



SOMALIA UN MPTF

PROGRAMME SEMI-ANNUAL PROGRESS REPORT

Period: 1 January – 30 June 2019

<b>Project Name</b>	SOMALIA UN UNFPA CPD 2018-20
Gateway ID	00112174
Start date	1 January 2018
Planned end date (as per last approval)	31 December 2020
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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
Location(s)	Somalia
Gender Marker	

<b>Total Budget as per ProDoc</b>	USD 44.7 million (2018-2020)
MPTF:	USD 39.4 million (to be mobilized)
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 288,561 (2019)
	(b) Dept. for International Development (DFID): USD 1,350,672 (2018) and USD 410,594 (2019)
	(c) United Nations Central Emergency Response Fund (CERF): USD 500,000 (2018) and USD 500,000 (2019)
	(d) Global Joint Programme on FGM: USD 125,000 (2019)

Total MPTF Funds Received			Total non-MPTF Funds Received	
PUNO	Reporting Period	Cumulative	Reporting Period	Cumulative
UNFPA	6,726,971	16,685,250 <sup>1</sup>	3,554,155	8,396,287

JP Expenditure of MPTF Funds <sup>2</sup>	JP Expenditure of non-MPTF Funds
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<sup>1</sup> While further funds were disbursed by the MPTF towards the end of the reporting period, these were not received by the UNFPA Country Office until 10 July, thereby falling outside of the reporting period.

<sup>2</sup> **Uncertified expenditures.** Certified annual expenditures can be found in the Annual Financial Report of MPTF Office (<http://mptf.undp.org/factsheet/fund/4SO00>)



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PUNO	Reporting Period	Cumulative	Reporting Period	Cumulative
UNFPA	5,380,430	11,292,221	2,717,009	5,593,118

### SEMI-ANNUAL HIGHLIGHTS

1. Sexual and Reproductive Health and Rights: 65,000 mothers were reached with sexual and reproductive health services during the reporting period, including life-saving interventions in order to avert preventable maternal and neonatal mortality and morbidity.
2. Adolescents and Youth: Young men and women were enabled to become agents of change in regard to harmful practices through the use of various techniques including theatre, edutainment, art, and peer-to-peer approach; young people help in shaping the attitude of communities.
3. Gender Equality and Women's Empowerment: Eighty-seven health workers and 18 GBV coordinators gained capacity on the provision of Clinical Management of Rape (CMR) and in coordination skills respectively.
4. Population Dynamics: The Somali Health and Demographic Survey (SHDS) has progressed solidly during the reporting period, and a Maternal Mortality Report has been drafted.

### HIGHLIGHTS OF KEY ACHIEVEMENTS

UNFPA Somalia supported the delivery of quality sexual and reproductive health services, including almost 5,000 institutional deliveries by skilled birth attendants (SBAs) and 22,838 antenatal care visits in the supported health facilities and Comprehensive Emergency Obstetric and Newborn Care (CEmoNC) Centers. 2,295 critically ill pregnant women received care through referrals to the CEmoNC centers for management of pregnancy-related complications to prevent avoidable deaths. 35,000 women of childbearing age (many of whom are already mothers) were reached through awareness and outreach programs through community-owned resource persons in order to increase birth spacing (Family Planning) services utilization and acceptance.

UNFPA Somalia supported 12 CeMONC facilities to provide comprehensive emergency obstetric care services in Somaliland, Puntland and the Southern Central States of Somalia. UNFPA has introduced clinical management of rape (CMR) services across the country with joint collaboration. This fills a critical gap in services for rape survivors and overall SRHR services. Implementation of midwifery strategy has continued with UNFPA supporting a total of 13 midwifery schools in Somalia and Somaliland. UNFPA has continued its support to 140 midwives enrolled in July 2018 in five UNFPA-funded midwifery schools, with ICM-WHO approved midwifery curriculum.

