


SOMALIA UN MPTF

PROGRAMME ANNUAL PROGRESS REPORT

Period: 1 January - 31 December 2019

Project Name	Somalia UNFPA CPD 2018-2020
Gateway ID	001121174
Start date	1 January 2018
Planned end date (as per last approval)	31 December 2020
Focal Person(s)	Name: Mr. Walter Mendonça Filho
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Participating UN Entities	United Nations Population Fund (UNFPA)
NDP Pillar	NDP 5: Social and Human Development
UNSF Strategic Priority	Health: Reduce maternal, neonatal and child mortalities and improve quality of life through improved access to essential health services of acceptable quality and through prevention and control of communicable and non-communicable diseases
SDG(s)	SDG 3: Ensure healthy lives and promote well-being for all at all ages; and SDG 5: Achieve gender equality and empower all women and girls
Location	Somalia
Gender Marker	

Total Budget as per ProDoc	USD 44.7 million (2018-2020)
MPTF:	USD 39.4 million
Non-MPTF sources:	UN Peace Building Fund (PBF): USD 536,434 (2018)
	UNFPA Core: USD 5.2 million (2018-2020)
	(a) UNFPA Maternal Health Trust Fund: USD 225,026 (2018) and USD 308,759 (2019)
	(b) Dept. for International Development (DFID): USD 1,350,672 (2018) and USD 1,682,015 (2019)
	(c) United Nations Central Emergency Response Fund (CERF): USD 500,000 (2018) and USD 2,199,999 (2019)
(d) Global Joint Programme on FGM: USD 250,001 (2019)	
(e) UNAIDS UBRAF: USD 65,526 (2019)	

	PUNO	Report approved by:	Position/Title	Signature
1.	UNFPA	Mr. Anders Thomsen	Representative	 <small>Anders Thomsen (Feb 13, 2020)</small>

SOMALIA UN MPTF

Total MPTF Funds Received				Total non-MPTF Funds Received		
PUNO	Semi Annual 2019 - 1 Jul - 31 Dec 2019	Cumulative from 1 Jan. 2018	Annual 2019	Semi Annual 2019 - 1 Jul - 31 Dec 2019	Cumulative from 1 Jan. 2018	Annual 2019
	1 July - 31 Dec 2019	From prog. start date	1 Jan – 31 Dec 2019	1 July - 31 Dec 2019	From prog. start date	1 Jan – 31 Dec 2019
UNFPA	12,727,045	29,412,296	19,454,016	3,186,945	11,583,232	6,741,100
JP Expenditure of MPTF Funds ¹				JP Expenditure of non-MPTF Funds		
PUNO	Semi Annual 2019 - 1 Jul - 31 Dec 2019	Cumulative from 1 Jan. 2018	Annual 2019	Semi Annual 2019 - 1 Jul - 31 Dec 2019	Cumulative from 1 Jan. 2018	Annual 2019
	1 July - 31 Dec 2019	From prog. start date	1 Jan – 31 Dec 2019	1 July - 31 Dec 2019	From prog. start date	1 Jan – 31 Dec 2019
UNFPA	12,429,893	23,722,114	17,810,323	3,879,054	9,472,172	6,596,063

ANNUAL HIGHLIGHTS

< To be completed by Lead Agency (designated by PUNOs), maximum of 5 bullet points each of one sentence. Explain/describe achievements of the Joint Programme during the reporting period (2019) with a **focus on results/impact rather than process**>

1. Sexual and Reproductive Health and Rights: National capacity was strengthened in different sexual and reproductive health (SRH) areas, which led to reach around 600,000 beneficiaries through ante-natal care (ANC), family planning, normal delivery.
2. Sexual and Reproductive Health and Rights: UNFPA strengthened the Midwifery Associations, a 3-year Strategic Plan was developed as per international standards.
3. Adolescents and Youth: UNFPA youth programme intervention collectively reached 200,000 adolescents and young people; the Somali Youth Advisory Board was established.
4. Gender Equality and Women’s Empowerment: 25,257 GBV beneficiaries benefited from a variety of multi-sectoral essential services, which were provided in different facilities and centres supported by UNFPA and other partners throughout the country.
5. Population Dynamics: The Somali Maternal Mortality Rate (MMR) Report was produced from SHDS data for urban and rural areas.

¹ **Uncertified expenditures.** Certified annual expenditures can be found in the Annual Financial Report of MPTF Office (<http://mptf.undp.org/factsheet/fund/4SO00>)

SOMALIA UN MPTF

HIGHLIGHTS OF KEY ACHIEVEMENTS

< To be completed by Lead Agency (designated by PUNOs), In narrative form, outline/describe achievements of the Joint Programme during the reporting period with a focus on results/impact rather than process. Please refer to 1-page Joint Programme summaries in previous consolidated MPTF reports for types of inputs expected.>

UNFPA's support to health at the institutional level has translated into evidence-based results including national capacity improvement, mainly in the health human resources' capacity as well as the midwifery regulatory framework and practice. The development of the 3-year Midwifery Associations' Strategic Plan yielded strengthened national capacity. The development of a deployment and retention policy for qualifying midwives as well as the support to 27 Basic Emergency Obstetric and Neonatal Care (BEmONC) centres and 9 Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) sites across the country, contributed towards the goal of zero preventable maternal mortality.

The development of the capacity of 166 health care service providers on family planning, 28 national staff on the minimum initial service package (MISP) for reproductive health in emergencies, graduation of 180 midwives, the development of 2 independent monitoring and performance tools for the midwifery schools as well as the students, the leading role of UNFPA within the Reproductive Health Working Group and task forces, the provided training package of SRH trainings and sessions and the conducted advocacy events in the areas of fistula social reintegration and harmful practices including FGM and child marriage, all together yielded to provide a total of 466,994 ante natal care (ANC) cases served, 98,552 normal deliveries, and 3,708 Cesarean sections performed in the 5 Federal Member States as well as in Somaliland. A total of 7,480 family planning/birth spacing clients were served during the year 2019 nationwide. Additionally, a total of 514 midwifery students, including the 144 students from Somaliland, were cumulatively enrolled into the national midwifery program at 15 accredited and UNFPA-supported midwifery schools across Somalia in 2019. Out of these students, 180 qualified midwives graduated from UNFPA-supported midwifery training schools in 2019. The performed fistula repair surgeries reached 165 cases ranging from perineal tear to more complex utero-vaginal fistulas. In total, 194 Fistula cases were repaired during 2019.

