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PROGRAMME SEMI-ANNUAL PROGRESS REPORT
Period: January to June 2021

Project Name	UNFPA Country Programme 2021-2025
Gateway ID	00126692
Start date	01 January 2021
Planned end date (as per last approval)	31 December 2025
Focal Person	Name: Mr. Walter Mendonça Filho
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Participating UN entities	United Nations Population Fund (UNFPA)
NDP Pillar	Pillar 4: Improved social and human development
UNCF Strategic Priority	Strategic Priority 4: Social Development
Location(s)	Somalia (all Federal Member States)
Gender Marker	

Total Budget as per ProDoc	USD 203,500,000 (2021-2025)
MPTF:	USD 191,500,000
Non-MPTF sources:	Core resources: USD 2,200,000 (2021)
	Canada: USD 1,561,670 (2021)
	European Union: USD 1,519,807 [roll-over amount from 2020]
	UN Central Emergency Response Fund (CERF): USD 1,250,000 (2021)
	UNFPA Maternal Health Trust Fund: USD 256,212 (2021)
	Global FGM Joint Programme: USD 199,020 (2021)
	UNFPA Supplies Programme: USD 290,864 (2021)
	UBRAF: USD 55,000 (2021)

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

PUNO	Total MPTF Funds Received			Total non-MPTF Funds Received		
	Semi Annual 2021 (1)	Cumulative	Annual 2021	Semi Annual 2021 (1)	Cumulative	Annual 2021
UNFPA	1 Jan. - 31 June 2021	From prog. start date	1 Jan – 31 Dec 2021	1 Jan. - 31 June 2021	From prog. start date	1 Jan – 31 Dec 2020
	9,491,977	9,491,977	9,491,977	7,332,573	7,332,573	7,332,573



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JP Expenditure of MPTF Funds ¹				JP Expenditure of non-MPTF Funds		
PUNO	Semi Annual 2021 (1)	Cumulative	Annual 2021	Semi Annual 2021 (1)	Cumulative	Annual 2021
	1 January - 31 June 2021	From prog. start date	1 Jan – 31 Dec 2021	1 January - 31 June 2021	From prog. start date	1 Jan – 31 Dec 2021
	4,294,369.49	4,294,369.49	4,294,369.49	3,965,080	3,965,080	3,965,080

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. Do not include as highlights the organization of workshops, meetings, missions, etc, but what was the programmes' strategic contribution to peaceful development in Somalia?>

1. UNFPA supported life-saving sexual and reproductive health services across the country at 15 comprehensive emergency obstetric care centers and 40 basic emergency obstetric care centers despite the challenges brought about by the ongoing COVID-19 pandemic; as well as the operations and functioning of 13 midwifery schools across the country with currently 526 midwifery students undergoing training.
2. UNFPA contributed to the area of gender/GBV through legislative advocacy, improving opportunities for GBV data protection and generation, and achieving a 30% quota for women in the forthcoming elections. UNFPA facilitated inter-Ministerial, UN and Civil Society Organization (CSO) stakeholder collaboration that led to the successful passage of the zero FGM bill by the Cabinet in Puntland State.
3. UNFPA contributed to the standardization of operational protocols and standards for GBV safe shelters in Somalia.
4. The youth programme contributed to the overall social economic empowerment of youth by supporting safe youth-friendly spaces that provide integrated health, social and economic empowerment coupled with in-reach and outreach awareness on child marriage, HIV, and adolescent sexual and reproductive health, among other areas.
5. The following knowledge products were finalized and launched: (i) Somali Health and Demographic Survey (SHDS) state level reports for Galmudug and Banadir; (ii) Somaliland COVID-19 Socio-Economic Impact Assessment; (iii) Civil Registration and Vital Statistics (CRVS) Country Profile for Somalia; (iv) In-depth study reports on Female Genital Mutilation (FGM) and GBV for Puntland and Somaliland; and (v) SHDS paper on determinants of child nutritional status in Puntland.