The gender project supported the enhancement of capacity of 87 health workers to manage and treat rape survivors by applying a survivor-centered approach and GBV principles. In addition, 18 field level GBV coordinators in Puntland gained capacity to better coordinate GBV service provision using the coordination guides contained in the 2019 GBV Coordination handbook. UNFPA facilitated the establishment of a Clinical Management of Rape (CMR) taskforce bringing together the government, other UN agencies and non-government organizations to form a strong force to effectively provide care to people who have been raped in emergency situations. The launch of the taskforce that took place on 27 June 2019 came after the recent



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rise in the number of reported cases of sexual violence in Somalia with two girls under the age of 12 gang-raped within the month of June.

The youth project enhanced the capacity of youth networks, regional youth representatives and students on communication and leadership, theatre-based technique for behaviour change communication and peer education, healthcare. Empowerment skills training has been provided in youth centers. In the framework of a peace-building project focusing on youth, seven youth-led campaigns were facilitated across three project districts reaching over 2,375 young people during the reporting period. Through the use of innovative social media platforms, over 140,000 people were reached on Facebook, Twitter and on Youtube amplifying voices of youth on political participation. A project website has also been set-up. Likewise, 130 weekly radio programmes on Youth4Peace were produced and aired in the three regions where relevant topics have been debated by prominent youth figures. 24 blogs have been produced by youth in the three regions and 16 short videos developed carrying youth voices on key political topics. District Youth Councils have been formed in the three regions to create a permanent mechanism for youth participation in local governments and a training on communication for impact was held for youth networks in the three districts. Regional youth networks in Jubaland and South West have benefited from office equipment and trainings on basic management and leadership as well as communication skills. A total of 118 young people have participated in these trainings in the three project target areas.

The Somali Demographic and Health Survey (SHDS) is a national sample survey whose main objective is to provide evidence in health and demography to guide development of programs, monitor and evaluate Somali national, sub-national and sector development plans including the Sustainable Development Goals (SDGs) as well as form the key ingredients in the formulation of effective policies by all stakeholders. The survey is investing in human and physical capital, methodological soundness and application of international standards, quality assurance, and written procedures and documentation by implementing its activities using the in-country systems. The additional capacity will gradually enable the Somali authorities to produce and use health and demographic quality statistics. The capacitated technical staff will be in a position to design sample surveys, analyze and evaluate the quality of data, prepare higher quality sample survey reports, disseminate the data through user-friendly technologies and maintain and update sampling frames. The implementation of SHDS is guided by the international standards of conducting sample surveys, and particularly those of Demographic and Health Survey (DHS) Program, in the fields of survey methodology in sample design, questionnaire development, training of survey teams including interviewers and supervisors, data editing, tabulation and analysis. Methodologies and tools used have been adapted to the Somali context without compromising the international standards.

### SITUATION UPDATE

The Somalia humanitarian situation has continued to worsen in 2019, as a result of severe climatic conditions, combined with other persistent drivers, such as armed conflict, all resulting in protracted and new displacement. Two consecutive poor rainy seasons (Deyr between October and December 2018; 2019 Gu between April and June 2019, and the following dry conditions have caused widespread crop failure and decline in livestock production, further pushing up the number of food insecure people. The Food Security and Nutrition Analysis Unit (FSNAU) estimates that 5.4 million Somalis face acute food insecurity through



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September 2019. The number of those affected in Crisis and Emergency (IPC3 and 4), has increased by 40 per cent from 1.5 to 2.2 million. By the end of June 2019 a total of 72,000 drought-induced displacements had been reported, placing enormous pressure on already limited services such as health and protection, both in urban areas and in settlements for internally displaced persons (IDPs). In addition, an estimated 2.6 million people remain internally displaced, either in rural areas or in informal settlements surrounding urban areas.

Work plans for the 2019 programme implementation year, i.e., from 1 January to 31 December 2019, have been signed with all Implementing Partners. There have been no changes in outputs and outcomes of the UNFPA country programme. A few additional NGO Implementing Partners have been added to the existing pool of Implementing Partners in the first half of 2019, following a competitive selection process which had been undertaken in 2018.

