

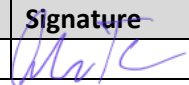
**SOMALIA UN MPTF**

**PROGRAMME ANNUAL PROGRESS REPORT**

**Period: 1 January - 31 December 2020**

<b>Project Name</b>	Somalia UNFPA CPD 2018-2020
Gateway ID	001121174
Start date	1 January 2018
Planned end date (as per last approval)	30 June 2021
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	

<b>Total Budget as per ProDoc</b>	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) European Union: USD 1,934,204 (2020)
	(d) United Nations Central Emergency Response Fund (CERF): USD 500,000 (2018) and USD 2,199,999 (2019)
	(e) Global Joint Programme on FGM: USD 250,001 (2019); USD 419,975 (2020)
	(f) UNAIDS UBRAF: USD 65,526 (2019); USD 57,008 (2020)
	(g) Canada: USD 1,468,652 (2020)
	(h) UNAIDS UBRAF: USD 65,526 (2019); USD 55,000 (2020)
(i) UNFPA Emergency Funds: USD 738,300 (2020)	
(j) UNFPA Humanitarian Trust Fund (2020): USD 702,478 (in-kind)	

	<b>PUNO</b>	<b>Report approved by:</b>	<b>Position/Title</b>	<b>Signature</b>
<b>1.</b>	UNFPA	Mr. Anders Thomsen	Representative	

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Total MPTF Funds Received				Total non-MPTF Funds Received		
PUNO	Semi Annual 2020 - 1 Jul - 31 Dec 2020	Cumulative from 1 Jan. 2018	Annual 2020	Semi Annual 2020 - 1 Jul - 31 Dec 2020	Cumulative from 1 Jan. 2018	Annual 2020
	1 July - 31 Dec 2020	From prog. start date	1 Jan – 31 Dec 2020	1 July - 31 Dec 2020	From prog. start date	1 Jan – 31 Dec 2020
UNFPA	13,526,507	49,437,501	20,044,780	2,968,382	18,969,120	7,385,478
JP Expenditure of MPTF Funds <sup>1</sup>				JP Expenditure of non-MPTF Funds		
PUNO	Semi Annual 2020 - 1 Jul - 31 Dec 2020	Cumulative from 1 Jan. 2018	Annual 2020	Semi Annual 2020 - 1 Jul - 31 Dec 2020	Cumulative from 1 Jan. 2018	Annual 2020
	1 July - 31 Dec 2020	From prog. start date	1 Jan – 31 Dec 2020	1 July - 31 Dec 2020	From prog. start date	1 Jan – 31 Dec 2020
UNFPA	12,589,051	44,537,409	20,430,609	3,583,911	15,737,335	6,265,163

### 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: UNFPA supported the ongoing education programme at 13 Midwifery Schools throughout the pandemic using virtual teaching/learning platforms; 180 midwives graduated from the midwifery program in 2020, and an additional 250 midwifery students were admitted to the programme reaching an all-time high of 590 students enrolled.
2. Adolescents and Youth: A well-established life skills programme for adolescents and young people was in place in 2020 through strategic partnerships with Ministries of Youth and Sports, as well as with Youth-Peer (Y-PEER) networks in a number of Federal Member States and regions.
3. Gender Equality and Empowerment of Women: The national capacity of all actors and service providers dealing with GBV survivors, particularly in the areas of medical care and treatment, such as clinical management of rape (CMR) and sexual offenses, was strengthened.
4. Population Dynamics: The Somali Health and Demographic Survey (SHDS) was finalized and official reports issued for the Federal Government of Somalia, Puntland, and Somaliland.

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

## 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.>

### **Output 1: Sexual and Reproductive Health**

All 13 UNFPA-supported midwifery schools continued to stay on course with the fully accredited International Confederation of Midwives (ICM) curriculum application. 250 additional midwifery students were enrolled to the midwifery education programme in 2020. This was possible due the additional funding received to expand the midwifery education programme in Somalia. This brings the total number of enrolled students in 2020 to 590. In 2020, 180 midwifery students graduated as Qualified Midwives from these schools to serve women and families of Somalia. In regards to family planning services, more than 63,444 women received family planning counseling services and a total of 28,209 women used a modern method of contraception in 2020 through health facilities supported by UNFPA.

### **Output 2: Adolescents and youth**

The awareness and behavioural change of youth, as well as their knowledge, attitude and practice regarding HIV/AIDS and harmful practices, including FGM and child marriage, increased noticeably during the year. In addition, their knowledge of sexual and reproductive health and rights (SRHR) issues, including on family planning, increased. In line with such knowledge and awareness, the advocacy programme for civic engagement, citizenship, abandonment of gender-based violence (GBV) and harmful practices, and 'youth, peace and security' is institutionalized well within the different youth and sports Ministries, youth centres, youth associations and NGOs. In the area of institutional capacity strengthening, the capacity of health care providers as well as youth-friendly service practitioners was strengthened and improved to deliver support required.

### **Output 3: Gender equality and empowerment of women**

The gender programme strengthened the national capacity of all actors and service providers dealing with GBV survivors, particularly in the areas of medical care and treatment, such as clinical management of rape (CMR) and sexual offenses. A total of 59 health workers gained skills in management and provision of rape treatment services for GBV survivors while 95 social and health workers gained skills in provision of culturally-sensitive and age-appropriate counselling. In addition, 190 Government and CSO actors gained skills in legislative advocacy and GBV prevention and response. The programme supported a media protocol for journalists to report GBV and provided orientation for 350 journalists in Somalia to apply the protocol.

### **Output 4: Population Dynamics**

The launch of the Somali Health and Demographic Survey (SHDS) was a significant achievement in 2020. The survey results provided much needed data for planning and policy formulation. The SHDS National report, Somaliland, and Puntland reports of the SHDS were published and officially launched in 2020. The reports have been shared widely with respective Government Ministries, UN agencies, non-governmental organizations (NGOs) and donors for use in planning and policy formulation. The SHDS reports enabled: (a) real-time planning, policy formulation and programme monitoring; (b) generation of key indicators used as baselines for monitoring the localized Sustainable Development Goals (SDGs); and (c) the Government in setting baseline data and targets for monitoring the progress of the newly developed National Development Plan (NDP-9) as well as to assess the performance of the previous NDPs for Somalia and Somaliland, and other strategic development frameworks for the Federal Government of Somalia, the Federal Member States, the UN cooperation framework, the donor community and other development partners.

