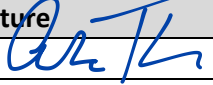


SOMALIA UN MPTF
PROGRAMME SEMI-ANNUAL PROGRESS REPORT
Period: 1 January – 30 June 2020

Project Name	SOMALIA UN UNFPA CPD 2018-20
Gateway ID	00112174
Start date	1 January 2018
Planned end date (as per last approval)	31 December 2020
Focal Person	Name: Mr. Walter Mendonça Filho
	Email: mendonca-filho@unfpa.org
	Tel.: +252-619505429
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
Location(s)	Somalia
Gender Marker	

Total Budget as per ProDoc	USD 44.7 million (2018-2020)
MPTF:	USD 39.4 million (to be mobilized)
Non-MPTF sources:	UN PeaceBuilding 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 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); USD 248,775 (2020)
	(e) Canada: USD 698,236 (2020)
(f) UNAIDS UBRAF: USD 65,526 (2019); USD 55,000 (2020)	
(g) UNFPA Emergency Funds: USD 406,600 (2020)	

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

Total MPTF Funds Received			Total non-MPTF Funds Received	
PUNO	Reporting Period	Cumulative	Reporting Period	Cumulative
List Agencies	1 Jan - 30 Jun 2020	From prog. start date (from 1 Jan 2018)	1 Jan - 30 Jun 2020	From prog. start date (from 1 Jan 2018)
UNFPA	8,747,149	38,155,968	3,658,674	15,241,906

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JP Expenditure of MPTF Funds ¹			JP Expenditure of non-MPTF Funds	
PUNO	Reporting Period	Cumulative	Reporting Period	Cumulative
List Agencies	1 Jan - 30 Jun 2020	From prog. start date (from 1 Jan. 2018)	1 Jan - 30 Jun 2020	From prog. start date (from 1 Jan. 2018)
UNFPA	7,841,558	31,563,672	2,681,252	12,153,424

SEMI-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 with a focus on results/impact rather than process.>

1. Sexual and Reproductive Health and Rights: UNFPA supported the implementation of the midwifery training programme in 13 midwifery schools across Somalia. 22 midwives graduated from the schools in the first half of 2020, and 200 midwives were trained in family planning and infection prevention and control through virtual training.
2. Adolescents and Youth: The adolescents and youth programme continued to empower young people through support to youth centres that were able to reach 8,033 adolescents and youth with information; 2,400 with services; 468 with various entrepreneurship skills; and advocacy campaigns.
3. Gender Equality and Women's Empowerment: The gender programme supported capacity enhancement of 599 persons (228 women, 246 men, 125 girls) including GBV service providers, religious leaders, government partners and security personnel on applying a survivor-centered approach to service delivery and a total of 5,066 persons (2,618 women, 698 men, 1,481 girls, 269 boys) have accessed and utilized GBV multi-sectoral services during the reporting period.
4. Population Dynamics: The Somali Health and Demographic Survey national report was finalized, published and officially launched by the Ministry of Planning, Investment and Economic Development (MOPIED), Ministry of Health and Human Services and Federal Member States in late April 2020. The electronic copy of the report has been posted on both the UNFPA and Directorate of National Statistics (DNS) websites allowing free, public access to all data. It has also been shared widely with Government Ministries, UN agencies, non-governmental organizations (NGOs) and donors for use in planning.

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 support to the Midwifery Education program in Somalia has continued to grow strong, and training activities have continued despite the COVID-19 pandemic. The education program graduated 22 midwives across the country by June 2020. UNFPA Somalia demonstrated its agility in programme

¹ **Uncertified expenditures.** Certified annual expenditures can be found in the Annual Financial Report of MPTF Office (<http://mptf.undp.org/factsheet/fund/45000>)

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continuation by adapting to virtual learning and training approaches. UNFPA was able to combine the family planning and infection prevention and control training and provide these to midwifery students as a perfect blend of programme continuity and strengthening of access to family planning services. UNFPA has trained 60 trainers and 140 providers of family planning across the country. UNFPA has introduced Sayana Press (DMPA-SC), a method of modern family planning, to the public sector in the country through strategic programme design, and has obtained approval from the Ministry of Health and Human Services to take this service to the health centers. UNFPA continued to strengthen Basic Emergency Obstetric and Newborn Care (BEmONC) centers on their signal functions.