¹ **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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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.>

Health

During the first half of 2021, UNFPA Somalia supported the service delivery of 50,200 antenatal care visits and 16,469 facility-assisted deliveries of which 3,016 were C-sections. Services were rendered to 7,810 obstetric complications of which top three complications were noted as obstructed/prolonged labor, antepartum hemorrhage, and postpartum hemorrhage. This confirms with the global causes of maternal deaths as seen in other developing countries. Almost all of these deaths are preventable maternal deaths and – keeping in line with UNFPA’s global mission to eliminate preventable maternal deaths – UNFPA has invested in reducing maternal morbidity and mortality in Somalia. UNFPA supported the training of 155 health care workers in sexual and reproductive health including training in family planning counseling and services. 18,727 women of reproductive age received a modern family planning method. Additionally, 25 senior logistics information managers were trained in Logistics Management Information System (LMIS). UNFPA has procured and provided 20,000 intra-uterine devices (IUDs), 1,200 HIV testing kits and 20,000 packets of oxytocin, all contributing to preventing and reducing preventable maternal deaths. Furthermore, operating theatre (OT) tables, neonatal incubators, and other essential supplies were provided to the Comprehensive Emergency Obstetric and Neonatal Care Center (CEmONC) center at Kismayo Hospital.

At the institutional level, UNFPA continues to support the functioning of 13 midwifery schools across Somalia. In March of 2021, the schools graduated 22 midwives, while there are 526 midwifery students that are currently registered at the schools and all of these students are supported by UNFPA. Furthermore, UNFPA has supported an assessment of the midwifery schools as well as the Midwifery Associations with an effort to strengthen these institutions by identifying the gaps and action points to strengthen these institutions.

Gender

UNFPA through its gender/GBV programme facilitated inter-Ministerial, UN and CSO stakeholder collaboration that led to the successful passage of the zero FGM bill by the Cabinet in Puntland State and is currently supporting a lobbying process with various stakeholders to ensure successful passage of the bill at the parliamentary level. A call center managed by the Ministry of Women and Human Rights Development (MOWHRD) has been established with UNFPA support to monitor and act to protect the rights of women candidates in the upcoming elections and to drive advocacy for the achievement of the 30% affirmative action quota for women. The programme also produced and disseminated a GBV advocacy document and 2 briefs focusing on the impact of floods and droughts on women and girls and GBV. Standard operating procedures for GBV shelter operators were developed and validated during the 2nd quarter of the 2021. The programme gender is also providing support to the review of the UN Gender Equality Strategy for Somalia. A final draft is expected by the end of June 2021.

From January to June 2021, UNFPA has facilitated support of GBV services, information and commodities. 6,827 women and girls affected by the flood, cyclone and drought conditions in Puntland, Somaliland and other States received dignity kits to improve hygiene conditions while 1,124 adolescent girls received menstrual hygiene kits and information on hygiene practices and management. 326 women received cash assistance. 1,752,405



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individuals were reached with messages on FGM abandonment and GBV. 195 religious leaders and 30 Parliamentarians in Puntland were mobilized to support the enactment of the zero tolerance FGM bill. A total of 12,943 individuals accessed first aid psychosocial counselling and support, rape treatment services and treatment for physical injuries as a result of GBV. 578 women and girls received services at GBV shelters in Garowe, Hargeisa and Mogadishu. A total of 331 humanitarian actors, health and social workers, community volunteers and GBVIMS data officers gained skills on case management; psycho-social counselling and support; management of FGM complications; community sensitization on GBV prevention and mitigation, and GBVIMS data generation and management. In addition, a GBV one stop center was established in Bossaso general hospital while a Women and Girls' Safe Space was also established in Bossaso.

Youth

Adolescent sexual reproductive health services and information and youth-friendly spaces are provided in 8 Youth Centres across the country. The centres are located in Mogadishu, Kismayo, Garowe, Galkayo, Bossaso, Buuhodle, Hargeisa and Gabiley. 7,133 young people were reached with adolescent sexual and reproductive health (ASRH) services and information; 290 with numeracy, literacy, ICT training at the youth centres. Vocational skills training was provided to 365 young men and women, whereas life skills and citizenship education was provided for 355 young men and women. 470 young people have undergone start-up incubator bootcamps and successfully came up with investable ideas. 835 young people were supported to implement various startup concepts to start their own businesses effectively creating employment and contributing to sustaining peace.

Somaliland Youth Peer Network (Y-PEER) implemented school sessions on youth rights. A Youth caravan on SRH and child marriage and theatre performances integrating COVID-19 messages was held. Y-PEER interventions took place across major cities of Somaliland regions namely Erigavo, Las Anod, Burao, Hargeisa and Borama. Y-PEER reached an estimated 151,966 people either directly or through mass media and more 30,000 through social media. On menstrual hygiene management, 5,200 girls were provided with education and awareness on menstrual hygiene and provided with supplies of reusable sanitary pads that will last them for one year.