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### 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 2020, 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**

In the year 2020 the number of people in need of humanitarian assistance in Somalia has increased from 5.2 million to 5.9 million due to the consequences of multiple threats including climatic shocks (flood and drought, tropical cyclone), COVID-19 pandemic, protracted conflict, and desert locusts. An estimated 2.6 million people are internally displaced persons (IDPs) across the country. According to the Somalia health cluster, over 3.9 million Somalis will require lifesaving essential health-care and protection services. The COVID-19 pandemic has disrupted health system gains and further exacerbated vulnerabilities of the population. It is estimated that about 20% of the Somali population (2.5 million people) will need to be reached with some form of COVID-19 response action. The health system is not fully equipped to provide the necessary coverage for equitable access to health care, resulting in increased morbidity and mortality.

Somalia’s maternal mortality rate has decreased over time. Nevertheless, the country has one of the highest maternal mortality rates in the world. The maternal mortality ratio stood at 692 deaths per 100,000 live births (SHDS, 2020). Access to maternal health information and services is low with 22% of women being assisted by any skilled personnel. The caesarean section rate is estimated at less than 2 per cent, noting that the WHO standard for expected C-section needs is between 5% and 15%. The fertility rate is high (6.4 children per woman). The modern contraceptive prevalence rate is less than 15 percent, while unmet need for family planning is 26%. Poverty, low status of women, suboptimal nutritional status and widespread harmful traditional practices contribute further to the high burden of ill-health among mothers and newborns.

There have been no significant changes in outputs/outcomes in 2020. The major change in context in 2020 in regards to health was the outbreak of the COVID-19 pandemic. The pandemic has brought about the need to focus on additional interventions which had not been originally foreseen by the programme. These included procurement and distribution of Personal Protective Equipment (PPE) in support of the national health response, additional training on infection prevention and control, and targeted communication activities focusing on COVID-19.

### SEMI-ANNUAL & ANNUAL PROGRESS REPORT RESULTS MATRIX

	<b>OUTCOME STATEMENT</b>
	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
	<b>SUB-OUTCOME 1 STATEMENT</b>
	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
	<b>Output 1.1:</b>
	Increased national capacity to deliver comprehensive maternal health services including in humanitarian settings

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INDICATOR	Baseline (2017)	TARGET (2020)	PROGRESS ON OUTPUT INDICATOR <sup>2</sup>	
			Reporting Period (1 Jan-31 Dec 2020)	CUMULATIVE (1 Jan 2018-31 Dec 2020)
Number of midwives graduating from training that is in accordance to ICM-WHO standards	979	1,479	180	1,561
Number of facilities with all the signal functions to provide skilled delivery	69	89	18	89
Number of fistula repair surgeries	779	1,429	0	1,204
UNDP ONLY: sources of evidence (as per current QPR)				
<b>Output 1.2:</b> 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	40	244
Percentage of health facilities with personnel with the capacity to implement the new family planning human rights protocol	<60%	85%	11%	71%
The country is using a functional electronic logistics management information systems for forecasting and monitoring reproductive health commodities	No	Yes	Yes	Yes
<b>SUB-OUTCOME 2 STATEMENT</b>				
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				
<b>Output 2.1:</b> 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	6
Number of girl centres established to provide adolescents with reproductive health services	0	3	2	6
Number of health care providers with the capacity to provide youth-friendly services	0	120	190	310
UNDP ONLY: sources of evidence (as per current QPR)				
<b>SUB-OUTCOME 3 STATEMENT</b>				
Ensure a society that upholds gender equality, dignity, respect and fairness for all women and men				
<b>Output 3.1:</b>				

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

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	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	60	346
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	1	8
Number of religious leaders trained to advocate against gender-based violence and FGM/C	50	200	129	598
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	30	77
	<b>SUB-OUTCOME 4 STATEMENT</b>			
	Strengthen basic sectoral and core government functions in support of the establishment of a responsive, inclusive and accountable public sector			
	<b>Output 4.1:</b> 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	2	8
Number of population situation analysis reports undertaken by national government to identify priorities and formulate policies and programmes	0	3	5	9

**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**

With support from UNFPA, in 2020 De Martino Hospital provided services to 23,142 patients, COVID-19 screening for 5,093 cases, and management of 996 positive cases of COVID-19. Similarly, the hospital provided services to 4,157 ante-natal care (ANC) visits, performed 885 normal deliveries, 42 C-sections and 2 instrument deliveries. Furthermore, a health information management system (HMIS) training was provided to 16 hospital staff; this was a 5-day training to improve their data reporting skills. Additionally, a hospital waste management leadership skills training for top-level hospital managers was provided which was a 5-day training as well.

At the national level, UNFPA supported the training of 211 doctors, nurses and midwives in infection prevention and control procedures to respond to the dangers of the pandemic. Twenty new lab technicians were trained in the use of COVID-19 testing technologies. Health services programming was able to serve a total of 65,730

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antenatal care visits (ANC), a total of 44,524 normal deliveries, 2,469 C-sections, and 88 instrument deliveries in 2020 through UNFPA-supported health facilities. Similarly, a total of 15,165 obstetric complications were managed at the health facilities from the Federal Member States. In Somaliland, there were additional 18,711 normal deliveries and 2,365 C-sections. A newborn intensive care unit (NICU) was established at the Banadir Hospital in Mogadishu. This is a new addition to the national Maternity Hospital in Somalia.

UNFPA supported the functioning and management of De Martino Hospital in Mogadishu out of the six COVID-19 designated hospitals in the country. De Martino Hospital is the main hospital in Mogadishu designated as the isolation and treatment center for COVID-19 infection. In Garowe, Puntland, the national forensic lab supported by UNFPA quickly built capacity to provide COVID-19 testing facilities in Puntland. UNFPA also supported the Government of Somalia in the procurement of personal protective equipment (PPE) as part of the early response to the pandemic.

### **Output 2: Adolescents and youth**

COVID-19 restricted the gathering of youth throughout 2020. This has affected most of the programming in the youth centres. Nevertheless, a total of 343 young people in Mogadishu, 60 in Gabiley and 475 in Puntland have been trained on various skills including salon and beautification, tailoring, traditional weaving, electrical and computer skills as well as soft life skills training. In 2020, a total of 14,033 adolescents comprising 6,279 boys and 7,754 girls received information and awareness in the youth centres through in-reach and outreach mobilization and health education sessions on various topics including COVID-19, FGM, child marriage, importance of girls' education, drugs and harmful practices, sexually-transmitted diseases, HIV/AIDS, menstruation hygiene. A total of 6,808 adolescents and young people received sexual and reproductive health services in the centers including family planning, HIV/AIDS voluntary counselling, syphilis testing, and HP/blood grouping in Abdiiaziz, Buhodle and Tilmame youth centres.