**QUARTERLY & 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 and 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				
INDICATOR	Baseline	TARGET (2020)	PROGRESS ON OUTPUT INDICATOR <sup>3</sup>	
	2017		Reporting Period (1 January to 30 June 2019)	CUMULATIVE AS AT 30 JUNE 2019
Number of midwives graduating from training that is in accordance to ICM-WHO standards	979	1,479	22	1,223
Number of facilities with all the signal functions to provide skilled delivery	69	89	2 (additional facilities)	55
Number of fistula repair surgeries	779	1,429	0	1,010
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				

<sup>3</sup> Fill in only the numbers or yes/no; no explanations to be given here.



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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	The capacity building will take place during Q4 of 2019, in total around 45 will be trained.	176	
Percentage of health facilities with personnel with the capacity to implement the new family planning human rights protocol	<60%	85%	This % will be measured by end of year as per the plan.	53% (estimate)	
The country is using a functional electronic logistics management information system for forecasting and monitoring reproductive health commodities	No	Yes	No	No	
	<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	5	
Number of girl centres established to provide adolescents with reproductive health services	0	3	0	3	
Number of health care providers with the capacity to provide youth-friendly services	0	120	55	80	
	<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> 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	196	
Number of policies that aim to ensure accountability on human rights of marginalized groups, gender equality, women's reproductive	3	6	2	6	



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rights issues and gender-based violence prevention and response					
Number of religious leaders trained to advocate against gender-based violence and FGM/C	50	200	38	257	
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	20	45	
<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					
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	3	
Number of population situation analysis reports undertaken by national government to identify priorities and formulate policies and programmes	0	3	0	2	

**NARRATIVE**

Output 1: Sexual and Reproductive Health

In order to reduce maternal mortality, the number of skilled birth attendants should be increased and UNFPA has continued its support to 15 midwifery schools - managed by the Somali national authorities - across the country. 1,047 students are currently in the various midwifery cohorts. The schools offer a 2-year midwifery qualification program utilizing an internationally recognized curriculum with both class education and hospital practical sessions.

In the area of Supply Chain System Strengthening, following on the development of the Logistics Management Information System (LMIS) tools, implementation has started to yield greater results. For instance, during the reporting period LMIS reports have been made available from health facilities to the central level. This new milestone will enhance decision making-processes to foster supply chain system strengthening. It is expected that by the end of the year, logistics data will be used for forecasting purposes, which will alleviate the risk of resource wastages in the system.

Output 2: Youth

UNFPA Somalia trained 14 young people in Galkayo on art and culture for the first time for most of them as an alternative means to facilitate peace-building efforts in the divided city as it enabled their mobilization and collaboration, while providing them with a voice where they had none before. This engagement has



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promoted dialogue, provided spaces, tools and skills for the young people to value their cultural history of peace and ensure unity and integration. On 15 May 2019, to celebrate Somali Youth Day, a series of activities was held across Somalia, including a march mobilizing 300 youth from north and south Galkayo. The event organized by the Federal Government of Somalia's Ministry of Youth and Sports in Mogadishu, supported by UNFPA, was attended by President Farmajo and over 1,500 youth.

About 40,000 youth have participated with special focus on information sharing on youth political empowerment through the various social media channels; 26 radio programmes have been aired across the country with youth activists and important panels of individuals discussing tailored topics to spark youth political empowerment discourse among the population. Four short videos have so far been developed in which young people are sharing their views on the ongoing peace and state-building process. Additionally, through three youth-led campaigns, over 300 youth have campaigned across the districts covered by a UNN Peace Building Fund-supported project on topics including peace, youth participation in ongoing political processes, calling on the Federal Government and state governments to find a way to work together to preserve the gains made in peace and state building. Inter-generational dialogues between youth and community elders have been organized in project target areas. The aim of the dialogue was to understand how the democratic life and participation of young people can be enhanced through more robust mechanisms at the community level.