During the reporting period, 7,935 complicated deliveries were managed and 879 babies were delivered through lifesaving C-section procedures. 1,998 new users of modern family planning methods were served during the first 6 months of 2020. It should be noted, however, that during quarter 2 of 2020, all service delivery numbers have reduced as compared to the previous 6 months, or same time period of last year. This is the case for maternity care and for family planning services. During the second quarter of 2020, the uptake of preventive care such as ante-natal care (ANC) visits was weak, even for normal deliveries.

UNFPA Somalia supported the Ministry of Health and Human Services in its effort to fight COVID-19 with procurement of Personal Protective Equipment (PPEs) as well as printing of Information, Education and Communication (IEC) materials related to risk communication and community education for COVID-19 infections. Collaborative efforts with sister UN Agencies were strengthened (WHO, UNICEF, IOM) and standardized COVID-19 relevant training materials were used by all agencies to ensure uniformity of skills and messaging around the utilization and control measures for the pandemic.

In this time of COVID-19 pandemic the UNFPA-supported youth centres produced 1,470 masks that were distributed in internally displaced persons (IDP) camps. Advocacy on sexual and reproductive health, FGM, early marriage and HIV/AIDS integrated with COVID-19 awareness directly reached 42,414 young people with over 500,000 estimated to have been reached indirectly through social media, radio and TV spots, 2400 young people received services and 468 trained on entrepreneurship skills.

The gender programme continued to work to achieve a zero tolerance to FGM consensus among religious leaders that would lead to a cancellation of a pro-sunna FGM fatwa and to anti-FGM legislations in both Puntland and Somaliland. The programme also contributed to promoting dialogues among young persons on the need to abandon FGM. This was done through tweet chats covering issues relating to (a) social norms and practices that promote FGM; (b) response to the abandonment of FGM by religious leaders; and (c) lack of legislation against FGM. The programme is also working with UN Women to support the development of a digital GBV reporting system in Puntland. It supported GBV rapid assessments in Gedo arising from the flood emergency there and it is also providing both technical and financial support to an ongoing assessment on GBV/FGM within the COVID-19 pandemic.

In the first half of 2020, the key achievements for the Population Dynamics programme included delivery of hands-on capacity building for 20 staff from the Ministries of Planning and Health of the Federal Government of Somalia and Federal Member States on demographic and health survey data analysis and report writing. Utilizing the acquired skills, the team produced the Somali Health and Demographic Survey (SHDS) report which was launched in late April 2020. It is worthy to note that countries normally solicit the support of the U.S.-based Demographic and Health Survey (DHS) programme to undertake data processing for a survey of this nature, scope and magnitude. The Somaliland Health and Demographic Survey report writing process is its final stage.

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Utilizing the Somali Health and Demographic Survey data, COVID-19 vulnerability mapping has been done for major towns including Mogadishu, Baidoa, Garowe, Gaalkacyo, Kismayo, Hargeisa and Burao. These maps are being utilized by the Ministries of Health to identify COVID-19 hotspots and develop appropriate control measures to minimize the spread of the disease.

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 last reporting period, e.g. changes in the AWP; changes in outputs/outcomes; changes of national counterparts; withdrawal of staff from intervention areas; etc.>

Somalia has one of the most complex and protracted humanitarian crises in the world. Prior to the COVID-19 pandemic, an estimated 5.2 million people required humanitarian assistance. Currently, the country is facing a triple threat of a COVID-19 pandemic, flash and riverine flooding, and a desert locust infestation. All Federal Member States of Somalia and Somaliland have confirmed cases of COVID-19, and the epidemiological curve continues to show a steady rise in confirmed cases over recent weeks. As of 29 June 2020, the number of COVID-19 cases in Somalia has reached 2,878 with 90 fatalities. At the same time, flash and riverine floods resulting from heavy Gu' (April-June) rains have affected nearly 1.2 million people, with 29 people killed and 436,000 displaced across the country. In addition, new swarms of desert locusts have been reported in Somaliland, Puntland and Galmudug. Remittances from the diaspora on which nearly half of Somali families depend have declined. Prices of basic commodities are rising following disruptions in supply chains due to COVID-19 restrictions and flood-damaged roads. COVID-19 is also threatening the most vulnerable people including people with disabilities and women of reproductive age representing 3.5 million people of whom 387,450 are pregnant women.

The situation of women and girls in Somalia within the COVID-19 pandemic has worsened remarkably. The number of women and girls facing abuse including sexual violence increased substantively due to the restrictions on movement, as well as economic and social stresses induced by the COVID-19 pandemic. According to the Gender-Based Violence Information Management System (GBVIMS) quarter one 2020 report, intimate partner violence (IPV) cases remained the highest GBV type reported across the country. There are also increased numbers of FGM cuts in Somalia. Several reports indicate that mothers are taking advantage of the closure of schools, due to COVID-19, to take their daughters to traditional birth attendants and even health facilities for cutting.