A youth-led caravan with a public address system was held in Hargeisa, Gabiley, Halaya, Arabsiyo, Wajale, Garowe, Buhodle and Bosaso. The caravan reached at least 27,000 people in these areas distributing an equal number of IEC materials. Similarly, a youth caravan visited 42 villages in Jubaland reaching 1,539 males and 3,155 females with FGM and COVID-19 messaging. A new EU-supported youth project was initiated in the last quarter of 2020. In late 2020, innovation boot camps were held in Kismayo (for 33 females and 47 males); Dhusamareb (for 18 males and 57 females), Hargeisa, and in Mogadishu (for 43 females and 47 males). These boot camps aim at strengthening young people's skills in income generation, critical thinking and problem solving and, most importantly, to awaken youth creativity to create ideas for innovation. To institutionalize the youth interventions and voice, youth-friendly spaces and centres were supported and expanded at national and district levels to serve the needs and requirements of young Somalis. These youth-friendly spaces function as an incubator for youth interventions and programmes, in particular in the areas of innovation, reproductive health, and skills development. Furthermore, youth were mobilized to create community awareness in an effort to prevent the spread of coronavirus.

### **Output 3: Gender equality and empowerment of women**

During the year 2020, the gender programme contributed successfully to strengthening GBV coordination across Federal Member States and Somaliland. It fostered the creation of GBV reference working groups in Gedo and the regions of Sool and Sanaag and supported the service mapping and the update of referral pathways to direct service provision with the advent of COVID-19. UNFPA serves as Co-Chair, with UNHCR, of the GBV Cluster coordination mechanism comprising UN agencies and national and international NGOs working on GBV in Somalia.

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The Gender/GBV programme supported the provision of GBV services to vulnerable women and girls including GBV survivors. 7,932 persons (5,301 women, 2,078 girls, 372 men, 181 boys) accessed psycho-social support and counselling. 310 persons accessed rape treatment and medical treatment for physical injuries (232 women, 70 girls, 4 boys and 4 men); whereas 558 women and girls received dignity kits. Furthermore, the programme supported 81 women and girls to access legal aid and information; 207 persons (147 women, 59 girls and 1 boy) benefitted from safe houses and 420 girls accessed re-usable sanitary pads.

Within the umbrella of the FGM joint programme, 163 Sheiks and Imams were mobilized and provided orientation to promote and support the enactment of FGM/sexual offences bills in addition to enable community consensus building to end FGM. It is estimated that messages against FGM reached a total of 133,549 persons (50,832 women, 35,375 men, 31,305 girls, 16,037 boys) while 3,840 people (1,369 women, 1,153 girls, 650 men and 668 boys) gained information on GBV awareness and COVID-19 prevention messages in villages by community health workers. In 2020, 47 communities declared an intent to abandon FGM. 589 women and girls in Somalia accessed information and services in health facilities with trained health workers on the management of the complications of FGM. The joint programme trained health workers to provide services to women and adolescent girls who were already cut, especially in relation to complications of labour and bleeding as a result of FGM.

### **Output 4: Population Dynamics**

The National Statistical Bureau of the Federal Government of Somalia was established in 2020 and the Bureau's Director General and its Deputy appointed. This was a culmination of several processes that had taken place in 2019-2020 which included statistical awareness forums by the Rwandan National Statistical Institute, the Rwandan Parliament, and the Ministry of Finance and Planning of the Federal Government of Somalia. The forums were attended by members of the planning, budget and finance Parliamentary Committee of the Federal Parliament of Somalia. These forums had been organized and supported by UNFPA within the framework of South-South cooperation.

The Somali Health and Demographic Survey Administrative Report provides a comprehensive record of the SHDS operations. It outlines the important stages in the implementation of the survey from the preparatory, fieldwork implementation, data processing and report writing phases. It contains information on the formation of survey implementation mechanisms, technical planning, preparatory activities, mapping operations, training for fieldwork, pilot activities, data collection, data processing, report writing and dissemination. The report also documents the survey's logistical arrangements, funds disbursement/management for the survey exercise, and challenges faced and recommendations on how to overcome the identified challenges in future similar surveys.

COVID-19 Vulnerability Maps and Impact Assessment: COVID-19 vulnerability maps were created for selected high risk towns (Mogadishu, Baidoa, Kismayo, Garowe, Galkacyo, Burao, Hargeisa, Boroma) to understand the impact of the COVID-19 pandemic on the most vulnerable population, mortality, and socio-economic impact as well as the geographical location within the towns of the vulnerable groups. The maps are pivotal in guiding COVID-19 interventions in the respective areas.



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### Other Key Achievements

UNFPA continued to actively engage in the consultation process for the development of the Investment Case for health intervention in Somalia led by the Ministry of Health and Human Services and supported by the World Bank, along with other stakeholders. This effort will continue in the next year (2021) and until the design of the Investment Case is completed in 2021. After the earlier exercise of the resource mapping and expenditure tracking by different stakeholders and the revision of the essential package of health services (EPHS) for Somalia, the Ministry of Health and Human Services and other stakeholders, including UNFPA, continue to shape the long term health programming for Somalia. UNFPA has continued to be part of the COVID-19 Coordination Task Force Member along with the MOH and other sister UN Agencies. The objective of this task force is to ensure resources are utilized avoiding redundancies as well as ensuring COVID-19-related interventions are provided in an equitable fashion across the country.

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. UNFPA also chairs the UN Youth Working Group. UNFPA leads the entire 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.

**COVID-19 response** *<if applicable, describe how the Joint Programme has adapted its programming to contribute to the response to the COVID-19 pandemic - do not include impacts of the pandemic on Joint Programme, this should be included in the next section (150 words max) >*

Despite the restrictions and challenges brought about the COVID-19 pandemic, UNFPA Somalia has demonstrated its agility and responsiveness in ensuring a significant portion of its work was implemented. Normal sexual and reproductive health (SRH) services continued with appropriate measures taken to mitigate the dangers of the coronavirus infections, including an increase in the number of family planning service uptake, despite the pandemic. UNFPA Somalia persevered to stay on course with the Midwifery education program despite the lockdowns and travel restrictions by quickly reverting to a virtual teaching/learning modality. Virtual training modalities were instituted at all the UNFPA-supported Midwifery schools, and joint programming was done to build synergies between programming with the service delivery and pre-service training programme by strengthening the virtual training capacities of the midwifery tutors for family planning and infection prevention and control (IPC) training and subsequently rolling out these trainings for health facility providers.

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

#### Challenges:

1. Since the declaration of the COVID-19 pandemic in Somalia in March 2020, De Martino Hospital in Mogadishu has been dedicated as the isolation and treatment center for COVID-19 cases for Mogadishu and surrounding areas. Until June of 2020 this hospital continued to be a dedicated center for COVID-19 to respond adequately to the threat of the pandemic. As cases stabilized around June 2020, De Martino Hospital gradually re-introduced regular health care services, including obstetrics and gynecology, surgery, medicine and emergency medical services, while at the same time maintaining isolation and treatment facilities for COVID-19 cases.