Within the framework of the joint UNFPA-UN Habitat Peace-Building Fund (PBF) supported initiatives, a Youth Advisory Board (YAB) was established for the first time in Somalia. It aims at ensuring better engagement of youth in the Somalia peace-building and reconciliation process as well as at creating space and equipping youth with tools so they can play a positive and decisive role in bringing peace, social and economic prosperity to Somalia. Along with the YAB, 4 district youth councils were established with 3 fully functioning youth centres in Somalia to support the peace building process, young and adolescents' reproductive health rights, the fight against GBV and harmful practices - including FGM and child marriage - and political participation and decision making engagement. Within this context, the youth programme reached 200,000 adolescents and young people during the advocacy campaign against harmful practices in their communities as well as at the national level through adoption of theatre-based techniques, sports, music, mobile caravans, school health education. This last one reached 94,965 students in different age groups (adolescents and young people) in the schools. 51,400 young people were reached through HIV specific behavioral change communication on HIV prevention. Within the livelihood and life skills interventions component, 557 adolescents and young people were provided with soft life skills education and received reproductive health services; and 950 young people categorized as marginalized adolescents mostly from displaced populations gained livelihood and employability skills.

To ensure having a workable and convenient institutional enabling environment to combat all gender-based violence (GBV) and harmful practices types, UNFPA supported community mobilization and advocacy for zero

SOMALIA UN MPTF

tolerance of GBV and FGM; legislative advocacy and policy action to end GBV; service provision through case management and referral for specialized GBV services; service mapping and update of referral pathways; provision of health services and information for FGM survivors and establishment and operations of women and girls' safe spaces and GBV one stop centres to improve reach, availability and accessibility of GBV services and information as well as the awareness raising and national capacity empowerment and enhancement. 25,257 beneficiaries (15,785 women, 7,054 girls, 1,447 boys, 971 men) in addition to 144 disabled women and girls, who had been subjected to different kinds of violence, have accessed the essential services package during 2019. Additionally, 1,200 women and girls accessed health information and services on FGM including FGM survivors with complications. 90 communities declared an intent to abandon FGM. 193 FGM champions gained skills to conduct household discussions and sensitization for the abandonment of FGM. These FGM champions reached 10,435 households with messages for the abandonment of FGM, in addition to 19,390 people (8,806 women, 4,672 men, 3,712 girls, 2,200 boys) who gained information and knowledge on the negative impact of FGM and the benefits of abandoning FGM through community engagement along with 250 religious and traditional leaders who gained information and skills on advocacy and mobilization for zero tolerance of FGM and GBV.

For better evidence-based decision making as well as for evidence-based programming and planning, high quality data and information were generated from the Somali Health and Demographic Survey data sets to inform the Somali government as well as UNFPA and development partners' future planned plans, strategies, interventions and programmes. The national capacity in data-related issues as well as surveys methodologies was strengthened through 299 female participants and 48 males mostly midwives and doctors, in data collection, while 22 participants, mostly demographers and statisticians, were trained on data editing, cleaning, tabulation and analysis. Evidence-based publications, researches, papers, manuals and reports were produced based on SHDS and Maternal Mortality collected data, namely the Maternal Mortality Rate (MMR) report for Somali urban and rural areas, 2 population situation analyses (PSAs), and 21 National Development Plan (NDP) 2020-2024 key indicators measures.

SITUATION UPDATE

< **To be completed by Lead Agency (designated by PUNOs), not to exceed ½ page.** Explain/describe any changes in the context since the beginning of 2019, e.g. changes in the AWP; changes in outputs/outcomes; changes of national counterparts; withdrawal of staff from intervention areas; etc. > **DO NOT SUMMARISE INFORMATION PROVIDED IN THE NARRATIVE SECTION BELOW**

The UN Office for the Coordination of Humanitarian Affairs (OCHA) in one of its humanitarian assessments noted that the severe drought between 2016 and 2018 has led to 5.4 million people needing humanitarian assistance, 2.7 million requiring emergency support, 1.1 million experiencing protracted internal displacement, and malnourishment of 1.2 million children. Droughts tend to fuel resource-based conflicts around pasture land and water leading to high levels of displacement and forced migration. It should be noted that droughts tend to combine with other factors such as conflict, weak institutional capacity, poverty and environmental failure to create deep seated humanitarian crises and to induce prolonged suffering and displacement of especially rural populations as well as create acute food and nutrition challenges for vulnerable people. In 2019 severe flooding was also experienced in several parts of the country leading to loss of crops and animals, as well as loss of human lives and displacement. Based on above trends, recurring climatic shocks are a major driver of humanitarian crises in Somalia with negative consequences for households, communities, humanitarian actors and the Government of Somalia. Security challenges remain as many parts of the country are not controlled by the Government. In summary, the humanitarian situation in the country has not improved in 2019.

There have been no changes in outputs and outcomes of the UNFPA country programme. A few additional NGO

SOMALIA UN MPTF

Implementing Partners have been added in 2019 to the existing pool of Implementing Partners. Two new Government counterparts were added in 2019, namely the Ministry of Humanitarian Affairs and Disaster Management of the Federal Government and the South-Central AIDS Commission. Additionally, UNFPA operated from a new office location in Baidoa in South West State with national staff permanently based there. This adds to existing permanent staff presence in Mogadishu, Garowe and Hargeisa.

QUARTERLY & ANNUAL PROGRESS REPORT RESULTS MATRIX

OUTCOME STATEMENT				
Increase the delivery of equitable, affordable, and sustainable services that promote national peace and reconciliation among Somalia's regions and citizens and enhance transparent and accountable revenue generation and equitable distribution and sharing of public resources				
SUB-OUTCOME 1 STATEMENT				
Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access				
Output 1.1:				
Increased national capacity to deliver comprehensive maternal health services including in humanitarian settings				
INDICATOR	Baseline (2017)	TARGET (2020)	PROGRESS ON OUTPUT INDICATOR²	
			Reporting Period (1 Jan-31 Dec 2019)	CUMULATIVE (1 Jan 2018-31 Dec 2019)
Number of midwives graduating from training that is in accordance to ICM-WHO standards	979	1,479	180	1,381
Number of facilities with all the signal functions to provide skilled delivery	69	89	16	71
Number of fistula repair surgeries	779	1,429	194	1,204
UNDP ONLY: sources of evidence (as per current QPR)				
Output 1.2:				
Increased national capacity to provide sexual and reproductive health services, including in humanitarian settings				
The country has humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women, adolescents and youth, including services for survivors of sexual violence in crises	No	Yes	Yes	Yes
Number of national counterparts with the capacity to implement MISP at the onset of crisis	120	200	28	204
Percentage of health facilities with personnel with the capacity to implement the new family planning human rights protocol	<60%	85%	15% (annual increase)	68% (estimate)
The country is using a functional electronic logistics management information systems for forecasting and monitoring reproductive health commodities	No	Yes	No	No
SUB-OUTCOME 2 STATEMENT				

² Fill in only the numbers or yes/no; no explanations to be given here.