The implementation pace of projects and programmes has slowed due to the pandemic. Alternative delivery modalities have been adopted whenever feasible. For instance, virtual training sessions on family planning, infection prevention and control, and midwifery have substituted workshops where physical presence would have been the norm. UNFPA staff have adopted alternate working arrangements since mid-March 2020 following UN guidance. Work has been carried out remotely by staff from March to June 2020 in all office locations. In June 2020, a partial opening of the UNFPA offices was initiated, with reduced presence on site in the office in Garowe and Hargeisa as well as the liaison office in Nairobi. Going back to regular office physical attendance will be dependent upon how the situation evolves and will follow UN guidance.

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SEMI-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	TARGET (2020)	PROGRESS ON OUTPUT INDICATOR²	
	2017		Reporting Period (1 January to 30 June 2020)	CUMULATIVE AS AT 30 JUNE 2020
Number of midwives graduating from training that is in accordance to ICM-WHO standards	979	1,479	22	1,403
Number of facilities with all the signal functions to provide skilled delivery	69	89	0	71
Number of fistula repair surgeries	779	1,429	0	1,204
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, updated for 2020
Number of national counterparts with the capacity to implement MISP at the onset of crisis	120	200	0	204
Percentage of health facilities with personnel with the capacity to implement the new family planning human rights protocol	<60%	85%	0	68% (estimate)
The country is using a functional electronic logistics management information systems for forecasting and monitoring reproductive health commodities	No	Yes	No	No
Note: A zero (0) figure under the column “Reporting Period (1 January to 30 June 2020)” means that no <i>additional</i> outputs have been added during the first half of 2020 to that indicator, in comparison with the situation as at 31 December 2019.				

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

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SUB-OUTCOME 2 STATEMENT					
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	0	5	
Number of girl centres established to provide adolescents with reproductive health services	0	3	0	4	
Number of health care providers with the capacity to provide youth-friendly services	0	120	0	120	
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	0	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	0	7	
Number of religious leaders trained to advocate against gender-based violence and FGM/C	50	200	69	538	
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	0	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	0	6	
Number of population situation analysis reports undertaken by national government to identify priorities and formulate policies and programmes	0	3	0	4	

NARRATIVE

<Summary of key results achieved and how these results contribute to the PSG priorities and milestones or to programme outcome. Maximum half page per output for each PUNO >

Output 1: Sexual and Reproductive Health

UNFPA supported 13 midwifery schools in Somalia in the first half of 2020, enabling graduation of 22 qualified midwives during the reporting period reaching a cumulative total of 1,403 (aiming at the target of 1,479 by the end of 2020). Collectively, the schools offer free midwifery education to 260 midwifery students this year using the International Confederation of Midwives (ICM)/WHO-accredited midwifery curriculum. These achievements contribute to strengthening the human resources base for health, and with the strategy of prioritizing midwifery student intake from rural settings, it offers better chances of increasing access to services in rural and underserved areas as these students tend to return to their home-based health facilities after graduation.

UNFPA has taken the lead role in supporting the nationally designated COVID-19 response center at De Martino Hospital in Mogadishu. With the confirmation of its first COVID-19 positive case in mid-March 2020, Somalia took quick and effective steps in controlling the spread of the pandemic. At the same time the Government designated a number of health facilities across the country as COVID-19 designated centers for testing and treatment of patients who needed in-patient care. UNFPA, through generous support from donors, was already in the process of supporting De Martino Hospital in Mogadishu to support regular ongoing maternity care. During the transition period other UN agencies such as WHO, UNICEF, IOM and WFP have been engaged in providing additional support to De Martino Hospital. Going forward, UNFPA will continue to provide COVID-19-related services but, at the same time, facilitate the transition from COVID-19 response to ongoing services including maternity care, as well as other medical, surgical and pediatric care at the hospital.

The advent of the COVID-19 pandemic has been a huge challenge for the country and with the limitations in travel into and within the country, many of the activities have been slower to make progress. UNFPA has ensured the continuation of support to the ongoing maternal and reproductive health care services in the country, especially in fifteen Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centers across the country. The following services have seen a stagnant effect in terms of expanding services during the first six months of the year 2020: fistula repair services and full implementation of the logistics management information system (LMIS). UNFPA initiated a EmONC readiness assessment in Puntland as a pilot, but was unable to continue in other places due to the pandemic. This will be continued after situation returns to normal. As the COVID-19 situation improves going forward, UNFPA will continue to pursue the achievement of the targets set for the end of the year 2020.