Nine thousand reusable sanitary pads were procured and distributed along with menstrual health awareness campaigns. 3,000 reusable pads were distributed to vulnerable adolescent girls in IDP camps across Somalia. Three educational theatre performances were conducted in three secondary schools in Hargeisa, namely Mohamoud Ahmed Ali, 26 June, and Sh. Ibrahim Sh. Yousuf "Ex Ga'an Libah". A total of 3,450 students attended the theatre events. Three youth centers supported by UNFPA continue to provide holistic services to adolescents and young people. 550 beneficiaries from 3 IDP camps received FGM abandonment, early marriage, and prevention of harmful practices (child marriage) awareness.

Fifty marginalized youth were provided with alternative livelihoods and entrepreneurial development trainings on computer, numeracy and literacy skills. 130 youth received clinic services and awareness on comprehensive sexual and reproductive health services, education and information for young people, with a focus on young people who are most at risk. 1,000 students from secondary schools benefitted from awareness messages.

The Somali Youth Peer Network (Y-PEER) conducted HIV awareness for students from secondary schools in Garowe to increase their knowledge of HIV and prevention through behaviour change communication using interactive theatre and peer-to-peer approaches at community level and in schools. Over 10,000 Information, Education and Communication (IEC) materials were distributed to young people.

### Output 3: Gender

UNFPA Somalia CO supported capacity enhancement of 87 Health workers to provide clinical management of rape. Eighteen field GBV coordinators also gained an improved understanding and skills on coordination for GBV service provision. UNFPA also supported the coordination of the delivery of GBV multi-sectoral service provision to reach 81,256 (Girls 17,197; Boys 11,320; Women 40,003; and Men 12,736) during the first half of 2019. Eighteen religious leaders and 29 service providers gained skills on communicating for



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FGM abandonment. In addition, 15 Cluster leads in the Somalia humanitarian response gained understanding and skills on how to integrate gender and GBV concerns into the Humanitarian Response Plan (HRP).

### Output 4: Population and Development

The “Strengthening the use of data for evidence-based planning in Somalia Project” has supported the strengthening of the Somali national and state level capacities in the production of quality health and demographic statistical data from a large scale household sample survey. The two main objectives of the planned surveys will require two samples of different sizes. The first objective is to estimate maternal mortality ratio using the direct method in which births and deaths data over the past 24 months are collected from all households in the sampled enumerations areas. The second objective is to collect data on marriage, fertility, family planning, reproductive health, child health, and HIV/AIDS. Maternal mortality will also be estimated through the sisterhood method to complement the data collected through the direct method.

Listing of households and collection of data to estimate fertility and mortality has been completed in all sampled Enumeration Areas (EAs) that were accessible in the rural and urban strata. Total EAs listed were 1,182; 441 and 741 from rural and urban, respectively, yielding a response rate of 80%. This data has been edited, analyzed and draft national maternal mortality rate (MMR) reports prepared. The fertility and mortality indicators are available to be used in monitoring Somali National Development Plan (NDP) and SDGs as well as the Somali health sector strategic plan. The indicators will further be used during the ongoing preparation of the new NDP.

The main survey data collection from urban and rural strata has been completed in all accessible sampled EAs. Regions covered were Awdal, Woqooyi Galbeed, Togdheer, Sool, Sanaag, Bari, Nugal, Mudug, Hiraan, Mogadishu, Bay (urban, the only stratum accessible) and Bakool (urban, the only stratum accessible), Galgaduud, Middle Shabelle, Gedo and Lower Juba. Data has been collected from a total of 10,474 households from 360 EAs in 16 regions.

A methodology for undertaking a household survey that captures women of reproductive age and children under 5 years of age within the nomadic population has been developed. The methodology involves listing, with the help of nomadic link workers, temporary nomadic settlements (TNS) occupied by nomads a month after the rains start. Estimated number of households in each of these TNSs provided by the nomadic link workers has been used to draw a sample of TNSs using probability proportional to size.

Over 600 staff from the Ministry of Health and the Ministry of Planning have been equipped with knowledge and skills in collection of quality data from household sample survey and have successfully collected quality in data in the field.