SOMALIA UN MPTF

	Enhance the participation of the youth in the development of the nation through effective mobilization, empowerment, training and sports to foster national cohesion, enhance peace and improve quality of life			
	Output 2.1: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized youth, especially adolescent girls, including those at risk of child marriage			
Number of health, social and economic asset building programmes that reach out to adolescent girls at risk of child marriage	1	3	1	5
Number of girl centres established to provide adolescents with reproductive health services	0	3	1	4
Number of health care providers with the capacity to provide youth-friendly services	0	120	95	120
	UNDP ONLY: sources of evidence (as per current QPR)			
	SUB-OUTCOME 3 STATEMENT			
	Ensure a society that upholds gender equality, dignity, respect and fairness for all women and men			
	Output 3.1: Increased capacity of partners to provide services to survivors of gender-based violence, to prevent gender based violence, harmful practices, and to promote reproductive rights and women's empowerment, including in humanitarian settings			
Number of communities supported by UNFPA that declare the abandonment of female genital mutilation	180	400	90	286
Number of policies that aim to ensure accountability on human rights of marginalized groups, gender equality, women's reproductive rights issues and gender-based violence prevention and response	3	6	3	7
Number of religious leaders trained to advocate against gender-based violence and FGM/C	50	200	250	469
Number of gender-based violence one stop centres with the capacity to provide medical and psychosocial support to survivors of gender-based violence	12	20	22	47
	SUB-OUTCOME 4 STATEMENT			
	Strengthen basic sectoral and core government functions in support of the establishment of a responsive, inclusive and accountable public sector			
	Output 4.1: Strengthened national capacity for production and dissemination of high-quality disaggregated data on population, development and sexual and reproductive health issues that allow for mapping of demographic disparities and socio-economic and health inequalities, and for programming in humanitarian settings			
Number of government statistical departments that have the capacity to analyse and use disaggregated data for mapping of demographic disparities and socioeconomic inequalities	0	3	3	6
Number of population situation analysis reports undertaken by national government to	0	3	2	4

SOMALIA UN MPTF

identify priorities and formulate policies and programmes				
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NARRATIVE

<Summary of key results achieved and how these results contribute to the NDP priorities and milestones or to programme outcome. Maximum half page per output for each PUNO > PLEASE FOCUS ON IMPACT/RESULTS RATHER THAN PROCESS

Output 1: Sexual and Reproductive Health

UNFPA supported the establishment and implementation of midwifery regulation for autonomous midwifery practice, client safety and quality of care. In this same area UNFPA supported the development, by the Ministry of Health, of a deployment and retention policy for qualifying midwives, with an eye to achieving equity of services in a severely under-staffed environment as its long term vision. Continuing to support the workforce strengthening environment, two independent monitoring tools were developed in 2019: (1) A standardized monitoring tool for midwifery schools to evaluate their education standards against WHO/International Confederation of Midwives (ICM) standards; and (2) Midwifery students' monitoring tools to assess students' essential midwifery clinical abilities.

A total of 514 midwifery students, including the 144 students from Somaliland, were cumulatively enrolled into the national midwifery education program at 15 accredited and UNFPA-supported midwifery schools across Somalia in 2019. At the health policy level, in 2019, UNFPA strengthened the Midwifery Association's capacity by supporting the development of its 3-year Strategic Plan, with the objectives of introducing the ICM global standards. 180 qualified midwives graduated from UNFPA-supported midwifery training schools in 2019. To support its commitment to zero preventable maternal mortality, UNFPA supported 27 BEmONC centres and 9 CEmONC sites across the country. A total of 466,994 ante-natal care cases were served, 98,552 normal deliveries, and 3,708 Cesarean sections were performed across the country. A total of 7,480 family planning/birth spacing clients were served during the year 2019. UNFPA trained 66 family planning trainers and 100 family planning service providers by the end of 2019.

Additionally, UNFPA-supported facilities performed fistula repair surgeries for 165 cases ranging from perineal tear to more complex utero-vaginal fistulas. In total, 194 fistula cases were repaired during 2019. Moreover, UNFPA Somalia supported the social reintegration of fistula survivors. Furthermore, 50 health workers in Puntland were trained on FGM complications. The capacity of 80 national staff was strengthened by UNFPA in the area of humanitarian preparedness, response and resilience. Along with this, 28 national staff and counterparts' capacity was enhanced to implement the minimum initial service package (MISP) at the onset of a crisis.

Output 2: Youth

The Youth programme reached 200,000 adolescents and young people during the advocacy campaign against harmful practices, such as Female Genital Mutilation and child marriage, in their communities as well as at the national level through adoption of theatre-based techniques, sports, music, mobile caravans, and school health education. 94,965 students in different age groups (adolescents and young people) in the schools have received information on sexual and reproductive health including HIV through innovative approaches including theatre-based techniques, school clubs, peer-to-peer approaches, media, and sports. As part of the youth behavioral change initiatives, the programme conducted a Somali HIV specific behavioral change communication on HIV

SOMALIA UN MPTF

prevention which resulted in 51,400 young people being reached. Through UNFPA's youth, peace and security interventions, several youth forums, youth-led campaigns, radio debates and call-ins have reached more than 231,770 young people combined. UNFPA, within the frame of peace and security, increased the capacity and performance of 173 young people on how to communicate for impact along with a social media training for 43 youth activists.

UNFPA, based on the recommendations from the UN Security Council Resolutions 2250 (2015) and 2419 (2018) on Youth, Peace and Security, supported the establishment of the UN Youth Advisory Board (YAB) with the United Nations Assistance Mission in Somalia (UNSOM), bringing together 18 youth representatives (9 males and 9 female) from Somali youth through a competitive process. Additionally, in 2019, 4 District Youth Councils were established as well as 3 youth centers, which are effectively functioning providing comprehensive interventions such as sexual and reproductive health counselling and services, vocational training, life skills, numeracy and literacy skills, digital literacy, as well as safe spaces with free wifi.