Output 2: Adolescents and Youth

Although the COVID-19 pandemic restricted the Youth programme interventions as well as other programmes in Somalia, during the reporting period the Youth programme increased the capacity of 468 young people (333 in Mogadishu, 60 in Gabilay, and 75 in Puntland) in various skills including salon and beautification, tailoring, traditional weaving, electrical and computer skills; they have also received soft life skills training.

Sexual and reproductive health services for adolescents and youth were provided including family planning, HIV/AIDS voluntary counselling, syphilis testing and HP/blood grouping in Abdiyaz and Tilmame youth centres. These services reached 2,400 adolescents and youth. During the reporting period, awareness raising and advocacy for young people continued in the youth centres with a focus on the issues of COVID-

19, health education, FGM and Child Marriage, the importance of girls' education, sexually-transmitted diseases, HIV/AIDS awareness, and menstrual hygiene. 8,033 adolescents and young people comprising 3,433 boys and 4,600 girls have received information and awareness. In addition, the Youth programme utilized radio, television and social media to engage young people on child marriage, HIV/AIDS, FGM and COVID-19 messaging. This is estimated to have reached over 500,000 young people. Concurrently, the youth programme conducted outreach theatre-based performances inside an internally displaced camp in Digale to increase the awareness on HIV/AIDS prevention, prevention of all forms of female genital mutilation (FGM) and other harmful traditional practices. This activity had 1,500 community participants in the campaign. Similarly, in Puntland 6,120 (3,200 females and 2,920 males) benefited from the theatre performance campaigns. A young writer's competition on sexual and reproductive health (SRH) topics was held in Somaliland in order to empower young writers and create more awareness on SRH issues; the winners were awarded and will be contributing to SRH knowledge in Somaliland.

As a response to COVID-19, a total of 1,470 masks have been produced in the UNFPA-supported youth centres by the youth trained in these centres, which were in turn distributed in IDP settlements in Bossaso, Sanaag and Mogadishu, each getting 270, 300 and 900 masks respectively. The masks were made in line with MOH's guidelines. Menstrual health management reached 1,500 adolescent girls who received reusable sanitary pads that last 12 months. A youth-led caravan with a public address system was conducted in parts of Hargeisa, Gabiley, Halaya, Arabsiyo, Wajale, Garowe, Buuhoodle and Bosaso. The caravan reached at least 27,000 people in these areas distributing an equal number of IEC materials. From mid-March 2020 the youth caravan delivered integrated SRH, HIV/AIDS and COVID-19 messaging. Similarly, another youth caravan visited 42 villages in Jubaland reaching 1,539 males and 3,155 females with FGM and COVID-19 messaging. As part of young people against female genital mutilation, on February 6, 2020 zero-tolerance to FGM day was observed. A youth forum was held in Tilmame youth centre in Garowe, Puntland with over 100 university students in attendance. 21 billboards were erected in strategic places in major cities of Puntland on HIV/AIDS prevention, stigma reduction, child marriage and FGM.

Somali National Youth Day was celebrated in 2020 by raising awareness on COVID-19 and distribution of masks and sanitizers. In parallel, Somaliland National Youth Day commemoration in February 2020 mobilized the highest level of Government including the HE the President. There were over 3,000 young people in the Liberty Park on that occasion and the Government emphasized its commitment to youth empowerment and established youth development funds.

Output 3: Gender Equality and Women's Empowerment

During the reporting period the GBV/Gender programme contributed to an improvement in service provision for GBV survivors and to community mobilization to end FGM. The programme supported capacity enhancement of 629 persons (256 women, 248 men, 125 girls) including GBV service providers, religious leaders, government partners and security personnel on applying a survivor-centered approach to service provision, mainstreaming GBV concerns into cluster programming and implementation, peer-to-peer mobilization against FGM, and application of the existing sexual offenses legislations.

A total of 5,066 persons (2,618 women, 698 men, 1,481 girls, and 269 boys) accessed and utilized GBV multi-sectoral services including psychosocial support and counselling, rape treatment for GBV survivors, minor treatment for physical injuries as a result of intimate partner violence or sexual assault, and transport support for referrals. In addition, 10,037 persons (4,966 women, 1,801 men, 2,029 girls, 1,241 boys) gained knowledge and information on referral pathways, negative impact of FGM and the need to abandon the practice. The total number reached includes 189 persons (26 men, 163 women) living with disabilities.