Population Dynamics

The launch of the Somali Health and Demographic Survey (SHDS) state reports for Benadir and Galmudug is a significant achievement in 2021. The survey results provide much needed data for planning, policy formulation and monitoring in the respective states. Over 50 key demographic and health indicators generated in the reports at the state and regional levels will be utilized for subnational planning and monitoring of the implementation of the Essential Package of Health Services (EPHS) programme thereby reducing inequalities and marginalization. The published in-depth studies on FGM and GBV provide a detailed explanation of SHDS findings for the concerned states. The microdata library provides an opportunity for extended use of the data by the public. Using SHDS data, vulnerability maps and dashboards have been developed to show the differences in vulnerability for COVID-19 infection and mortality in selected regions and towns in Somalia. Moreover, an SHDS paper has been produced to help understand the determinants of child nutritional status in Puntland. The Somaliland COVID-19 Socio-Economic Impact Assessment report was published. The CRVS profile for Somalia was developed to provide a snapshot of the current status of CRVS in the country.



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SITUATION UPDATE

< **To be completed by Lead Agency (designated by PUNOs), not to exceed ½ page.** Explain/describe any changes in the context since the 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’s humanitarian situation remains concerning. Almost half of the Somali population needs humanitarian aid. About 2.9 million people remain displaced from their homes; while 2.8 million will need urgent food assistance by September 2021; a million children are malnourished. The humanitarian situation has been aggravated by a double climate disaster - drought in some parts of the country and flooding in others - and the impact of political tensions, COVID-19 and the worst desert locust infestation in years. Supporting the continuity of essential and lifesaving services for health and GBV remains UNFPA’s key priorities in 2021. During the reporting period UNFPA Somalia supported sexual and reproductive health services, prevention and response to gender-based violence (GBV), and mental health and psychosocial support response for women, adolescent girls as well as men and adolescent boys affected by crises. The capacity of UNFPA partners is strengthened to support GBV survivors, who typically contend with both mental and physical repercussions. Responding to these issues requires health facilities and mobile clinics to provide discreet services to support maternal and newborn health, birth-spacing options, and clinical management of rape services. Safe spaces for women, girls and young people and one-stop centres for survivors of GBV offer mental health and psychosocial services. Moreover, UNFPA ensures that implementing partners (IPs) adhere to precautionary and preventive measures against COVID-19 by using personal protection equipment (PPE), including hand gloves and masks. The environment where services are delivered is adequately sanitized. UNFPA continues coordination with the Ministry of Health (MoH) and other key line Ministries and actively advocates for efforts to provide SRH services during the COVID-19 pandemic.

SEMI-ANNUAL PROGRESS REPORT RESULTS MATRIX

OUTCOME STATEMENT

UNSDCF OUTCOME INVOLVING UNFPA: Outcome 4.1. By 2025, more people in Somalia, especially the most vulnerable and marginalized, benefit from equitable and affordable access to government-led and regulated high-quality basic social services at different state levels.

SUB-OUTCOME 1 STATEMENT

RELATED UNFPA STRATEGIC PLAN OUTCOME: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Output 1.1: Strengthened national and subnational capacities to ensure universal access to high-quality sexual and reproductive health information, services and supplies, including in humanitarian affected, hard-to-reach and marginalized communities, as well as nomadic populations.

INDICATOR	Baseline (2021)	Target (2025)	PROGRESS ON OUTPUT INDICATOR ²	
			REPORTING PERIOD (01 JAN. to 30 JUNE 2021)	CUMULATIVE
Number of midwives who graduated in accordance with the International Confederation of Midwives (ICM)-World Health Organization (WHO)	0	770	22	22

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



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standards				
Number of health service providers and managers trained on the Essential Package of Health Services and the Minimum Initial Service Package for Reproductive Health in emergencies	0	1,000	0	0
Percentage of supported delivery facilities providing at least three modern family-planning methods	46%	60%	8.4%	54.4%
Number of obstetric fistula repairs conducted	0	1,000	0	0
Output 1.2: Increased demand and uptake of maternal health, family planning, and other SRH services and through behaviour change communication and advocacy outreach, including in fragile and humanitarian settings				
Number of people who have utilized integrated SRH services, including in humanitarian setting	0	1,650,000	50,200	50,200
Percentage of supported health facilities with personnel that have the capacity to implement the new human rights protocol for family planning	68%	85%	4.8%	72.8%
SUB-OUTCOME 2 STATEMENT				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Youth and adolescents are empowered to realize their sexual and reproductive health and reproductive rights and participate in sustainable development, humanitarian action and sustaining peace.				
Output 2.1: Young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and sustaining peace				
Number of youth centres established to provide adolescents and youth with reproductive health services, including HIV prevention services.	4	15	4	8
Number of adolescents and youth who are capacitated and meaningfully engaged in peace building process, including life skills	0	50,000	21,703	21,703
Number of adolescents and youth who benefited from social and economic asset-building initiative to enhance youth leadership	0	2,500	835	835
SUB-OUTCOME 3 STATEMENT				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.				
Output 3.1: Enhanced the multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination				
National mechanisms to engage multiple	No	Yes	Yes	Yes