Within the youth programme, around 7,000 vulnerable girls were supported with menstrual hygiene management supplies including reusable sanitary pads lasting 12 months in an effort to end period poverty in Somalia. UNFPA strengthened the capacity of 95 healthcare workers in the area of youth-friendly reproductive health services, which resulted in the strengthening of the scope and quality of the services provided to adolescents and young people. Along with that, 170 adolescent and young people were trained on theatre for edutainment techniques, 270 young people trained on leadership skills and mentored, 85 young people trained as peer educators.

Output 3: Gender

The year 2019 saw a greater access to the GBV multi-sectoral services including legal, psychosocial counselling and support, and medical and safety/security. These services reached 25,257 beneficiaries (15,785 women, 7,054 girls, 1,447 boys, 971 men); they also reached 144 disabled women and girls who were survivors of GBV. The services were provided in service delivery facilities and one-stop centres. Additionally, 1,200 women and girls accessed health information and services on FGM, including FGM survivors with complications. 36 adolescent girls gained capacity on peer-to-peer education to end FGM, while 165 health and GBV one-stop centre managers and workers gained capacity on clinical management of rape (CMR) service provision. Moreover, 162 psycho-social workers and volunteers were mobilized and trained on basic psychosocial counselling and therapy.

5,000 women and girls received dignity kits; 5 women and girls' safe spaces were established and operational. 1,730 persons (780 women, 400 men, 300 girls, 250 boys) gained information on the availability of GBV services via the referral pathways in the Federal Member States. Nationwide, 90 communities declared an intent to abandon FGM. 193 FGM champions gained skills on better household discussions and sensitization for the abandonment of FGM. 10,435 households were reached with messages for the abandonment of FGM, in addition to 19,390 beneficiaries (8,806 women, 4,672 men, 3,712 girls, 2,200 boys) who gained information and knowledge on the negative impact of FGM and on the benefits of abandoning FGM through community engagement along with 250 religious and traditional leaders who gained information and skills on advocacy and mobilization for zero tolerance of FGM and GBV.

Output 4: Population and Development

SOMALIA UN MPTF

In the framework of the Somali Health and Demographic Survey (SHDS), the capacity-building component reached 299 female participants and 48 males, mostly midwives and doctors, with data collection and verification training using Computer-Assisted Personal Interviewing (CAPI) in 2019, while 22 participants, mostly demographers and statisticians, were trained on data editing, cleaning, tabulation and analysis. This capacity building intervention was translated clearly on the Somali national statistics offices institutional performance at federal and state levels. Having said that, a core professional and practitioners' team is in place to lead, manage and conduct related households' surveys. 15 National Statisticians and Demographers' technical capacity within the areas of data analysis, disaggregation, Socio Economic characteristics analysis, tabulation were enhanced.

A national sample frame was developed covering three administrative levels (urban, rural and nomadic). A total of 89,010 households were interviewed in urban and rural areas in 117,962 structures. As for the nomadic population, a total of 4,164 households in temporary nomadic settlements have been interviewed to date to enumerate the hard-to-reach areas. An MMR report for urban and rural areas, as well as 21 key NDP indicators, were generated to aid the preparation of the 9th Somali National Development Plan (NDP 2020-2024). 7 personnel from the Ministries of Planning were trained on the application of geospatial techniques in the estimation of the population of internally displaced persons.

A scientific methodology was developed for the SHDS to establish movement patterns for nomadic families in order to reach children under 5 and women of child-bearing age (15-49 years). The sampled nomadic enumeration areas were successfully enumerated for the first time in the history of Somalia. The nomadic frame will enable the Ministry of Health to target children under 5 as well as women in the age 15-49 in hard-to-reach areas. Two Population Situational Analysis (PSA) Reports were produced. Two research papers on the SHDS sampling frame were accepted for presentation in the 8th African Population Conference: 1) The use of geospatial techniques in predicting and monitoring population movement in Mogadishu, Somalia; and 2) Use of GIS and remote sensing to build a sampling for household surveys in Somalia. In addition to several technical manuals and guidelines regarding the survey's planning, management and conducting, guides for data collection, verification and quality check Standard Operating Procedures (SOPs) were also produced. Moreover, UNFPA's Population and Development programme produced and developed a Maternal Mortality Report for urban and rural areas as well as data for 21 key NDP indicators to aid the preparation of the 9th National Development Plan.

Other Key Achievements

As part of a skilled workforce development in health, i.e. human resources for health (HRH), UNFPA continued to support midwifery training programs across Somalia, along with an online database of registered and licensed midwives which was developed and put in place.

UNFPA co-chairs three coordination bodies with the Federal Ministry of Health, namely the Reproductive Health Working Group (RHWG), an ongoing working group that meets on a monthly basis; the Fistula Steering Committee, which meets quarterly; and the Clinical Management of Rape (CMR) taskforce, which started mid-2019 and concluded its annual work plan for 2020. UNFPA also chairs the UN Youth Working Group.

Two Somali high technical events were organized in 2019 regarding sexual and reproductive health and rights (SRHR) issues, namely the Women in Global Health (WGH) Somalia Chapter in Puntland, and a 5-day Medical Fair and Conference in Somaliland. Both events brought new information, knowledge and skills to the Somali counterparts. UNFPA also supported the Mogadishu technology summit.

UNFPA leads the whole Gender-Based Violence Information Management System (GBV-IMS) process nationwide with full responsibility to maintain and generate needed information and evidence regarding GBV issues in

SOMALIA UN MPTF

Somalia. This goes along with its role as co-chair for the GBV Sub-Cluster within the UN. The GBV-IMS has collected, processed, generated and distributed comprehensive data to all stakeholders on a quarterly basis.

Challenges (incl: Delays or Deviations) and Lessons Learnt:

1. It has been observed in 2019 that there have been shortages of reproductive health supplies and family planning commodities in some parts of the country. Some areas of the country are well resourced in these supplies thanks to an on-going project funded by a donor. However, large sections of the country have very limited, or otherwise non-existent, public funds available for these supplies. UNFPA continues to advocate for and resource mobilize to fill this gap.
2. Despite the generosity of the donor countries to support UNFPA and Somalia to achieve its national development goals, the needs of the country in terms of sexual and reproductive health and rights are huge. Concerted efforts to maintain, and ideally expand, the support of the international community to address Somalia's needs are needed.
3. Contextual challenges: Somalia operates strict cultural and religious norms that are increasingly resistant to changes that will improve the social status of women and girls to facilitate their participation and access to services. UNFPA mitigated such challenges through more interventions at the level of the community and working with faith-based leaders, religious leaders and Imams.