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UNFPA as the GBV lead for humanitarian emergency also supported coordination of service provision through the GBV sub cluster operation to reach a total of 176,082 (35,768 girls, 20,222 boys, 86,129 women, 33,963 men). UNFPA also supported the establishment of a working group in Gedo region and also provided technical support to the GBV rapid assessment on post-flood situation in that region.

Output 4: Population Dynamics

Representatives from the Ministry of Health and Human Services and the Ministry of Planning, Investment and Economic Development of the Federal Government as well as Federal Member States validated the SHDS findings at a SHDS workshop held in Kigali, Rwanda in February 2020. Furthermore, all parties agreed that the success of the data will be in its use and in its role in the formulation of future policy and planning. The SHDS data was restructured, tabulated, edited, inputted, weighted, analyzed, and validated; charts were generated and the SHDS report drafted, resulting in the completion of the SHDS national report. In Somaliland, similar results have been achieved leading to production of a first draft of the Somaliland SHDS report.

An online virtual launch event of the SHDS was undertaken on 30 April 2020. A physical launch could not be held due to COVID-19 pandemic and requirements for social distancing. The launch was addressed by the HE the Minister of Planning, Investment and Economic Development and the Minister of Health and Human Services as well as the UNFPA Representative, and the British and Finnish Ambassadors to Somalia.

The National Statistical Bureau of the Federal Government of Somalia has been established and the Bureau's Director General and its Deputy appointed. This was a culmination of several processes that took place in 2019 which included statistical awareness forums by the planning, budget and finance parliamentary committee of the Federal Parliament of Somalia held in Rwanda and which had been organized by the Ministry of Planning, Investment and Economic Development (MOPIED) of the Federal Government of Somalia jointly with UNFPA.

Maps on COVID-19 vulnerability by risk factors were produced for several towns – Mogadishu, Baidoa, Hargeisa, Burao, Garowe, Gaalkacyo, Kismayo. These maps integrate population densities with location of various social amenities that include markets, hospitals, places of worship as well as information on critical risk factors such as levels of chronic diseases, disability, aged population and Internally Displaced Population (IDP) sites, among others. The maps are linking the proposed interventions with the current state of affairs which will assist to gauge the viability of proposed interventions and how best to package the interventions including hand washing, social distancing and communication of COVID-19 prevention messages. This is achieved through use of indicators from the SHDS, such as access to basic hand washing facilities at household level, household size, sleeping arrangements and access to information measured through ownership of mobile phones, internet use, access to television, radio and newspaper.

Other Key Achievements <bullet points on additional achievements arising out of your interventions; maximum 2 bullet points per PUNO>

UNFPA has been part of the World Bank's initial efforts in investing in the health sector in Somalia. UNFPA has been actively involved in the consultative process for the investment case development for the national health project "Damal Caafimaad". It is anticipated that the project will take effect starting January 2021. An important activity under this effort has been UNFPA's engagement in the resource mapping and expenditure tracking exercise to assist in better understanding the resource availability and utilization in

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the health sector in the country. In the same spirit, UNFPA has been one of the partner agencies working to review and update the Essential Package of Health Services (EPHS) for Somalia. This effort is being revisited after 10 years of EPHS's introduction in the country in 2010. This effort has been led by the Ministry of Health and Human Services, with support from various UN and multilateral development agencies, notably the World Bank and WHO, along with UNFPA's active engagement. Another important coordination role UNFPA has engaged in during the reporting period has been that with the COVID-19 Task Force developed for Somalia. The main objective of this coordination effort has been to ensure efficient utilization of resources, co-sharing of common work burden, and ensuring adequate response mechanisms are put in place for COVID-19 response. In addition to these activities, UNFPA has directly liaised with the MOH's COVID-19 coordination unit to support supply of personal protective equipment (PPEs), and assist with the COVID-19 message dissemination by providing funds for formulation and printing of Information, Education and Communication (IEC) materials for the response.

Relying on the Somali Health and Demographic Survey (SHDS) 2020 data and results, UNFPA technical and programme teams produced informative maps that address the issues of COVID-19 through production of information on COVID-19 vulnerability as well as mapping of the risk factors such as population density, IDP settlements, markets and bus stations. These maps cover several regions, cities and locations based on the integration of the population densities and other social amenities. In addition, the maps include information on critical factors including chronic diseases, IDPs and other population characteristics.