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

(a) Draft Population Situation Analysis report for Somalia was produced. The report reviews, synthesizes,





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and compiles vital information on the circumstances affecting the wellbeing of Somalia's population; for purposes of policy formulation, planning, programming and implementation. The report is available for use during the development of the new NDP to guide resource mobilization and allocation, geared towards realizing the improvement of wellbeing of the Somali society.

- (b) Finalization of the Gender Equality Strategy work plan for 2019 and prioritization of thematic areas for acceleration; support to the finalization and dissemination of the Somalia Women's Charter produced by the Ministry of Women and Human Rights Development.

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

There have been no significant delays in project implementation during the first half of 2019. In Somalia the situation may evolve and change in a very short time span. Limited accessibility due to insecurity led to abandonment of the demographic and health survey in two regions. In a few other regions accessibility was limited to some urban areas only, while in others parts of rural areas were accessible. A cyclone in Somaliland caused displacement of some population thereby distorting part of the sampling frame that had been constructed. In some parts of Puntland, floods caused massive displacement and deaths of nomadic population including destruction of bridges. During the survey in parts of southern Somalia, heavy rains and flooding slowed down progress of work. Access to satellite imagery used in constructing the sampling frame was difficult due to challenges in accessing the needed license. The satellite images used were obtained through complicated processes and even then these images were not available for the whole country. The master trainers were able to deliver training to trainers who then delivered training to a large pool of enumerators. The good quality of data collected signifies successful transfer of knowledge and skills to government personnel. This is a method that is worth using going forward particularly in conflict and difficult to access environments.

### **Peacebuilding impact**

Through a series of project interventions, youth in the districts covered by the Peace Building Fund project feel energised and empowered to speak on peace and state-building and advocate for youth inclusion. Through youth-led campaigns held in these districts, young men and women had the rare opportunity to talk to and hear from senior government officials. For example, in Kismayo, the Vice President heard from youth leaders on how to facilitate youth participation in government decision making. In this event, the VP declared inclusion of young people in all sectors of the government a priority. The project advocates for young people to be given a space in state building processes. It now happens that youth are themselves demanding this as their right. The project has documented that 17 young men and women in Jubaland who are beneficiaries of the program have shown interest in the regional assembly of Jubaland in the upcoming elections. Similarly, the radio programmes sponsored by the project is impacting the discourse on the ground with the elderly attitude to youth inclusion changing. In the blogs written by youth and videos developed, the youth are delving deep into issues they deem important for their future and are learning to put it across. "Amplifying youth voices are avenues to communicate with decision makers to give young people a space in state and peace building processes" This project helped us unify our voices for political inclusion". Abdiwahab Bilal-Chair, Jubaland Youth.



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**Catalytic effects**

Through UNFPA Somalia’s interventions in youth funded by the PBF, Federal Member States such as Jubaland plan to expand youth council formations to other areas within their regions. The youth councils have been found to be catalytic in bringing young people together for a common purpose. The target areas are those that have been recently recovered from Al-Shabaab.

Donors have already shown interest to provide additional funding for scaling up project activities in two additional areas in Somalia. The focus will be on youth empowerment comprising youth inclusion in governance but with a broader focus incorporating issues of sexual and reproductive health and rights (SRHR), incorporating avenues for artistic and cultural expression as well as other key youth empowerment mechanisms through a holistic youth development lens.

In regards to the Somali health and demographic survey, the developed sampling frame is a game changer in terms of collection of quality data from household sample surveys conducted by various agencies. The reliability and accuracy of survey data are highly dependent on methods of sample design, chief among them being the sampling frame. The frame is further planned to be used in planning for health service delivery and particularly in nomadic communities. Significant time and resources have been spent in transferring skills and knowledge. There now exists over 600 personnel throughout the country whose capacity to collect quality data has been forever improved.