Peacebuilding impact *(for Joint Programmes receiving PBF funding only – briefly describe impact – achieved and/or intended – of activities that have been undertaken on peacebuilding and stability, with supporting evidence if/when available and relevant; include in particular assessment of theory of change – and the extent to which it is being validated or challenged – and assessment of gender related impact) (1-2 paragraphs)*

The political empowerment of youth, enabling young people to meaningfully engage in governance and state building processes, with the support of UN Peacebuilding Fund, has been facilitated through the establishment of platforms for young people such as the district youth councils in Baidoa, Kismayo, Dollow and Afmadhow, youth forums, and youth-led campaigns. The PBF-funded project also strengthened the capacity of the youth associations and youth-led organizations, both technically and financially, to be able to cater to the needs of young people. The project has also encouraged dialogue between youth and elders, as elders are ultimately the focal point for political issues in the current political system. In this regard, intergenerational dialogue was undertaken; this has enhanced youth inclusion. Radio programs with audience call-in features were supported and aired with interactions on the role of youth in peace building and state building. 134 radio sessions were held with over 200,000 people reached. Social media was utilized and important interactions with young men and women were undertaken.

The Ministry of Youth was also capacity-built on inclusion of young men and women in decision making process. Governance experts and youth fellows were embedded in the Government, some of them supporting the Ministry in developing strategic plans. The project has achieved 27% young people elected in parliamentary election in Jubaland - 40% women out of the youth elected. There are now young parliamentarians and youth leaders advocating for increased participation of young people in the state building process; there is Improved capacity of youth's ability to advocate for their priorities. Perspectives by the Government have positively changed towards youth inclusion and the value of their inputs and contributions.

Catalytic effects *(for Joint Programmes receiving PBF funding only - Were there catalytic effects from the project during 2019, including additional funding commitments or unleashing/unblocking of any peace relevant processes?)*

SOMALIA UN MPTF

For additional information on reporting on catalytic effects, please refer to PBF Guidance note 5.2 ‘How to Programme Catalytic Effects’. [Link](#) (1-2 paragraphs)

As a catalytic effect of the PBF-funded youth project, Federal Member States such as Jubaland have expanded the District Youth Council formation to other areas within the region including Afmadow. Additionally, the South West State Youth Policy was reviewed by the youth fellows and a governance expert; this process led to the development of the South West State Youth Strategic Plan 2020-2023. The ongoing development of a youth policy in Jubaland to operationalize the National Youth Policy was also another catalytic effect as a result of the project.

Gender

*(For ALL Joint Programmes) Narrative on activities undertaken and **impacts** achieved during the reporting period (2019) in which the Joint Programme directly contributed to promoting Gender Equality & Women’s Empowerment. One paragraph per PUNO.*

The gender/GBV programme recorded greater achievement in terms of the geographical spread and reach of GBV service provision, and humanitarian and GBV actors gained greater understanding of and skills on how to implement GBV mitigation, coordination and response. The joint programme on FGM facilitated consensus building in 90 communities with the declaration of intent to abandon FGM. During 2019, UNFPA supported GBV interventions throughout the country and co-chaired the GBV Sub cluster together with the Ministry of Women and Human Rights Development. This has resulted in the strengthening of the capacity of national staff from different entities and line Ministries in the different areas of GBV issues, mainly harmful practices such as FGM and child marriage, as well as all types of GBV.

The programme also supported the building of the capacity of adolescent girls on life skills and peer-to-peer education on communicating positively for the need to change behaviour to end FGM. The programme also supported enhancement of skills of humanitarian actors to utilize cluster action sheets of Gender-Based Violence in Emergencies (GBViE) guidelines to undertake gender-responsive planning. The programme supported the implementation of the provisions of the sexual offences legislation in Puntland, especially with support to promote gender-responsive investigations and handling of the survivors of GBV by the police and security forces. The programme supported advocacy for the adoption and implementation of sexual offences legislation in Somaliland and the formation of a strategic advisory council of religious leaders to push for acceptance and consensus on the legislations and pro-zero tolerance to FGM fatuwas. The programme also supported education for young girls on “know your bodies”, and strategies for individual protection against GBV through the women and girls; safe spaces. In addition, the programme supported incentives - such as school stationery - to keep selected girls who use the safe spaces at school. The programme also supported the finalization of the Somalia Women’s Charter and the development of its action plan focusing on priorities for implementation. The programme also supported awareness raising, education and advocacy-based activities with young adolescent boys and girls, and Parliamentarians, who have called for the re-introduction of the sexual offences bill for the Federal Government into the Parliament to undergo the process of readings and enactment.

Proportion of gender specific outputs in Joint Programme ³	Total no. of Outputs	Total no. of gender specific Outputs
	5	1
Proportion of Joint Programme	Total no. of Staff	Total no. of staff with responsibility for gender issues

³ Gender Specific Outputs are those that are specifically designed to directly and explicitly contribute to the promotion of Gender Equality and Women’s Empowerment.