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) >*

The COVID-19 pandemic has severely affected regular programming in Somalia for UNFPA, as it has for other UN agencies as well as the Government of Somalia. Nevertheless, UNFPA has adapted its programming and delivery to ensure services to the women and families of Somalia are continued with as little disruption as possible. As part of the UN response to COVID-19, continuation of "essential health services" was included in the list of the Federal MOH COVID-19 Emergency Preparedness and Response Plan. This inclusion continued to prioritize the ongoing services at health facilities across the country. This was in recognition of the fact that life-altering events such as deliveries and childbirth would continue irrespective of whether there was a pandemic or not. Along with these came the complications that could prove to be life-threatening and expert obstetric or midwifery care would be critical to save lives. This also raised the issue of protecting health care workers from the untoward effects of the pandemic itself. UNFPA quickly prepared an intervention to educate the workforce in the current issues of infection prevention and control (IPC) as it relates to COVID-19. UNFPA adapted the IPC training materials prepared by WHO and used it for training medical personnel. UNFPA coordinated with WHO through the UN COVID-19 task force coordination body to ensure that health facilities that are supported in Somalia would receive the required personal protective equipment (PPE) so as to protect personnel serving in these locations. This would have the double objective of protecting clinical providers, and to ensure that the limited health workforce was not compromised during these times when the demand for the health care providers would be the highest and then life-saving essential health services would be there for the people of Somalia.

At the advent of the pandemic UNFPA continued to provide training of health care providers through the use of virtual learning applications, especially in the provision of birth spacing (family planning) methods and for IPC. All of these trainings were conducted by using virtual learning platforms such as Zoom Classrooms that UNFPA had put in place. Further, UNFPA conducted several consultations under the

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thematic areas to inform the development of the future country programme document. During this period of travel restricts and stay-at-home orders the landmark Somali Health and Demographic Survey (SHDS) report was successfully launched through a well-attended virtual conference.

Challenges (incl: Delays or Deviations) and Lessons Learnt: *<if any, briefly describe the delays or changes in focus, approach or targets, and provide a short justification for the change (1-2 paragraphs)>*

A major challenge has undoubtedly been the outbreak of the COVID-19 pandemic which reached Somalia in March 2020. The consequences and repercussions to the regular work of the UNFPA Country Office and to the implementation of projects and programmes have been significant. The entire country office adopted alternate working modalities in mid-March 2020 which were still in place as at end of Q2 2020. All projects and programmes have suffered delays. International procurement processes of health commodities have been delayed due to global market constraints, both in production as well as in logistics and transportation. Adaptation approaches have been adopted by the country office in order to mitigate, to the extent possible, the effects of the pandemic on the country programme. The country office already had in place robust virtual and teleworking capabilities prior to the pandemic. These capabilities have been further strengthened since, including virtual processing and e-signatures for all office documents; electronic meeting platforms as a means to conduct frequent meetings both internally as well as externally with implementing partners and stakeholders; launch of virtual training sessions for implementing partners in lieu of trainings that would have taken place with physical attendance; and close coordination of the various teams virtually and electronically. The country office has maintained its full operationality while also ensuring delivery of key activities virtually. This situation of course is not unique to Somalia, it is a global pandemic, but its effects are arguably worse in Somalia given the existing weak infrastructure and huge needs even during normal circumstances. The major lesson learned is that some activities within the country programme can be successfully delivered via virtual means and that the country office and the team can continue to be a strong, coherent entity even when the vast majority of staff are on flexible working arrangements, working from various locations.

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)

UNFPA has successfully concluded a peace building project funded by the UN Peace Building Fund (PBF) and, as per the findings, the project was relevant to the youth needs in Baidoa, Kismayo and Dolow. The key achievements of the project include: conducting 9 youth-led campaigns with 2,175 youth and achieving social media engagement of approximately 165,000 people. There were also successful youth capacity building on Communicating for Impact, social media training, and Leadership and Management, cumulatively having benefited 217 young people. The project ensured greater women's participation and inclusion in political activities. District Councils were set up in the three districts of coverage. Training manuals on leadership, peacebuilding and governance for youth were developed, and six position papers were developed on peace and security. Through the project's efforts, there was also an overall sense of increased confidence of youth to take up political activities.