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2. COVID-19 severely affected the supply chain for approximately six months for medical supplies, both at the international level, in procuring supplies from international vendors, as well as local distribution due to the restrictions on travel and movement of people and supplies.
3. Travel and social distancing requirements limited the in-person conduct of the midwifery school classes, including several clinical trainings that were planned for the year. It also disrupted the delivery of other in-person training events and meetings that were planned for the year.
4. In the area of gender/GBV, challenges included continued lack of consensus, and resistance by some religious leaders, to enact and implement sexual offences bills that adequately protect women and girls from GBV. The influence of some religious leaders on the political leaders and the political process worsens the situation and depletes the will of the political leaders to act autonomously to pass the bill. Contentious views around the age of marriage and perceptions/allegations that provisions in the bills/legislation contravene Islamic provisions are major barriers to a progressive discourse to pass the bill at the Federal Government level.
5. Lack of adequate modern family planning supplies in some parts of the country has been a challenge for the Somalia family planning programme. UNFPA Somalia has successfully championed this cause corporately to be included in its global strategic supplies programme and more supplies have been earmarked for 2021 and beyond by UNFPA Headquarters. These will be donated in-kind to the country.
6. In terms of 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.

### Lessons learnt:

- Better and sustained relations and discussions among the civil society, Government and the House of Parliament are important to leverage support necessary to pass gender-sensitive and GBV legislations.
- It is important to cultivate a core group of Parliamentarians with capacity to mobilize for gender and GBV legislations who are allies as major champions for the sexual offences bill to complement the work of the Parliament's women's caucus and the committee on women's rights to move forward the agenda for gender and women's empowerment.
- Establishing and strengthening online/virtual teaching platforms for the midwifery schools as well as in-service training activities addresses, to a large extent, the issue of teaching/learning for ensuring quality of care. It will be important to support this virtual learning capacity going forward to reap the benefits of uninterrupted learning. This should be combined with face-to-face teaching and mentoring especially for teaching/learning clinical skills.

**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)*

In 2020 UNFPA did not implement a Peace Building Fund project; however, the youth political empowerment supported by UNFPA and UN HABITAT in previous years created a momentum and impact on youth political participation. For instance, in South West State's last parliamentary election, 45% of those elected were young men and women. With the highest level of political commitment from the President of South West State himself, this was a great achievement. Jubaland, too, has an increased percentage of young Parliamentarians, at 17%. UNFPA

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continues to work with these young Parliamentarians to advocate for youth inclusion in other Federal Member States.

**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?) 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)*

With funding from a number of donors, UNFPA continued to support the institutionalization of the 'youth, peace and security agenda'. During the reporting period, UNFPA had a forum attended by 300 young men and women on talk shows and storytelling on peace building. Fourteen young men and women have participated in a 2-week Training of Trainers (TOT) on Art for Social Change using innovative body mapping and photo voice methodologies. UNFPA also supported a Youth for Peace ToT training targeting 24 young men and women engaged in and interested in peace and peacebuilding in Somalia. The training was conducted in Mogadishu from 9 to 13 November 2020. UNFPA also conducted a forum on "The role of the Somali youth in the upcoming Somalia parliamentary and presidential elections: opportunities and challenges". 102 young participants, from both genders, representing different institutions and organizations have attended the forum in Mogadishu. Other forums on the same topic were also conducted in Galkayo, South West State, and in newly recovered areas.

### Gender

*(For ALL Joint Programmes) Narrative on activities undertaken and **impacts** achieved during the reporting period (2020) in which the Joint Programme directly contributed to promoting Gender Equality & Women's Empowerment. One paragraph per PUNO.*

During the reporting period, the programme contributed to improving data for programming for GBV and gender equality. It supported rapid assessments on GBV, the operations of the GBV-IMS (Integrated Management System) and a GBV/FGM rapid assessment on the impact of COVID-19 on service provision. It also contributed to improving access to GBV services through the update/dissemination of referral pathways and dissemination to key groups of vulnerable women and girls. The programme also contributed to enhancing the capacity of service providers to deliver services by supporting the development and orientation for GBV partners of guidelines for remote service provision and case management guidelines. The programme also contributed to an increasing discourse and advocacy for the enactment of GBV and FGM legislations and for the abandonment of FGM in Somalia through social media activism, formal and informal consultations with key religious and community groups and Parliamentarians. The programme also engaged young men and women as leads for peer-to-peer mobilization to end FGM during the 16 days of activism. As a result, there was large awareness on issues of concern. The programme also contributed to facilitating mainstreaming of GBV concerns into cluster programming using the Inter-Agency Standing Committee (IASC) GBV guidelines for Food and Shelter/NFI clusters. Action plans were developed and implementation is ongoing on areas of common collaboration with the GBV cluster.

Proportion of gender specific outputs in Joint Programme <sup>3</sup>	<b>Total no. of Outputs</b>	<b>Total no. of gender specific Outputs</b>
	5	1
Proportion of Joint Programme staff with responsibility for	<b>Total no. of Staff</b>	<b>Total no. of staff with responsibility for gender issues</b>
	70	10

<sup>3</sup> Gender Specific Outputs are those that are specifically designed to directly and explicitly contribute to the promotion of Gender Equality and Women's Empowerment.

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gender issues (as of end of 2020) <sup>4</sup>		
<b>Human Rights</b>		
<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 programme adopted a human rights-based approach to meeting the needs of vulnerable women and girls including women and girls living with disabilities by making deliberate efforts through the utilization of participatory approaches to ensure target beneficiaries’ participation and involvement in programme design, implementation and monitoring. The programme adopted strategies that reduce the vulnerability of women and girls to GBV such as improving proximity to services, ensuring that service providers understand and apply the GBV principles in a way that maximizes healing, recovery, protection and empowerment of vulnerable women and girls. Right to health is a basic human right. Sexual and reproductive health and rights protect against coercion, discrimination, and violence. Human rights recognize that all individuals have equal rights and entitlements to access sexual and reproductive health education, information and services, irrespective of who they are and where they live. UNFPA has persevered to prioritize the right to sexual and reproductive health throughout its programming. UNFPA prioritized MOH’s request and provided financial support for acquiring much needed PPEs and related infection prevention supplies early in the pandemic, to provide countermeasures to the fears of the pandemic. Additionally, UNFPA prioritized distribution of PPEs to all health facilities supported by its programming. This ensured continued access to life-saving maternal and reproductive health services ensuring right to access to health care was prioritized even during this once-in-a-century pandemic that we are living through.</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?		<b>Result (Yes/No)</b>
		Yes
No. of Joint Programme outputs specifically designed to address specific protection concerns.		<b>Result (No.)</b>
		2
No. of Joint Programme outputs designed to build capacity of duty bearers to fulfil their human rights obligations towards rights holders.		<b>Result (Number)</b>
		4
<b>Other</b>		
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).		<b>Results (Yes/No)</b>
		Yes
Have FMS(s) been engaged in one or more of the following: design, planning, implementation, coordination and/or monitoring of the Joint Programme.		<b>Results (Yes/No)</b>
		Yes
<b>Describe nature of cost sharing:</b>		
UNFPA works, inter alia, with Implementing Partners who are public sector entities. These Government institutions provide in-kind contributions to the programme through public sector workers (paid by the Government or other		

<sup>4</sup> 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.