SOMALIA UN MPTF

staff with responsibility for gender issues (<i>as of end of 2019</i>) ⁴	70	10		
<p>Human Rights</p> <p><i>(For ALL Joint Programmes) Narrative on activities undertaken during the reporting period in which the Joint Programme directly contributed to promoting Human Rights and Protection of vulnerable groups. One paragraph per PUNO.</i></p> <p>The Gender/GBV programme implemented a rights-based approach to service provision, data protection for GBV survivors, and advocacy for enactment and implementation of legislations to protect women and adolescent girls from GBV and FGM. Specifically for GBV service provision, the survivor-centered approach for the provision of services to GBV and FGM survivors was utilized, with their rights to privacy, confidentiality and safe services safeguarded. Referral actors gained capacity in implementing the survivor-centred approach both in the provision of services and the data security for GBV-IMS. Community sensitization and advocacy initiatives reflected messages that promoted the right of survivors to services, treatment for FGM complications; right to participate in discussions and consensus building on ending FGM and especially the inclusion of the voices of young adolescent girls and boys to speak out against rape, FGM and child marriage. There was focus on right to information for young boys and girls on advancing equity and gender equality to enable them to make informed decisions to transform gendered discriminatory social norms and practices. In addition, the gender/GBV programme supported safe houses and transitional shelters that provided protection and safety for women girls fleeing FGM, intimate partner violence and stigmatization/isolation as a result of rape. This initiative provided the opportunities for women and girls to realize their rights to safety and protection.</p> <p>UNFPA-supported health services in Somalia are designed to reach the most vulnerable population, especially women and girls in rural settings, and the internally displaced population. Access to health services is inequitable, with higher density of services in urban areas in relation to the rural areas. A protracted civil strife in the country with little investment in the health sector over the years has resulted in a very weak health infrastructure, including the weak availability of human resources for health. This already weak situation is further aggravated by climate stress with frequent episodes of drought and floods affecting different parts of the country. In order to close this gap in services for health, which is a basic human right issue, the country programme has focused on increasing the number of health care providers to address the most critical components of maternal health, by ensuring a well trained workforce of midwives. In addition to bringing maternal health care for women and girls, the efforts of the programme are also focused on reaching those affected by humanitarian crisis. In 2019, the programme responded to two humanitarian crises – one in the northern part of the country in the regions of Sool and Sanaag, affected by drought; and another one in the southern part of the country affected by floods in South West and Hirshabelle States. Both interventions focused on reaching the hard-to-reach population, especially women and girls, with maternal and reproductive health services. In addition to protecting their basic human dignity, the interventions provided essential reproductive health care services, that are at the core of right to health, a basic tenet of human rights.</p>				
Has the Joint Programme included a protection risk assessment in its context analysis, including on gender issues, and taken measures to mitigate these risks to ensure they are not exacerbated, or new risks created?	<table border="1"> <tr> <td style="background-color: #e1eef6;">Result (Yes/No)</td> </tr> <tr> <td style="text-align: center;">Yes</td> </tr> </table>		Result (Yes/No)	Yes
Result (Yes/No)				
Yes				

⁴ Staff members are those contracted to undertake work for the Joint Programme including full time staff, consultants, advisors, interns, etc. Staff members with responsibility for gender issues are those who have gender related activities included in their Terms of Reference.

SOMALIA UN MPTF

No. of Joint Programme outputs specifically designed to address specific protection concerns.	Result (No.) 2
No. of Joint Programme outputs designed to build capacity of duty bearers to fulfil their human rights obligations towards rights holders.	Result (Number) 4
Other	
Does the Joint Programmes have a national cost-sharing component (i.e. funds and/or other resources provided by the FGS and/or FMS (including in-kind contributions)? (if 'Yes', describe below).	Results (Yes/No) Yes
Have FMS(s) been engaged in one or more of the following: design, planning, implementation, coordination and/or monitoring of the Joint Programme.	Results (Yes/No) Yes
Describe nature of cost sharing: UNFPA works, inter alia, with Implementing Partners	
<p>Communications & Visibility – <i>Highlight communication activities/products (press releases/conferences, media missions, pictures/videos, social media, website, brochures/newsletters, banners) and donor visibility (in addition to any visibility measures on the mentioned communication activities/products, visibility on training curricula, equipment and office facilities). If applicable, provide additional explanation on limitations to communication and visibility measures, e.g. security risks or no opportunities for communication and visibility. (1-2 paragraphs)</i></p> <p>The UNFPA Country Programme of Cooperation enhanced its visibility in the eyes of external partners including the Government, donors, implementing partners, the media and other UN agencies through intensive efforts to increase the visibility of its interventions in Somalia at national and local level. The country programme, through the production of quality and attractive communication and visibility products and channels, ensured effective marketing of its programmes to donors and external stakeholders and services to beneficiaries. UNFPA Somalia produced high quality videos, which were posted on its digital platforms. The videos were well received by partners, stakeholders, and donors.</p> <p>The programme also has a good online presence as the UNFPA Somalia website continues to attract a significant number of hits, and UNFPA Somalia’s social media platforms are among the most popular in the region and are frequently liked and re-tweeted by donors, partners, beneficiaries, UNFPA regional and headquarters platforms and other UN agencies. This is because updates are done frequently with interesting content and good images. The country programme is also well known due to its effective partnerships with the Somali Women Journalists' Rights Association and continued to work closely with Ifrah Foundation, a prominent advocacy entity in the UK and Somalia on FGM and other harmful practices thereby increasing its reach to the media and the masses. UNFPA Somalia also strengthened social media campaigns with the Y-Peer organisations to increase its reach to more young people. The country office also continued to partner with other UN agencies in carrying out social media campaigns to reach out to many followers and contributed to the development and implementation of the work plan for the United Nations Information Group (UNIG) and for the Humanitarian Communications Group to ensure the visibility of the UNFPA Country Programme of Cooperation.</p> <p>Access to some parts of Somalia remains challenging due to political and security factors and this has some impact on the communications plans as some areas of impact fail to get the deserved visibility.</p>	

SOMALIA UN MPTF

Looking ahead <maximum one paragraph for each PUNO highlighting major and significant events foreseen/planned for the next 6 months and an additional paragraph for upcoming communication and visibility opportunities with indicated activities/products planned>

In the next 6 months, the results of the Somali Health and Demographic Survey will be released to the public, after years of hard work underlying a comprehensive, nationwide survey, which included survey planning, data collection, processing, and analysis, international peer reviews and finally release of results. All of this work was underpinned by extensive national capacity building efforts in national statistics. Also, in April 2020, a new 5-year project on midwifery will be launched focusing on midwifery education, training, and professional standards.

The UNFPA Country Programme will work on producing more visual materials including videos and infographics to increase visibility and public awareness of its interventions in Somalia, publish more communications products in Somali language including in social media posts, publish more human interest stories on the country office's website and in newsletters and bulletins, and also support media visits to project areas to highlight the reach of the country programme and increase social media engagement through Twitter chats and polls.

SOMALIA UN MPTF

ANNEX 1. RISK MANAGEMENT

This section can be used to update or use the risk logs developed during the project development stage and provide any mitigation measures being undertaken by the project. (State whether the risk is from the ProDoc or is new, whether the Joint Programme was exposed during the reporting period and what specific mitigation measures were applied.