**Gender**

During the reporting period (January to June 2019), UNFPA Somalia CO implemented gender/GBV priorities utilizing capacity building, advocacy and GBV service provision strategies. Eighty-seven health workers gained skills to provide clinical management of rape in Puntland, Somaliland and Federal Government. In addition, 18 field level coordinators in Puntland (17 females and 1 male) gained capacities for understanding and applying the new 2017 coordination handbook for GBV. Fifteen Cluster leads in the Somalia Humanitarian response gained skills and knowledge for integrating gender and GBV concerns into the Humanitarian Response Plan, and 18 religious leaders and 29 service providers gained skills on communicating for FGM abandonment. Furthermore, UNFPA also supported the coordination of the delivery of GBV multi-sectoral service provision to reach 81,256 people (girls 17,197; boys 11,320; women 40,003; and men 12,736) during the first half of 2019. UNFPA also contributed to the finalization of the 2019 work plan for the Gender Equality Strategy and supported civil society organization (CSO) mobilization for the passage of the Sexual Offences Bill (SOB) that is before the Parliament in the Federal Government through supporting radio talks and dialogues with influential Sheiks and awareness and sensitization sessions on the SOB with law students in institutions of higher learning.

Proportion of gender specific outputs in Joint Programme <sup>4</sup>	Total no. of Joint Programme Outputs	Total no. of gender specific Outputs
	5	1
Proportion of Joint Programme staff	Total no. of Staff	Total no. of staff with

<sup>4</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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with responsibility for gender issues <sup>5</sup>	70	<b>responsibility for gender issues</b> 10
<p><b>Human Rights</b></p> <p>In total, an estimated 4.2 million people, one third of the total population in Somalia, require humanitarian assistance and protection. Women and children constitute over 70% of of 2.6 million IDPs. GBV, an extreme human rights violation, remains a major challenge and a key protection concern in Somalia. Women and girls continue to experience extreme exposure to GBV risks in the context of armed conflict and violence, as well as in displacement areas including rape, intimate partner violence, sexual abuse and exploitation and exchange of sex for favours. The GBV data for 2018 indicates that displaced women and girls are at risk of GBV. In 2018, 85 percent of the reported incidents were reported to have affected displaced persons, while 97% of GBV survivors were females. Physical assault accounted for 60% of the reported incidents mostly perpetrated by an intimate partner, followed by sexual assault at 13% and rape at 11%. However, we know that GBV is under-reported due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care.</p> <p>UNFPA continues to work with the Somali Government, UN agencies and NGOs in developing and implementing policies, laws and programs that protect and promote the safety, security and rights of women and girls. The UNFPA country programme contributes to the provision of emergency treatment for rape for survivors through the mobilization of already trained health workers. Given the huge need for psychosocial support, UNFPA and its partners mobilized psycho-social counsellors to meet the needs for psychosocial first aid and referral services for women and girls who are subjected to severe trauma as a result of GBV. UNFPA also supports the GBV service providers to identify, assess and make referrals for women and girls survivors of GBV who would need higher level of care. UNFPA also improves protection and dignity of girls and women through the provision of re-usable sanitary towels and dignity kits to mobile women and girls in IDP camps who are constantly exposed to sexual abuse and exploitation as a result of displacements, loss of livelihood and hostility from new unfamiliar host communities. Awareness-raising for GBV prevention was also done as part of provision of sexual and reproductive health-related information, involving women, girls, boys and men.</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	<b>Result (No.)</b>	