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sources), staff time, and existing infra-structure, particularly in regards to provision of health services at public health facilities.

**Communications & Visibility** – *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)*

The UNFPA Country Programme of Cooperation has stepped up its visibility and public advocacy efforts on UNFPA's mandate and action within the ongoing humanitarian crisis in Somalia and on how the COVID-19 pandemic has impacted on the lives of people. The country office, through its communication and programme teams, positioned itself among the most effective offices during the crisis, especially within the COVID-19 pandemic through the production of quality and diverse audio, video and printed materials, including visual storytelling which supported and enhanced the country office's programme delivery and implementation during the global pandemic in Somalia. Enhanced communications and visibility efforts also led to UNFPA Somalia being positioned as an authoritative, knowledge-based and evidence-driven organization through the dissemination of the Somali Health and Demographic Survey; the first of its kind in Somalia with UNFPA now being recognized as an authority on data thereby attracting more visibility through comprehensive steps in communications at the national and local level.

The country office continued to enhance visual storytelling to ensure believability of what UNFPA does in Somalia and maintained active website and social media platforms namely Facebook and Twitter which have a large number of followers. The country office also produced well-designed and attractive digital publications including videos and slideshows on its various digital platforms. UNFPA expanded its partnerships with international media outlets and continued to utilize influencers and young people as advocates thereby increasing community outreach. The country office also has a strong working relationship with the Somali Women Journalists' Rights Association (SOWJRA) and Ifrah Foundation, whose vision stands for the improvement and empowerment of Somali women in general particularly women from minority groups. UNFPA works together with these organizations to enhance communications and this led to reaching a diverse audience including the local population, media, donors and implementing partners. UNFPA also reached out to more international media outlets and continued to utilize influencers as advocates on its work thereby increasing community outreach. The country office continues to partner with other UN agencies and the Youth Peer (Y-Peer) network in carrying out social media campaigns to reach out many followers. Political and security factors as well as the humanitarian situation pose some challenges on access to some parts of the country and this has some impact on the communications plans as some areas fail to get the deserved visibility.

**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*>

A 5-year country programme of cooperation for the period 2021-2025 was developed in 2020, corporately reviewed and vetted through established internal mechanisms, and endorsed by the Government of Somalia. It will be presented for approval to the February 2021 session of the Executive Board. The new programme will continue to focus on the four key thematic areas of the organization, namely sexual and reproductive health and rights; gender equality and empowerment of women; adolescents and youth; and population dynamics. The new

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programme will be broader in both scale and scope, building upon the gains achieved during the 2018-2020 cooperation cycle. The UNFPA programme is still being affected by the COVID-19 pandemic, notably by the second global wave of the pandemic which began in the second half of 2020. It is anticipated that there will be some level of disruption to programme implementation in the next 6 months. It will be necessary to continue adopting mitigating measures and alternative delivery modalities including virtual training events and meetings. Nevertheless, with the experience already accrued during the first wave of the pandemic, UNFPA and its implementing partners are well equipped to continue delivering results despite the challenges.

The UNFPA Country Programme will employ even more innovative ways of communications and will add one additional social media platform to its channels, namely Instagram. The country office will work on the production of more human interest articles to create more interest in the interventions that are being undertaken across Somalia. There will be a new media campaign on the 'End FGM' quest where the UNFPA Country Programme will partner with Ifrah Foundation to accelerate efforts to fight FGM in Somalia. A new dedicated website for this campaign will be in place and will have pledges from parents and guardians assuring their children will not undergo the cut.

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### 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 <sup>5</sup>	Description of Risk	Mitigating Measures
Environmental	Increased natural calamities such as drought, floods and cyclones	<ul style="list-style-type: none"> <li>● Working jointly with UN agencies that are leading key clusters and be part of the humanitarian response plans.</li> <li>● Take advantage of the already supported resilience projects and use the mechanisms and related systems to deliver services.</li> <li>● Support government to put in place costed disaster management and response plans.</li> <li>● UNFPA to establish contingency funds for response to cover preparedness activities.</li> </ul>
Financial	Poor economic status of the country and non-availability of public funds for the social sector	<ul style="list-style-type: none"> <li>● Engage Government in policy advocacy and advocacy efforts, seeking investment by Government in human development in general, and in maternal health in particular.</li> <li>● Seek partnerships with other development actors to improve coverage and quality of services provided to beneficiaries.</li> </ul>
Environmental Health	COVID-19 pandemic	<ul style="list-style-type: none"> <li>● The CO has adopted alternative working arrangements both to preserve the health and well-being of its staff, as well as to ensure business continuity.</li> <li>● The Business Continuity Plan has been activated with particular focus on electronic processing of all office paperwork and virtual business meetings, both internally and externally.</li> <li>● Some training activities have adopted the virtual modality in lieu of physical presence workshops.</li> <li>● The CO has ensured coherence of and guidance to all the</li> </ul>

<sup>5</sup> Environmental; Financial; Operational; Organizational; Political; Regulatory; Security; Strategic; Other.

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		UNFPA Somalia team by holding daily briefs with Senior Management.
Operational	High turnover in key personnel involved in project implementation	<ul style="list-style-type: none"> <li>● Timely re-engagement with the new appointed government personnel and with quick re-orientation.</li> <li>● Continued capacity building efforts.</li> </ul>
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"> <li>● Joint consultative programme planning approach, in close coordination with key counterparts in each area /state, including key stakeholders.</li> </ul>
Political	Political instability and deterioration in security associated with presidential/parliamentary elections or frequent changes in government counterparts	<ul style="list-style-type: none"> <li>● 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.</li> <li>● Increased use of civil society organizations, universities, women and youth groups to implement activities.</li> </ul>
Political	Weak governance of national systems	<ul style="list-style-type: none"> <li>● Conduct of annual audits of Implementing Partners by external auditors.</li> <li>● Conduct of capacity assessments of Implementing Partners.</li> <li>● Conduct of regular spot checks of Implementing Partners.</li> <li>● Major procurement and financial management to be done through UN systems.</li> </ul>
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"> <li>● 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.</li> </ul>
Security	Increased internal armed conflict resulting in direct threat to project staff and program implementation	<ul style="list-style-type: none"> <li>● Keep updated with security information from UNDSS and strictly adhere to security advice.</li> <li>● 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.</li> </ul>