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stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address GBV is in place				
Proportion of health facilities providing essential health services package for survivors of sexual violence	10%	40%	20%	30%
Number of women and girls who received the essential services package for GBV survivors, including in IDP settlements	0	136,000	21,220	21,220
Number of women sheltered in accommodations to provide safety, protection and skill-building services	0	2,500	578	578
UNDP ONLY: sources of evidence (as per current QPR)				
Output 3.2: Strengthened response to abandon female genital mutilation and other harmful practices, including in humanitarian contexts				
Number of communities that made public declarations to eliminate harmful practices, including child, early and forced marriage and FGM, with support from UNFPA	0	750	data will be reported in Dec. 2021	0
Number of girls and women who received, with support from UNFPA, prevention or protection services and care related to FGM	0	19,300	621	621
Number of key religious leaders and adolescents and youth networks/platforms that advocate to end FGM	0	800	195	195
SUB-OUTCOME 4 STATEMENT				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere is counted and accounted for in the pursuit of sustainable development.				
Output 4.1: Improved national population data systems with a focus on mapping and addressing inequalities and to strengthening response in humanitarian crises				
Capacity building of relevant personnel of institutions conducted, promoting inclusivity	0	700	25	25
Number of supported drafts including Census Act, governance structures, civil registration and vital statistics legal framework endorsed to facilitate a population and housing census	0	5	1	1



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Pre-census activities, including preparedness, risk assessment, census manuals and guidelines undertaken and a report produced	No	Yes	Yes (pre-census assessment tool developed)	Yes (pre-census assessment tool developed)
Number of measurement points of population-based SDGs and/or ICPD composite indicator	0	4	0	0
Somali Data Management System developed, with maternal death surveillance and response, health and the GBV information management system as an integral part	0	1	0	0

NARRATIVE

<Summary of key results achieved and how these results contribute to higher-level impact/change and to achieving programme outcomes. Do not just list activities, number of workshops held, people trained. Maximum half page per output for each PUNO >

Health: UNFPA’s support to the Ministry of Health focuses on strengthening activities that address the high maternal and neonatal mortality and morbidity in the country. The 15 CEmONC centers at regional and State level hospitals form the hub for maternal, neonatal and child health care. The 3 large public sector hospitals in the Banadir region are supported by UNFPA Somalia. The Banadir Hospital, De Martino Hospital and Daynile Hospital provide lifesaving health care services to a highly populated region. De Martino Hospital alone provided services to 36,277 patients visiting the hospital in the first half of 2021. It is also the designated COVID-19 treatment center and screened 7,292 cases for COVID-19 of which 2,483 patients tested positive.

The support provided by UNFPA to the Midwifery Education programme supports the government’s effort to increase the human resources for health to address the high maternal mortality ratio of the country. This strategic approach has helped to increase access to maternal and neonatal care not only in the urban centers but also in rural and hard-to-reach areas. Strategic trainings in key areas such as family planning in the far reaches of the country, including the Gedo region as well as Sool and Sanaag regions, have helped to bring high quality reproductive health services to these regions. This allowed UNFPA to support the development of a national Family Planning Training curriculum for the country, supported by the training of trainers in an effort to build institutional capacity for continuity of these critical services. To further strengthen these services, 25 senior logistics officers were trained to ensure these skills are available across the country. UNFPA will continue to support this activity to build national capacity in this critical area of commodity security. UNFPA has also procured essential maternal health and family planning commodities and distributed these across all regions of the country. In addition, UNFPA has also provided substantial support to those affected by humanitarian crisis due to the Gati cyclone in Puntland as well as the flood victims in Beletweyne region.