Type of Risk ⁵	Description of Risk	Mitigating Measures
Environmental	Increased natural calamities such as drought, floods and cyclones	<ul style="list-style-type: none"> • Working jointly with UN agencies that are leading key clusters and be part of the humanitarian response plans. • Take advantage of the already supported resilience projects and use the mechanisms and related systems to deliver services. • Support government to put in place costed disaster management and response plans. • UNFPA to establish contingency funds for response to cover preparedness activities.
Financial	Poor economic status of the country and non-availability of public funds for the social sector	<ul style="list-style-type: none"> • Engage Government in policy advocacy and advocacy efforts, seeking investment by Government in human development in general, and in maternal health in particular. • Seek partnerships with other development actors to improve coverage and quality of services provided to beneficiaries.
Operational	High turnover in key personnel involved in project implementation	<ul style="list-style-type: none"> • Timely re-engagement with the new appointed government personnel and with quick re-orientation. • Continued capacity building efforts.
Operational	Lack of / limited involvement of key stakeholders in defining strategies for programme implementation and willingness to support programme activities	<ul style="list-style-type: none"> • Joint consultative programme planning approach, in close coordination with key counterparts in each area /state, including key stakeholders.
Political	Political instability and deterioration in security associated with presidential/parliamentary elections or frequent changes in government counterparts	<ul style="list-style-type: none"> • Programme team working closely with partners will adjust programme activities to respond to changes in the security situation based on the UN Programme Criticality matrix. • Increased use of civil society organizations, universities,

⁵ Environmental; Financial; Operational; Organizational; Political; Regulatory; Security; Strategic; Other.

SOMALIA UN MPTF

		women and youth groups to implement activities.
Political	Weak governance of national systems	<ul style="list-style-type: none"> • Conduct of annual audits of Implementing Partners by external auditors. • Conduct of capacity assessments of Implementing Partners. • Conduct of regular spot checks of Implementing Partners. • Major procurement and financial management to be done through UN systems.
Political	Lack of political commitment to own the programme at local level, especially with any change of governing authority as a result of elections	<ul style="list-style-type: none"> • Maintain a regular dialogue with local authorities to prioritize maternal health, gender, youth, and population and development issues and to empower authorities to perform programme-related functions.
Security	Increased internal armed conflict resulting in direct threat to project staff and program implementation	<ul style="list-style-type: none"> • Keep updated with security information from UNDSS and strictly adhere to security advice. • Reach out to other networks/institutions such as the IFRC that are on the ground with volunteers and establish standing agreements to support and monitor activities.

SOMALIA UN MPTF

ANNEX 2. MONITORING AND OVERSIGHT ACTIVITIES <list here the monitoring and oversight activities undertaken during reporting period. Precise and specific, the table should not exceed one page>

Monitoring Activity	Date	Description & Comments	Key Findings / Recommendations
<u>Stakeholder Review Consultations</u>	July 2019 and Dec. 2019	UNFPA Somalia has held mid-year and end-year review and planning meetings with all Implementing Partners in the country. These meetings were key to UNFPA's programme approach to enhancing transparency, accountability for results and resources, and to improving coordination and integration among all partners implementing the UNFPA country programme of cooperation.	Partners have engaged on reporting on all activities undertaken with UNFPA funding. They also developed draft annual work plans and budgets for 2020. The meetings also focused on technical, managerial, monitoring, reporting and financial issues of concern to Implementing Partners.
<u>Project Board Meeting</u>	8-9 April 2019	UNFPA Somalia held one Steering Committee meeting in 2019 consisting of Somali Authorities, Donors co-financing the UNFPA Country Programme, and UNFPA Somalia. The Steering Committee provides oversight, guidance and recommendations on the allocation and utilization of resources. The Committee also monitors and analyzes implementation progress, achievements and challenges of the Country Programme.	The Committee made concrete recommendations in regards to funding allocations. It was agreed that the Committee discussions and decisions will be informed by the outcome of semi-annual review and planning meetings at the technical level, held with all Implementing Partners.
<u>Harmonized Approach to Cash Transfers (HACT) audits</u>	April - June 2019	UNFPA carried out HACT audits of its Implementing Partners in 2019. Some of the audits were done jointly with UNICEF. UNFPA commissions independent external audits of expenses incurred by Implementing Partners that receive UNFPA funding. This obligation is stipulated in the Financial Regulations and Rules of the two concerned UN agencies.	The independent audits provided assurance that UNFPA funds are appropriated for the intended project outputs and also gave assurance of the implementing partners' internal control mechanisms.

SOMALIA UN MPTF

ANNEX 3. TRAINING DATA <list here details of training activities undertaken during the reporting period; should not exceed one page>

#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
1.	District	Youth peer educators	3-5 April 2019	15	15	30	Training on theatre techniques for edutainment against harmful practices	Hargeisa	Y-PEER
2.	District	University students	19-21 June 2019	16	14	30	Training of university students on sexual offences acts and their rights	Garowe	Y-PEER
3.	District	Regional youth representatives	24-26 June 2019	18	15	33	PEER Education Training	Garowe	Y-PEER
4.	District	Regional youth Network	10-13 June 2019	13	8	21	Youth political participation; Communication and leadership training	Kismayo	Y-PEER
5.	District	Regional youth Network	16-20 March 2019	13	11	24	Youth political participation; Communication and leadership training	Baidoa	Y-PEER
6.	District	Youth peer educators	27-29 June 2019	65	55	120	Training on theatre techniques for edutainment against harmful practices	Garowe and Gardho	Y-PEER
7.	District	Youth	June to Dec. 2019	424	587	1,011	Life skills training	Puntland, Somaliland and Mogadishu	MOYS, Y-PEER, Talowadag, MOLYS
8.	District	Youth	March- Dec. 2019	301	180	481	Vocational skills training	Gabiley, Garowe, Mogadishu,	Youth Centers, Mercy USA, Y-PEER, MOYS

SOMALIA UN MPTF

#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
							Bossasso		
9.	District	Youth	24-26 June 2019 13-11 Nov. 2019 2-6 Oct. 2019 21-23 Dec. 2019	63	48	111	Peer education training for regional representative s Kismayo Garowe Baidoa	Y-PEER	
10.	District	Youth	28-30 April 2019	30	10	40	Training on HIV prevention and stigma reduction	Hargeisa	Talowadag
11.	Ministry of Health and Human Services		17-31 January 2019	0	110	110	Somali Health and Demographic Survey – training and pre-test for Supervisors and Enumerators for the Federal Member States	Mogadishu	MOPIED & MOH&HS
12.	Ministry of Planning, Investment and Economic Development		16 Feb. - 2 March 2019	18	5	23	SHDS Maternal Mortality (MMR) Estimation Survey Analysis and Report Writing Workshop	Kigali, Rwanda	UNFPA
13.	Federal Government Institutions		5-6 March 2019	28	13	41	Training Workshop on Sustainable Development Statistics	Mogadishu	SESRIC & UBOS
14.	Federal		17-19	30	11	41	Quarterly Training Workshop for the	Mogadishu	Directorate of