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**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
Stakeholder Review Consultations	March-June & October 2020	Due to the COVID-19 pandemic, UNFPA Somalia has not held mid-year and end-year review and planning meetings with its implementing partners. Instead, the CO has adopted and utilized the remote and virtual-based bilateral meeting approach to discuss the progress as well as the implementation of the signed annual work plans with all partners. The CO has provided technical support and 6 capacity building training sessions to all implementing partners on evidence-based programming and reporting, which included the programmatic review for each partner’s annual work plan.	The virtual based bilateral meeting approach has yielded good results which have assisted in the oversight and follow up of implementation of the planned interventions as well as the reported progress toward the envisioned targets. The bilateral meetings included financial and monitoring review for all activities and interventions.
Project Board Meeting (Steering Committee)	22 January 2020	UNFPA Somalia held one Steering Committee meeting in 2020 consisting of Somali Government 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 second Steering Committee meeting of 2020 was planned to be held virtually in late 2020 but it did not	The Steering Committee made concrete recommendations in regards to funding allocations and programmatic priorities.

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		<p>eventuate due to the second wave of COVID-19 and the many restrictions in place. Nevertheless, bilateral meetings were held with the line Ministries and donors.</p>	
<p>Harmonized Approach to Cash Transfers (HACT) audits</p>	<p>March-June 2020</p>	<p>UNFPA carried out HACT audits of its Implementing Partners in 2020. 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.</p> <p>Although the COVID-19 pandemic affected the entire UNFPA Somalia CO operations, the CO adopted the virtual and remote-based HACT Audit and Spot Check modalities to ensure timely completion of these exercises. The HACT Audits of implementing partners were conducted by an external independent international audit firm. There were some delays, but as at 31 December 2020, all audits had been successfully completed, except for one. In regards to spot checks, UNFPA Somalia CO conducted a number of spot checks of select implementing partners, which included financial and programmatic review.</p>	<p>The independent audits provided assurance that UNFPA funds were appropriated for the intended project outputs and also gave assurance of the implementing partners’ internal control mechanisms. For those audits that had not been completed – or partially completed – prior to the outbreak of the COVID-19 pandemic in Somalia, it was possible to carry them out remotely albeit with delays.</p>

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<p>Country Programme Evaluation</p>	<p>April-Dec. 2020</p>	<p>The CO conducted its Country Programme 2018-2020 evaluation (CPE), which focused on the different criteria of the CO’s performance and accountability such as relevance, effectiveness, efficiency, sustainability, coverage, coordination and connectedness of the country programme of cooperation. The CPE informed the formulation of the new Country Programme 2021-2025 with new ideas, interventions and recommendations that need to be addressed by the CO in its different programmes and themes. Additionally, the CPE comes out with key findings as well as strategic and operational recommendations.</p>	<p>The CPE 2018-2020 was a very helpful and informative exercise to the CO’s plans and new country programme for the 4th cycle 2021-2025. it was conducted by an independent, external evaluation team consisting of a Team Leader, 3 international consultants, and 2 national thematic consultants. It provides concrete recommendations at the strategic and operational levels. It also documented good lessons learned and key findings as evidence-based information for the CO’s evidence-based planning process.</p>
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**ANNEX 3. TRAINING DATA** <list here details of training activities undertaken during the reporting period>

#	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	People living with HIV	7-8 March 2020	20	29	49	Training People Living with HIV (PLHIV) on positive living, coping with stigma and discrimination and available HIV services	Mogadishu	Y-PEER
2.	District	Regional youth representatives	19 Feb. 2020	20	20	40	FGM concept, leadership and Peer Education	Garowe	Y-PEER
3.	District	Religious Leaders	5-6 April 2020 and 7-8 Apr. 2020	62	0	62	Training religious leaders on HIV prevention and stigma reduction	Borama and Hargeisa, respectively	Y-PEER

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4.	MOPIED, MOPEDIC and MNP	Technical and Statistical staff	24 Jan. to 14 Feb. 2020			15	Somali Health and Demographic Survey – Data Restructuring, Editing and Tabulation Workshop	Hargeisa	Population Dynamics Team (UNFPA)
5.	MOPIED, MOPEDIC and MNP	Technical and Statistical staff	22 Feb. to 8 Mar. 2020			15	Somali Health and Demographic Survey – Data validation and finalization of SHDS draft report chapters	Kigali, Rwanda	Population Dynamics Team (UNFPA)
6.	SHDS staff attached to MOPIED & MOPEDIC	Technical and Statistical staff	9-18 March 2020			5	Somali Health and Demographic Survey – Review of the chapters of the report	Nairobi, Kenya	Population Dynamics Team (UNFPA)
7.	MNP	Technical and Statistical staff	30 March 2020	12	4	16	Somali Health and Demographic Survey data validation and report validation - Somaliland	Virtual - Zoom	Population Dynamics Team (UNFPA)
8.	SHDS staff attached to MOPIED & MOPEDIC	Technical and Statistical staff	13 April 2020	7	1	8	Somali Health and Demographic Survey – Review of the chapters of the report - GBV, FGM, Household and Housing Characteristics	Virtual - Zoom	Population Dynamics Team (UNFPA)
9.	SHDS staff attached to MOPIED & MOPEDIC	Technical and Statistical staff	11 April 2020	7	1	8	Somali Health and Demographic Survey – Review of the chapters of the report –Marriage, fertility, birth spacing and women empowerment.	Virtual - Zoom	Population Dynamics Team (UNFPA)

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10.	SHDS staff attached to MOPIED & MOPEDIC	Technical and Statistical staff	14 April 2020	7	1	8	Somali Health and Demographic Survey Report review – maternal, child health, nutrition	Virtual - Zoom	Population Dynamics Team (UNFPA)
11.	SHDS staff attached to MOPIED & MOPEDIC	Technical and Statistical staff	16 April 2020	7	1	8	Somali Health and Demographic Survey – Review of the chapters of the report – chronic diseases, respondent characteristics and maternal mortality	Virtual - Zoom	Population Dynamics Team (UNFPA)
12.	SHDS staff attached to MOPIED & MOPEDIC	Technical and Statistical staff	27 April 2020	3	10	13	Somali Health and Demographic Survey – Review of the SHDS Launch presentations	Virtual - Zoom	Population Dynamics Team (UNFPA)
13.	MoH and Midwifery Associations	Midwives and health care workers	20 Feb. – 3 Mar. 2020	0	52	52	Family Planning, values clarification and Attitude Transformation Training	Somaliland	UNFPA/MOH Somaliland
14.	MoH and Midwifery Associations	Midwives and HCW	7-19 March 2020	0	23	23	Family Planning, values clarification and Attitude Transformation Training	Mogadishu	UNFPA/MOH FGS