Gender/GBV: Legislative and advocacy efforts supported during the first half of year 2021 contributed to improved opportunities for the FGM bill in Puntland to pass Cabinet’s approval with plans to be presented at the Parliament in the months of June-July 2021. This initiative contributes significantly to positively strengthen protection mechanisms for women and girls against FGM in Puntland. Capacity training activities for humanitarian and development actors contributed to improving knowledge and skills needed to respond to GBV through ensuring that there is a core of updated skilled service providers that are mobilized to provide GBV services to vulnerable women and girls including GBV survivors. It also contributed to action of clusters to mitigate GBV concerns in



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humanitarian cluster response. The provision of rape treatment kits ensured that service providers have the supplies to provide treatment for rape survivors and other associated physical injuries. Community mobilization activities and social media activism on FGM improved awareness on the need of communities (especially men and boys), families and individuals to take action to end FGM. UNFPA efforts to improve harmonized standards for shelter provision is contributing to better safety and services for vulnerable women and girls fleeing violence (including GBV survivors).

Youth: UNFPA has been implementing the Dalbile Youth Initiative, a nationwide comprehensive programme to support youth entrepreneurship and employment generation. During the reporting period, social initiative bootcamps have trained 470 youths. The Dalbile Youth Fund is established, and 66 initiatives have already been funded, benefiting 470 youth with employment creation, digital literacy for 139 young girls; as well as Mentorship, Life Skills and Employability training for 360 young people. The Dalbile Youth Dialogue was done in Mogadishu, Kismayo, Jowhar, Dhusamareb, Bosaso and Barawe on role of youth in civic spaces, challenges facing youth startups, among other topics. Two million impressions across the Dalbile youth initiative's digital platforms were recorded, with 70 percent below 35 years of age.

Population Dynamics: The states' health and demographic statistics strengthening process that had started in mid-2020 continued through the first and second quarters of 2021. By the end of the second quarter 2021, the Galmudug and Benadir health and demographic reports had been published and launched. These reports contain sub-national indicators critical for state planning, policy formulation as well as monitoring of the implementation of the Essential Package of Health Services (EPHS) programme. The SHDS microdata library has been developed. This includes the SHDS data sets and a metadata documentation of the survey process and variables. The microdata library provides an opportunity for the public to access and use SHDS data.

The results of the UNFPA supported in-depth studies on FGM and gender were published and launched in Puntland and Somaliland. These were part of a series of SHDS 2020 follow-up studies designed to provide a detailed explanation of the FGM and GBV indicators published in the SHDS reports. In addition, an SHDS paper has been prepared to help understand the determinants of child nutritional status in Puntland. The Civil Registration and Vital Statistics (CRVS) profile for Somalia has been developed to provide a snapshot of the current status of CRVS in the country.

During the period, UNFPA supported a number of survey activities related to COVID-19. To begin with, the results of the COVID-19 socio-economic impact study were published for Somaliland. Secondly, the COVID-19 vulnerability maps were updated for selected high-risk towns (Mogadishu, Baidoa, Kismayo, Garowe, Galkayo, Burao, Hargeisa, and Boroma). Lastly, COVID-19 vulnerability dashboards were developed for Somaliland and Puntland. The vulnerability maps and dashboards were developed to understand the impact of the COVID-19 pandemic on the most vulnerable population, mortality, and socio-economic impact as well as the geographical location within the towns of the vulnerable groups. The maps are pivotal in guiding COVID-19 interventions in the respective areas.

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

UNFPA Somalia remains one of the core partners that provide financial and technical support to the Federal Ministry of Humanitarian Affairs and Disaster Management (MoHADMD). UNFPA support focuses on the Ministry's capacity on preparedness and response to disasters, humanitarian coordination leadership. The Ministry established a Gender unit that spearheads the advocacy for gender and gender-based violence issues within the



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national and sub-national humanitarian community.

Number of beneficiaries – *quantify the number of beneficiaries the programme engaged with during the reporting period. Specify, where possible, the number engaged through virtual platforms.*

Health: During the first half of 2021, 36,277 patients were reached at De Martino Hospital. Looking at the patients who received health care services through hospitals supported by UNFPA, by service types, there were 50,200 ante-natal care (ANC) visits, 18,074 deliveries including C-sections, and 7,810 obstetric complications. A total of 18,727 women were reached with modern methods of contraception. 155 health care providers were trained in family planning counseling and service delivery and 25 logistics officers were trained in logistic management information system trainings. Approximately 25% of these trainings were done in person while a majority of 75% of trainings were done virtually. Furthermore, 22 midwives graduated from the UNFPA-supported midwifery schools in the first half of 2021 while a high intake of midwifery students was recorded in 2021 with 526 students currently registered at the 13 UNFPA-supported midwifery schools across the country.