SOMALIA UN MPTF

#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
	Government Institutions		March 2019				Technical Working Group		National Statistics, MOPIED
15.	Ministry of Planning, Investment and Economic Development		23-26 March 2019	6	1	7	Workshop on Estimating Internally Displaced People (IDPs) in Baidoa Town (Case Study) and Mogadishu	Mogadishu	UNFPA
16.	Ministry of Planning and National Development		27 April to 11 May 2019	7	1	8	Finalization of analysis and write-up of the MMR report for Somaliland & Review of the tabulation and recording manual	Hargeisa	UNFPA
17.	Ministry of Planning and National Development & Ministry of Human Development		17-23 June 2019	10	11	21	Training and testing on nomadic methodology	Hargeisa	UNFPA
18.	Ministry of Planning and National Development & Ministry of Human Development		17-23 June 2019	9	5	14	Review of the MMR Report for Somaliland	Hargeisa	UNFPA
19.	District		16-20 June 2019	1	17	18	GBV Field Coordinators Training	Garowe	UNFPA
20.	UN staff - Gender Theme Group (GTG)		30 June 2019	7	8	15	Cluster Leads Training	Mogadishu	UNFPA

SOMALIA UN MPTF

#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
21.	Ministry of Health and Development		15-26 Sept. 2019	10	19	29	Family Planning Training of Trainers for Awdal, Togdher and Sanaag Regions	Hargeisa	UNFPA
22.	Ministry of Health Human Development		30 Sep.-11 Oct. 2019	10	22	32	Family Planning Training of Trainers for Banadir, Mudug, Galgaduud and Gedo regions	Garowe	UNFPA
23.	Ministry of Health and Development		20 Nov.-2 Dec. 2019	76	1	77	Family Planning training of health service providers for Togdher Region	Burao	UNFPA
24.	Ministry of Health and Development		4-16 Dec. 2019	24	0	24	Family Planning Training of Health service providers for Sanaag Region	Erigavo	UNFPA
25.	District		22-25 July 2019; 22-25 Dec. 2019	25	55	80	Training on Psychosocial Support Counselling	Galkayo, Puntland	TIDES
26.	District		26-28 July 2019	3	84	87	Training communities to understand GBV referral pathways	Galkayo, Puntland	TIDES
27.	District		5-7 May; 20-23 Nov. 2019	0	70	70	Training and mobilization of FGM champions to hold household and community discussions	Burtinle and Bocame	TIDES
28.	District		13-18 July 2019	38	42	80	Training on rape consequences and Sexual Offences law	Galkayo and Baran, Puntland	MOJRRAR
29.	District		19-20 Dec. 2019	10	30	40	Training on GBV advocacy for the GBV advocates	Burtinle, Puntland	UNFPA
30.	Ministry of Health		14-16 Dec. 2019	0	50	50	FGM complications management training for health workers	Garowe	MOH
31.	Ministry of Justice,		15 th /17 th July 2019	26	4	30	Training on Sexual Offences bill for Criminal Investigations Department (CID),	Galkayo/Harfo /Burtinle/	MOJRRAR

SOMALIA UN MPTF

#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
	Religious Affairs and Rehabilitation						Judges and Prosecutors	Goldogob Jiriban/ Garowe (Puntland)	
32.	Ministry of Women's Development and Family Affairs		15-17 June 2019	10	15	25	Integrated training on assessment methodology for GBV coordinators	Garowe	UNFPA
33.	Technical staff of Ministries/ UNFPA staff		17-19 Nov. 2019	10	10	20	Resource-Based Management training	Garowe	UNFPA
34.	District		12-14 June 2019	0	20	20	Mentorship training for young girls/women who experienced FGM and those who have not experienced FGM	Garowe	TIDES
35.	District and UNFPA staff		4-6 Nov. 2019	10	20	30	Humanitarian and Resilience Training	Garowe	UNFPA
36.	Government Institutions	Health care workers	24-28 March 2019	2	24	26	Training for Clinical Management of Rape (CMR)	Hargeisa	UNFPA
37.	Government Institutions	Health care workers	31 March-4 April 2019	0	25	25	Training for Clinical Management of Rape (CMR)	Garowe	UNFPA
38.	Government Institutions	Health care workers	8-12 April 2019	9	10	19	Training for Clinical Management of Rape (CMR)	Mogadishu	UNFPA
39.	Government Institutions	Case workers and GBV Officers	15-16 September 2019	16	21	37	GBV Case Management refresher training	Mogadishu	UNFPA
40.	Government	Case	17-18	15	18	33	GBV Information Management System	Mogadishu	UNFPA

SOMALIA UN MPTF

#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
	Institutions	workers and GBV Officers	September 2019				refresher training		
41.	Ministry of Health, Federal Government		23-24 November 2019	1	38	39	Training Workshop on Midwifery Workforce Registry, Employment and Professional Development	Mogadishu	UNFPA
42.	Ministry of Health, Federal Government		27-30 November 2019	5	35	40	Training Workshop for EmONC facility supervisors	Mogadishu	UNFPA
43.	Ministry of Health, Federal Government		17-20 November 2019	4	17	21	Training on the regulatory framework for midwifery (scope of practice, code of conduct, accreditation mechanisms for schools, registration of midwives)	Mogadishu	UNFPA
44.	Ministry of Health, Ministry of Planning and National Development, Ministry of Social and Family Affairs, UNFPA staff	Disaster Manag. Unit and other humanitarian partners	15-19 Sept. 2019	14	15	29	Humanitarian Preparedness and Resilience	Hargeisa	UNFPA
45.	Ministry of Health, Ministry of Women's	Disaster Manag. Unit and other	4-6 Nov. 2019	15	11	26	Humanitarian Preparedness and Resilience	Garowe	UNFPA

SOMALIA UN MPTF

#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
	Development and Family Affairs, Ministry of Planning and International Cooperation, UNFPA staff	humanitarian partners							
46.	Ministry of Planning and International Cooperation, Ministry of Women and Human Rights Development, Ministry of Health, Ministry of Humanitarian Affairs and Disaster Management, UNFPA staff	Disaster Manag. Unit and other humanitarian partners	3-5 Dec. 2019	20	12	32	Humanitarian Preparedness and Resilience	Mogadishu	UNFPA
47.	Ministry of Human Development, UNFPA staff	Humanitarian partners	19-23 August 2019	15	13	28	Training on the Minimum Initial Service Package (MISP) for Reproductive Health (RH) in Crises	Hargeisa	UNFPA
Totals:				1,442	1,806	3,248			

SOMALIA UN MPTF