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15.	MoH	Midwives and HCW	27 Apr. – 10 May 2020	0	22	22	Training of Trainers (TOT) on Family Planning and COVID-19 Infection Prevention and Control	Virtual	UNFPA
16.	MoH	Midwives and HCW	7-21 June 2020	0	24	24	Training of Trainers (TOT) on Family Planning and COVID-19 Infection Prevention and Control	Virtual	UNFPA
17.	MoH	Midwives and HCW	30 May – 7 June 2020	0	24	24	Family Planning and COVID-19 Infection Prevention and Control for health workers	Virtual	UNFPA Galgaduud Midwifery Training Institute
18.	MoH	Midwives and HCW	6-16 June 2020	0	31	31	Family Planning and COVID-19 Infection Prevention and Control for health workers	Virtual	UNFPA Somali Midwifery Association
19.	MoH	Midwives and HCW	13-22 June 2020	0	24	24	Family Planning and COVID-19 Infection Prevention and Control for health workers	Virtual	UNFPA / Kismayo Midwifery Training Institute

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20.	MoH	Midwives and nurses	Oct. – Dec. 2020	0	162	162	EmONC on-the-job training in Somaliland in the SHINE-supported Regions	on-the-job: face-to-face mentoring and supervision	UNFPA/MOH Somaliland
21.	MoH	Doctors, Nurses, Midwives	Nov. – Dec. 2020			211	Infection Prevention and Control (for COVID-19)	Virtual and in-person training	UNFPA and MOH Somaliland
22.	MoH	Doctors, Midwives, Nurses, and health facility managers	Nov. 2020		25	25	Minimum Initial Service Package (MISP) Training	Virtual	UNFPA and MOH Somaliland
23.	MoH	Midwives	Aug. 2020		17	17	Family Planning	Virtual	UNFPA and MOH Puntland
24.	MoH	Doctors, Nurses, and midwives	Dec. 2020			30	MISP Training	Virtual	UNFPA and MOH Puntland



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25.	MoH	Nurses and Midwives	Sept. 2020		30	30	Infection Prevention and Control (for COVID-19)	Virtual	UNFPA and MOH Puntland
26.	MoH	Doctors, Nurses, Midwives	15-19 Dec. 2020		20	20	Youth-Friendly Services for SRH	Face-to-face	MOH FGS and UNFPA
27.	MoH	Doctors, Nurses and Midwives	16 - 27 Dec. 2020		25	25	Family Planning	Face-to-face	MOH FGS and UNFPA
28.	IOM field coordinators		21 Jan. 2020	34	36	70	Disarmament, Demobilization & Reintegration (DDR) IOM Partners training on GBV basic concept guidelines including the pocket guide and GBV referral entry points.	Mogadishu	UNFPA GBV Area of Responsibility (AoR)
29.	CCCM field coordinators		24 June 2020	28	16	44	Cluster coordinators Training	Virtual (Zoom) Mogadishu	UNFPA GBV AoR

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30.	GBV-IMS Steering Committee Taskforce		16 March 2020	16	11	27	GBVIMS and MARA Intersection consultative meeting	Mogadishu	UNFPA  GBV AoR (GBV-IMS Taskforce)
31.	District	Psycho-social Support (PSS) workers	March 2020	71	109	180	Training on referrals, and provision of quality, confidential and age appropriate psychosocial support and counselling for GBV survivors	Somaliland	UNFPA
32.	District	Key male groups	April 2020	40	0	40	FGM Champions were trained and mobilized to say No to FGM in FGS and Somaliland	Mogadishu, Garowe and Hargeisa	UNFPA
33.	District	Religious Leaders	31 March 2020	9	0	9	FGM Strategic Advisory Group (SAG) members – nine religious leaders in Somaliland benefitted from a one-day orientation on how to inform advocacy for the abandonment of FGM	Hargeisa	Ministry of Endowment and Religious Affairs of Somaliland

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34.	District	Adolescent girls	March 2020	0	125	125	FGM adolescent girls were trained on life skills and peer-to-peer communication to carry out mobilization events and engage other young girls in advocacy campaigns directed towards the abandonment of FGM/C	Mogadishu and Garowe	INTERSOS, SCC and TIDES
35.	District	Female Religious Leaders	March 2020	0	60	60	Female FGM religious leaders were trained and mobilized communities against FGM through women-to-women network in Somalia	Somaliland	Ministry of Endowment and Religious Affairs of Somaliland
36.	FGM Joint Programme partners and coordinators		17-18 May 2020	26	27	53	A workshop was held on to harmonize messages for zero tolerance of FGM	Virtual through Zoom (Mogadishu)	UNFPA
37.	Police Officers	Police officers	28 - 29 September 2020	15	21	36	Workshop on managing GBV survivors		
38.	Cluster members and coordinators	Cluster members		45	25	70	Workshop on integrating GBV concerns into Food Security cluster programming		

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39.	Cluster members and coordinators	Cluster members	30 September 2020	10	8	18	Workshop in integrating GBV concerns into NFI/shelter cluster programming		
40.	Cluster members	Cluster members	24 November 2020	70	45	115	Orientation workshop for cluster members (Protection, Cash Working Group, and GBV) on cash and voucher assistance		
41.	Journalists	Journalists	August 2020	10	5	15	Training on gender-sensitive reporting for GBV		
42.	Young women	Young women	July 2020	0	25	25	Training on peer-to-peer education on FGM		
43.	Legal officers/ Criminal Investigation	Legal officers	July 2020	17	3	20	Training for implementation of Sexual offenses law in Puntland		
44.	Police officers	Police officer	Aug. 2020	22	3	25	Training on collection and management of forensic evidence for prosecution of GBV cases		

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45.	MOPIED, MOH and UNFPA	UNFPA Technical team and Technical teams from the Ministries of Planning and Health	June to August 2020	13	10	23	Virtual meetings to clean, process and validate SLHDS Data for Somaliland report	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
46.	MOPIED, MOH and UNFPA	UNFPA Technical team and Technical teams from the Ministries of Planning and Health	July to October 2020	13	10	23	Virtual Discussion on SLHDS report writing, and review	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
47.	MOPIED, MOH and UNFPA	UNFPA Technical team and Technical team from the Ministries of Planning and Health	August to October 2020	14	11	25	Virtual discussion Report on editing, design and layout of SLHDS  Compilation of key findings and SDG indicators from SLHDS data	Virtual through meet and zoom	Population Dynamics Team (UNFPA)