Comparison of baseline and end line indicators shows that the majority of the project targets were met. One of the key improvements that is notably visible from the findings is the number of young men and women from the districts who participated in Parliament by winning elections. 90% of beneficiaries from all districts

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felt that their inputs translated into concrete policies or actions; this is a great achievement in comparison to the 50% project target. Youth policies were developed, and 12 intergenerational dialogue forums held engaging up to 1,070 people with 88% of these being women. Furthermore, due to project activities, 84% of youth also felt that they can consult the Members of Parliament to give their inputs on policy matters which is higher than the 50% which had been set as the target. There was also increased youth representation in Parliament at the State level with some young people successfully running for elections and obtained seats.

Catalytic effects *(for Joint Programmes receiving PBF funding only - Were there catalytic effects from the project during the reporting period, 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](#)*

The level of awareness raising and advocacy on youth issues over the course of the Peace-Building Fund (PBF)-funded project has continued to keep the voices of the youth in the public sphere. As a result, youth have become more confident in expressing their needs. For example, the Youth Association in Jubaland experienced challenges when the Government suggested that they (the Government) would hold and lead the process in electing positions for the umbrella youth network. The Jubaland Youth Association challenged what they deemed to be an unfair process. The confidence to challenge this position and to address their concerns publicly highlights the impact of the project on peacebuilding efforts. The capacity for the Government in this instance to listen and be receptive to the needs of their constituents also demonstrates the favourable peacebuilding conditions set by the project. Furthermore, through the project interventions, Federal Member States such as Jubaland have expanded the youth council formation process to other areas within the region - via Afmadow. The Southwest State has reviewed its youth policy engaging youth stakeholders. For Jubaland, the National Youth Policy was operationalized, and a State level Youth Policy was launched. The Federal Member States that participated in the project continue to seek avenues to bolster support for implementation of youth policies. Finally, significant numbers of youth being elected to positions of authority and decision-making in the Federal Member States has been a tremendous achievement. There is commitment from the Government to continue to expand the democratic space and the engagement of youth.

Gender

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

During the reporting period, UNFPA in collaboration with UN Women, UNICEF, the National Union of Somali Journalists (NUSOJ) and the Civil Societies Organization (CSO) Coalition continued to support advocacy for the approval of the Sexual Offenses Bill (SOB) for the Federal Government. Working through the GBV sub cluster, the gender/GBV programme supported the formation and operations of a civil society coalition to advocate for the passage of the bill in Parliament. The coalition targets key allies and members of leadership of the Parliament. It advocates for the bill to be put on the agenda and discussed at the Parliament with the aim of having it approved. The programme continues to support media discussions and talk shows aimed at improving the discourse and mobilization around positive support for the passage of the bill. The programme supported the development and dissemination of messages against female genital mutilation (FGM) and GBV, and development and dissemination of guidelines for GBV and COVID-19.

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Proportion of gender specific outputs in Joint Programme ³	Total no. of Joint Programme Outputs	Total no. of gender specific Outputs
		5
Proportion of Joint Programme staff with responsibility for gender issues ⁴	Total no. of Staff	Total no. of staff with responsibility for gender issues
		70
<p>Human Rights <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 promoted activities based on a survivor-centered and human rights-based approach which intentionally seeks to respect the rights and wishes of the survivors and makes the survivor the major decision maker in the process of service provision. It also adopted the “do no harm” approach in the implementation of activities and inclusion of target beneficiaries and partners in defining strategies that will protect women and girls and not expose them to further harm. In delivering the FGM activities of building consensus among religious leaders and improving the assets of young girls to stand against FGM, programme planning, design and implementation fostered collaboration and ensured enough flexibility of meaningful participation and representation. As a result, a total of 5,066 persons (2,618 women, 698 men, 1,481 girls, 269 boys) accessed and utilized GBV multi-sectoral services including psychosocial support and counselling, rape treatment for GBV survivors, minor treatment for physical injuries as a result of intimate partner violence or sexual assault, and transport support for referrals. In addition, 10,037 persons (4,966 women, 1,801 men, 2,029 girls, 1,241 boys) gained knowledge and information on referral pathways, negative impact of FGM and the need to abandon the practice.</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?	Result (Yes/No)	
	Yes	
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 (No.)	
	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	

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.

⁴ Staff members are those contracted to undertaken 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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Describe nature of cost sharing:

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 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.*

The UNFPA Country Programme of Cooperation has continued to enhance its strategic communications that seek to change perception, contribute to policy dialogue, and is issues-driven to shape the public narrative. This has ensured that UNFPA is positioned as an authoritative, knowledge-based and evidence-driven organization especially after successfully supporting the Government to produce the Somali Health and Demographic Survey. It is a report with a wealth of demographic and health data. It also sheds light on the lives and needs of nomadic communities, usually difficult to reach, as well as on people living in urban and rural households. The information presented helps to shed light on inequalities that have existed for years among people of different ages, lifestyles, places of residence, and health status, and positions UNFPA as an authority on data thereby attracting more visibility in the eyes of stakeholders including the Government, donors, implementing partners, the media and other UN agencies through comprehensive steps in communications at the national and local level.

