultural events</i>	-Developing partnerships of educational and cultural institutions (cultural institutions as a source of information and a place to organize some form of teaching / learning, etc.). -Culture events and programmes	<p>-# of partnership formed established between education and cultural institutions.</p> <p>-# of radio/tv culture events for children.</p> <p>-# of concerts, school dramas, theatre</p>	<p>-Audience Survey Reports.</p> <p>-Programme Schedules of TV/Radio</p>	MoE&HL MoYS &T MoI SLNTV Private service providers Hargeisa Cultur	

			plays, and story-telling events conducted		al Center		
	<i>Media and ICT</i>	-Provide child friendly and appropriate IT training and programmes in school - School Library -Student Magazines and Newspaper - Round tables on the theme "Children and the Media"	-# of schools offering IT classes. # of school libraries established. # of magazines and newspaper issued by school children. -# of discussions held to understand 'children and media'		- MoE& HL - MoLSA - SONY O SoLJA Hargeisa Cultural Center Mol MoRE		

Policy Area	Programme Outcomes	Output	Indicators & Targets	Means of verification	Responsible Institutions & Partners	Indicative Resources	Funding Source
PROTECTION							
Child Abuse & Neglect	-Institutional, Legal and Policy Framework	-Laws protecting Children enacted -Strengthen the capacity of Social Affairs/Child Protection Unit of MoLSA -Police Training	-Approved Law of child protection -# of trainings provided to MoLSA Social Affairs Department -#offices Constructed, Equipped, and staffed for MoLSA/Social Affairs	Parliament Gazett MoLSA Annual Reports	MoJ Courts MoLSA Mol Law Enforcement Agencies. MoE&HL		

			Department -# of Police trained in child protection		LNGO/CBO Department of Migration.			
	-Community Engagement	-Installation of Child Help Lines in key districts -Mobilise Religious and traditional leaders for child protection	- Installed Child Help Line # of events/talks held to address the problem of child abuse and neglect in mosques and other social spaces	News Reports Community Reports.				
PHYSICAL ABUSE	Protection Against Physical Abuse	-Positive discipline methods Promotion -Reduction of Corporal punishment at schools	-% of children aged 2-14 years of age experiencing physical punishment reduced from 78% to 50% (2011 MICS) -# of Schools adopting positive discipline methods increased by at least 20%	Multi-cluster Survey Report.				
		-Psycho-social support	# of victims provided legal and psycho-social support					
		-Systems of Identification, Reporting and management of case of child physical abuse strengthened	- the development of tools and forms for identification, reporting and monitoring developed and implemented					
	-Child Trafficking	Sensitization of professionals working with children.	-# training sfor the concept of trafficking in children for at least 40% of experts from different fields who work with children					
		Sensitization of the general Public	# of national campaign to sensitize the general public to the problem of					

			child trafficking			
		-Anti-trafficking law Enacted -Training programmes for police and other government institution on 'trafficking'	- The law of anti-trafficking enacted - # training conducted	Parliament Gazett Training reports		
	Civil Registration	-Birth Registration -Provision of mobile birth registration units	- # of children provided birth registration cards. - # of remote rural children with identity cards.	Mol Annual Report		
	Female Genital Mutilation (FGM)	-All somaliland female children are protected from harmful cultural practices such FGM	-Awareness Raising campaigns conducted to address harmful cultural practices.			
		Enact law banning FGM and Forced Child Marriage	- Law prohibiting FGM and Forced Child Marriage passed by the parliament	Parliament Gazett		
	Child Labor	Sensitization of of business community and Households on	-Child labor reduced from 26% to 18% (2011 ICS)	Multi-clusteral Surveys	MoLSA SCI MoE	

					ANPICAN		
					MoYST		
					UNICEF		
					MoI		
					others		

Policy Area	Programme Outcomes	Output	Indicators & Targets	Means of verification	Responsible institutions	Indicative Resources	Funding Source
PARTICIPATION	-Child participation institutionalized, mainstreamed, at school levels.	- Child participation framework and guidelines disseminated and operationalised	- Participation Framework, guideline and coordination document produced.	School reports	MoLSA	NA	
	All children participate in survival, development , protection policy areas	-Child Forums	-Number of child forums established -# Training provided to child forums	MoE&HL Annual Reports	MoE&HL		
		-Capacity Building and Community Engagement	- MoLSA/Social Affairs Department capacitated to involve children in policy formulation, implementation and evaluation. -Awareness	MoLSA Annual Reports	MoLSA		

			raised on Child participation rights -Duty bearer's capacitated to care children				
Management, Coordination, Monitoring and Evaluation of the NPA	Capacity Building for Child Protection Unit of MoLSA	-Strengthen Policy implementation and evaluation.	-The capacity of MoLSA to implement the NPA is enhanced				
		-M&E System for the NPA is set up	-M&E system in place				
		-Raise funds for the implementation of the action plan	-Amount of Resources available				
		Develop tools to report annually to MoLSA	Tools developed for reporting				