<sup>5</sup> 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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human rights obligations towards rights holders.	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
<p><b>Describe nature of cost sharing:</b></p> <p>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.</p>	
<p>Communications &amp; 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.</p> <p>The UNFPA Country Programme of Cooperation continued to step up communications, resource mobilization and partnerships for impact with visibility being enhanced and UNFPA getting positioned as a thought leader in the areas of SRHR, GBV, Population and Data and youth programmes in Somalia. UNFPA undertook effective communications and advocacy work that promoted a better understanding of UNFPA's mandate and work in Somalia thereby creating demand for services among Somalis including young people as well increasing reach and engagement with appropriate audiences guided by the priorities outlined in the country programme document.</p> <p>The country office website attracted a lot of interest and UNFPA Somalia's social media platforms are among the most popular in Somalia. They are frequently liked and retweeted by donors, partners, UNFPA regional and headquarters platforms and other UN agencies. To further increase visibility on interventions, the country office partnered with The UK Guardian, which has a very high following of over 7 million people and works closely with the Ifrah Foundation, a prominent advocacy entity in the UK and Somalia. UNFPA partnered with the two entities to also train journalists on reporting on FGM and other harmful practices thereby increasing its reach to the media and the masses.</p> <p>The country office also continued to partner with other UN entities namely OCHA and UNSOM in carrying out social media campaigns to reach out many followers. The country office also continued to conduct social media campaigns with the Y-Peer organisations in Mogadishu, Garowe and Hargeisa to increase their reach to more young people. The country office contributed to the development and implementation of the workplan for the United Nations Information Group (UNIG) and for the Humanitarian Communications</p>	



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Group. UNFPA's areas of interest were made visible through joint communication work and reflected in the joint UN documents including the Humanitarian Response Plan for Somalia and in joint communication documents such as press releases.

Accessibility to some project areas remains a challenge since Somalia continues to face persistent drivers of humanitarian crisis such as armed conflict, protracted and continued displacement and a spike in evictions of internally displaced persons plus severe climatic conditions. These conditions limit the communications and visibility efforts as it becomes impossible to be present at some important events to provide coverage. The country office was unable to carry out some planned advocacy events because of the same limitations.

### **Looking ahead**

The national maternal mortality rates (MMR) report will be validated. The SHDS data editing and analysis will lead to the production of statistical tables as well as a draft SHDS report. This will be done through a hands-on approach that focuses on knowledge and skills transfer to national counterparts in production of quality technical reports from large scale sample surveys. The SHDS survey will be conducted and completed in nomadic areas. Completed products will be launched in reports to be produced and disseminated in both electronic and print media.



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**ANNEX 1. RISK MANAGEMENT**

Type of Risk <sup>6</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>
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> </ul>

<sup>6</sup> Environmental; Financial; Operational; Organizational; Political; Regulatory; Security; Strategic; Other.



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		<ul style="list-style-type: none"> <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**

<b>Monitoring Activity</b>	<b>Date</b>	<b>Description &amp; Comments</b>	<b>Key Findings / Recommendations</b>
<u>Stakeholder Review Consultations</u>	July 2018 and Dec. 2018	UNFPA Somalia has held mid-year and end-year review and planning meetings with all Implementing Partners in the country. These meetings were key to UNFPA’s programme approach to enhancing transparency, accountability for results and resources, and to improving coordination and integration among all partners implementing the UNFPA country programme of cooperation.	Partners have engaged on reporting on all activities undertaken with UNFPA funding. They also developed draft annual work plans and budgets for 2019. The meetings also focused on technical, managerial, monitoring, reporting and financial issues of concern to Implementing Partners.
<u>Project Board Meeting</u>	28 April 2018 and 20 Sept. 2018	UNFPA Somalia held two Steering Committee meetings consisting of Somali Authorities, Donors co-financing the UNFPA Country Programme, and UNFPA Somalia. The Steering Committee provides oversight, guidance and recommendations on the allocation and utilization of resources. The Committee also monitors and analyzes implementation progress, achievements and challenges of the Country Programme.	The Committee made concrete recommendations in regards to funding allocations. It was agreed that the Committee discussions and decisions will be informed by the outcome of semi-annual review and planning meetings at the technical level, held with all Implementing Partners.
<u>Harmonized Approach to Cash Transfers (HACT) audits</u>	April - June 2018	UNFPA carried out HACT audits of its Implementing Partners in 2018. Some of the audits were done jointly with UNICEF. UNFPA commissions independent external audits of expenses incurred by Implementing Partners that receive UNFPA funding. This obligation is stipulated in the Financial Regulations and Rules of the two concerned UN agencies.	The independent audits provided assurance that UNFPA funds are appropriated for the intended project outputs and also gave assurance of the implementing partner’s internal control mechanisms. No audits were Qualified.