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48.	MOPIED, MOH and UNFPA	UNFPA Technical team and Technical team from the Ministries of Planning and Health	October 2020	13	7	20	Virtual meetings on logistics and actual launch of SLHDS report	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
49.	MOPIED & UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	July to August 2020	6	5	11	Virtual meetings on COVID-19 Vulnerability mapping for Hargeisa and Burao	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
50.	MOPIED & UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	September 2020	13	7	20	Virtual meetings on training of Survey personnel and fieldwork to assess the socio-economic impact of COVID-19 in Somaliland	Virtual through meet and zoom	Population Dynamics Team (UNFPA)

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51.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry Planning	October 2020	13	7	20	Virtual meetings on preparation of tabulation plan, analysis syntax and actual tabulation and generation of charts for the report on socio-economic impact of COVID-19 in Somaliland	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
52.	MOPIED & UNFPA	UNFPA Technical team and Technical team from Ministry of Planning	December 2020	13	7	20	Virtual meetings on preparation of tabulation report outline and draft of chapters on socio-economic impact of COVID-19 in Somaliland	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
53.	MOPIC, MOH and UNFPA	UNFPA Technical team and Technical team from the Ministries of Planning and Health	July to September 2020	16	4	20	Virtual meetings to clean, process and validate PLHDS Data for Puntland report	Virtual through meet and zoom	Population Dynamics Team (UNFPA)

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54.	MOPIC, MOH and UNFPA	UNFPA Technical team and Technical team from the Ministries of Planning and Health	August to October 2020	16	4	20	Virtual Discussion on PLHDS report writing, and review	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
55.	MOPIC, MOH and UNFPA	UNFPA Technical team and Technical team from the Ministries of Planning and Health	October to November 2020	16	4	20	Virtual discussion Report on editing, design and layout of PLHDS  Compilation of key findings and SDG indicators from PLHDS data	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
56.	MOPIC, MOH and UNFPA	UNFPA Technical team and Technical team from the Ministries of Planning and Health	November 2020	15	4	19	Virtual meetings on logistics and actual launch of PLHDS report	Virtual through meet and zoom	Population Dynamics Team (UNFPA)



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57.	MOPIC & UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	July to August 2020	15	4	19	Virtual meetings on COVID-19 Vulnerability mapping for Garowe and Galkayo	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
58.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	August 2020	15	4	19	Virtual meetings on design of concept note and questionnaires to assess the socio-economic impact of COVID-19 in Puntland	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
59.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	September 2020	13	3	16	Virtual meetings on training of Survey personnel and fieldwork to assess the socio-economic impact of COVID 19 in Puntland	Virtual through meet and zoom	Population Dynamics Team (UNFPA)

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60.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	October 2020	13	3	16	Virtual meetings on preparation of tabulation plan, analysis syntax and actual tabulation and generation of charts for the report on socio-economic impact of COVID-19 in Puntland	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
61.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	November 2020	13	3	16	Virtual meetings on Review, editing and layout of the report on socio-economic impact of COVID-19 in Puntland	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
62.	MOPIED, MOH and UNFPA	UNFPA Technical team and Technical team from the Ministries of Planning and Health	August to October 2020	17	4	21	Virtual meetings to clean, process and validate SHDS data	Virtual through meet and zoom	Population Dynamics Team (UNFPA)

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63.	MOPIED, MOH and UNFPA	UNFPA Technical team and Technical team from the Ministries of Planning and Health	September to November 2020	17	4	21	Virtual Discussion on SHDS report writing and review	Virtual through Zoom and meet	Population Dynamics Team (UNFPA)
64.	MOPIED, MOH and UNFPA	UNFPA Technical team and Technical team from the Ministries of Planning and Health	November to December 2020	14	4	18	Virtual discussion Report on editing, design and layout of SHDS  Compilation of key findings and SDG indicators from SHDS data	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
65.	MOPIED and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	July to August 2020	5	4	9	Virtual meetings on COVID-19 Vulnerability mapping for Banadir	Virtual through meet and zoom	Population Dynamics Team (UNFPA)

**SOMALIA UN MPTF**

66.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	September 2020	12	4	16	Virtual meetings on training of Survey personnel and fieldwork to assess the socio-economic impact of COVID 19 in Banadir	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
67.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	October 2020	12	4	16	Virtual meetings on preparation of tabulation plan, analysis syntax and actual tabulation and generation of charts for the report on socio-economic impact of COVID-19 in Banadir	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
68.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	November 2020	12	4	16	Virtual meetings on preparation of tabulation report outline and draft of chapters on socio-economic impact of COVID 19 in Banadir	Virtual through meet and zoom	Population Dynamics Team (UNFPA)

**SOMALIA UN MPTF**

69.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	October to November 2020	14	3	17	Virtual meetings to clean, process and validate SHDS data for Galmudug, Southwest, Jubaland and Hirshabelle reports	Virtual through meet and zoom	Population Dynamics Team (UNFPA)
70.	MOPIC and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	November to December 2020	14	3	17	Virtual discussion on SHDS report writing, and review for Galmudug and South West State reports	Virtual through Zoom and meet	Population Dynamics Team (UNFPA)
71.	MOPIED and UNFPA	UNFPA Technical team and Technical team from the Ministry of Planning	July to August 2020	5	4	9	Virtual meetings on COVID-19 Vulnerability mapping for Baidoa and Kismayo	Virtual through meet and zoom	Population Dynamics Team (UNFPA)

**SOMALIA UN MPTF**

72.	Youth	Young People	15-20 November 2020	6	5	11	Art for Peace building and Social Change-body mapping and photovoice	Garowe	Art4you
73.	University students	MOYS	28-30 Sep. 2020	16	14	30	Leadership training for university students' Associations	Garowe	Y-PEER  UNFPA
74.	Young mothers		1 July to 30 September 2020	0	15	15	Tie and dye training program for young mothers in Bossasso	Bossaso	Dandor  MOLYS
75.	Young men and women peace builders		9-13 November 2020	11	11	22	Youth for Peace ToT Training	Mogadishu	Y-PEER

**SOMALIA UN MPTF**

76.	Youth			42	62	104	Life Skills and Advocacy training on SRH among young people	Gabiley, Hargeisa  Borama  Mogadishu	Y-Peer
77.	Youth		15–17 December 2020	104	80	184	Training of Youth Volunteers	Mogadishu  Kismayo  Hargeisa, Burao Lasanod Borama Erigavo Sanaag	Y-Peer
78.	Health care workers		22-27 Nov 2020 and 29 October-03 November 2020	61	39	100	Training of Health Workers on Youth-Friendly Services	Dollow  Kismayo	SOLO

**SOMALIA UN MPTF**

79.	Youth		6-16 Sep. 2020	15	15	30	Training on Theatre of the Oppressed technique	Mogadishu Kismayo	
			19-29 September 2020						
80.	Youth		20-24 December 2020	57	63	363	Mentorship, Life Skills and Employability Training	Mogadishu	
			15-19 November 2020	63	60			Dhusamareb	
			27-31 December 2020	67	53			Jowhar	