The country programme stepped up visibility and public advocacy 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. UNFPA Somalia continues to work closely with donors to ensure acknowledging their visibility and how the donor funds have a positive impact on the Somali people.

The usage of traditional and new media has been enhanced by the country office to reach a diverse audience including the local population, media, donors and implementing partners. Visual storytelling has also been enhanced to ensure believability of what UNFPA does in Somalia and this has included publication of digital products including videos and slideshows on its various platforms. UNFPA expanded its partnerships with international media outlets and continued to utilize influencers and young people as advocates thereby increasing community outreach.

Access to some parts of Somalia remains challenging due to political, security and more recently COVID-19-related factors, 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*>

As the COVID-19 pandemic unfolds in Somalia, UNFPA will continue to deliver the projects and programmes on the ground through its implementing partners adopting alternative arrangements whenever feasible. The midwifery and the family planning training components of the programme will continue to be delivered via virtual means building on the successful roll-out of virtual training in the first half of 2020. UNFPA will provide a sizable quantity of Personal Protective Equipment (PPE) to health workers stemming

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from global tenders carried out in the first half of 2020, and UNFPA will also roll-out a COVID-19 testing project in Puntland and Somaliland in order to boost the testing capacity and the number of tests carried out in both locations. The Population Dynamics area will continue working on the State level reports as additional products stemming from the Somali Health and Demographic Survey launched in April 2020.

To ensure that the response to the COVID-19 pandemic is not overshadowing other efforts in delivering services in maternal health, prevention and response to gender-based violence, and youth empowerment, UNFPA is strengthening its communications initiatives in the areas of its interventions amidst its response to the pandemic. UNFPA has stepped up its social media reach and the publication of human interest articles including statements on the website of the country office. Tweets and statements are being translated into Somali to increase reach to local audiences. UNFPA is in close contact with media partners for more coverage on radio, TV and websites.

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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 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.
Environmental Health	COVID-19 pandemic	<ul style="list-style-type: none"> • 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. • Business Continuity Plan has been activated with particular focus on electronic processing of all office paperwork and virtual business meetings, both internally and externally. • Some training activities have adopted the virtual modality in lieu of physical presence workshops. • The CO has ensured coherence of and guidance to all the UNFPA Somalia team by holding daily briefs with Senior Management.
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.

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

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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, 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.

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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 2020	Due to the COVID-19 pandemic, UNFPA Somalia has not held a mid-year review and planning 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. Concurrently, the CO has provided technical support and 6 capacity building trainings 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	22 January 2020	UNFPA Somalia held one Steering Committee meeting in 2020 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 and programmatic priorities.
Harmonized Approach to Cash Transfers (HACT) audits	March-June 2020	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. Although the COVID-19 pandemic affected the whole UNFPA Somalia CO operations, the CO	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. 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.

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		<p>adopted the virtual and remotely based HACT Audit and Spot Check activities. The HACT Audit has been done and conducted by an external independent international audit firm. There have been delays, and as at 30 June 2020, a few audits are still pending completion. 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>	
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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
4.	MOPIED, MOPEDIC and MNPD	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 MNPD	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	Technical and	9-18 March 2020			5	Somali Health and Demographic Survey – Review of the chapters of the report	Nairobi, Kenya	Population Dynamics Team (UNFPA)

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#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
	MOPIED & MOPEDIC	Statistical staff							
7.	MNPD	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)
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)

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#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
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
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

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#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
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
20.	IOM field coordinators		21st 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)
21.	CCCM field coordinators		24th June 2020	28	16	44	Cluster coordinators Training	Virtual (Zoom) Mogadishu	UNFPA-GBV AoR
22.	GBVIMS Steering Committee Taskforce		16th March 2020	16	11	27	GBVIMS and MARA Intersection consultative meeting	Mogadishu	UNFPA-GBV AoR - (GBVIMS Taskforce)
23.	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

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#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry. District or UN staff	Others		M	F	Total			
24.	District	Key male groups	April 2020	40		40	FGM Champions were trained and mobilized to say No to FGM in FGS and Somaliland	Mogadishu, Garowe and Hargeisa	UNFPA
25.	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
26.	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
27.	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
28.	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
Totals:				369	651	1,020			