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

#	Target Group		Dates	# of participants			Title of the training	Location of training	Training provider
	Ministry, District or UN staff	Others		M	F	Total			
1.		Youth peer educators	3-5 <sup>th</sup> April 2019	15	15	30	Training on theatre techniques for edutainment against harmful practices	Hargeisa	Y-PEER
2.		University students	19 <sup>th</sup> -21 <sup>st</sup> June 2019	16	14	30	Training of university students on sexual offences acts and their rights	Garowe	Y-PEER
3.		Regional youth representatives	24 <sup>th</sup> -26 <sup>th</sup> June 2019	18	15	33	PEER Education Training	Garowe	Y-PEER
4.		Regional youth Network	10 <sup>th</sup> – 13 <sup>th</sup> June 2019	13	8	21	Youth political participation; Communication and leadership training	Kismayo	Y-PEER
5.		Regional youth Network	16 <sup>th</sup> – 20 <sup>th</sup> March 2019	13	11	24	Youth political participation; Communication and leadership training	Baidoa	Y-PEER
6.		Youth peer educators	27 <sup>th</sup> -29 <sup>th</sup> June 2019	65	55	120	Training on theatre techniques for edutainment against harmful practices	Garowe and Gardho	Y-PEER
7.	Ministry of Health and Human Services		17 <sup>th</sup> to 31 <sup>st</sup> January 2019	0	110	110	Somali Health and Demographic Survey – training and pre-test for Supervisor and Enumerators for the Federal Member States	Mogadishu, Somalia	MOPIED & MOH&HS
8.	Ministry of Planning, Investment and Economic		16 <sup>th</sup> Feb to 2 <sup>nd</sup> March 2019	18	5	23	SHDS Maternal Mortality (MMR) Estimation Survey Analysis and Report Writing Workshop	Kigali, Rwanda	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			
	Development								
9.	Federal Government Institutions		5 <sup>th</sup> to 6 <sup>th</sup> March 2019			41	Training Workshop on Sustainable Development Statistics	Mogadishu, Somalia	SESRIC & UBOS
10.	Federal Government Institutions		17 <sup>th</sup> to 19 <sup>th</sup> March 2019			41	Quarterly Training Workshop for the Technical Working Group	Mogadishu, Somalia	Directorate of National Statistics, MOPIED
11.	Ministry of Planning, Investment and Economic Development		23 <sup>rd</sup> to 26 <sup>th</sup> March 2019			7	Workshop on Estimating Internally Displaced People (IDPs) in Baidoa Towns (Case Study) and Mogadishu	Mogadishu, Somalia	UNFPA
12.	Ministry of Planning and National Development		27 <sup>th</sup> April to 11 <sup>th</sup> May 2019	7	1	8	Finalization of analysis and write-up of the MMR report for Somaliland & Review the tabulation and recording manual	Hargeisa, Somaliland	UNFPA
13.	Ministry of Planning and National Development & Ministry of Human Development		17 <sup>th</sup> to 23 <sup>rd</sup> June 2019	10	11	21	Training and testing on nomadic methodology	Hargeisa, Somaliland	UNFPA
14.	Ministry of Planning and National		17 <sup>th</sup> to 23 <sup>rd</sup> June 2019	9	5	14	Review of the MMR Report for Somaliland	Hargeisa, 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			
	Development & Ministry of Human Development								
15.	UNFPA CMR Roving Technical Specialist		April – May 2019			87	CMR training	Hargeisa, Garowe. Mogadishu and Gedo	UNFPA
16.	UNFPA		June 16 <sup>th</sup> - 20 <sup>th</sup> 2019	1	17	18	GBV field coordinators Training	Garowe, Puntland	UNFPA
17.	GTG		June 30 <sup>th</sup> 2019		15		Cluster leads Training	Mogadishu	UNFPA
18.									
19.									
20.									
<b>Totals:</b>						628			