Gender: During the reporting period, from January to June 2021, 6,827 women and girls affected by flood, cyclone and drought conditions received dignity kits to improve hygiene conditions while 1,124 adolescent girls received menstrual hygiene kits and information on hygiene practices and management. 326 women received cash assistance. 1,752,405 individuals were reached with messages on FGM abandonment and GBV. 195 religious leaders and 30 parliamentarians in Puntland were mobilized to support the enactment of the zero tolerance FGM bill in Garowe, Puntland. A total number of 12,943 individuals accessed first aid psychosocial counselling and support, rape treatment services and treatment for physical injuries as a result of GBV. 578 women and girls received services at GBV shelters in Garowe, Hargeisa and Mogadishu.

Youth: The youth programme reached 35,565 young men and women directly and 2,194,466 persons below 35 years of age through mainstream and social media channels. The programme engaged direct service delivery reaching out to young people through theatre for education, dialogue forums, in-reach and outreach from the UNFPA-supported youth centres, sports for social change, radio and social media mobilization engagements.

Population Dynamics: A total of 194 beneficiaries were engaged during the period January to June 2021. These included those who participated in data analysis, report writing, validation and launches of the Puntland FGM and GBV reports, Somaliland FGM report, and the Galmudug and Benadir SHDS reports.

COVID-19 response <Describe how the programme has adapted to the COVID-19 pandemic, including specific Covid-focused activities - do not include impacts of the pandemic on Joint Programme, this should be included in the next section (150 words max) >

All through the first half of 2021, the COVID-19 pandemic continued to make its adverse presence felt across the country affecting all programme activities. Most of the trainings for health care providers continued to follow virtual training modalities, with only about one-fourth being conducted in-person. UNFPA initiated a programme that specifically addressed the needs of pregnant and lactating mothers who could be victims of COVID-19 infection. The programme included nine state and regional level hospitals selected by the MOH, based on their high caseload especially for maternity cases. The objective of the programme was to ensure that pregnant women who got infected during their pregnancy as well as immediately after childbirth had a good chance for case identification and treatment during this vulnerable time. The Federal Ministry of Health developed COVID-19 guidelines as part of this effort for Somalia, modelled after the World Health Organization (WHO) guidelines. It



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provided guidelines on admission criteria and treatment protocol for pregnant mothers and those recently delivered. It also provided guidelines on home care for COVID-19 positive mothers who did not qualify for hospital admission. In addition, UNFPA procured and distributed sufficient quantities of personal protective equipment (PPE) not only to the nine hospitals mentioned above but to other hospitals as well, based on their needs.

Challenges (incl: COVID-19, 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)>*

The COVID-19 pandemic added yet another challenge in an already protracted humanitarian situation and fragile environment. The country’s protection and health outcomes are some of the worst in the world. The number of people in need of humanitarian assistance in Somalia in 2021 has increased from 5.2 million to 5.9 million due to the consequences of multiple threats including climatic shocks (floods and droughts, tropical cyclones), COVID-19 pandemic, protracted conflict, and desert locusts. And estimated 2.8 million people are at high risk of food insecurity and about 2.9 million are internally displaced persons (IDPs) across the country.

Gender

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

UNFPA’s support to the passage of the FGM bill at Cabinet level is expected to contribute to strengthening the legislative framework for protection for women and girls against GBV. It is also hoped that when the FGM bill is eventually successfully passed by the Parliament, it will create a momentum and accelerate similar efforts at other states and regions in Somalia. Women’s participation in governance is of utmost importance to delivering power to make decisions to improve the welfare of women and young girls in Somalia. UNFPA’s support to the establishment and operations of a Call Centre in Mogadishu is contributing to bringing attention and action to the rights violations of women candidates in elections. The Centre is also providing a much-needed platform to rally women and other stakeholders to advocate for the 30% quota for women in elections. UNFPA’s support to improving sex-disaggregated data and gendered information is contributing to informed policy, focus and targeting for development and humanitarian response. It has also contributed to improving funding for GBV-specific and integrated projects in Somalia.

Proportion of gender specific outputs in Programme ³	Total no. of Programme Outputs	Total no. of gender specific Outputs
	6	2
Proportion of Programme staff with responsibility for gender issues ⁴	Total no. of Staff	Total no. of staff with responsibility for gender issues
	70	10

Human Rights

(For ALL Programmes) Narrative on activities undertaken during the reporting period in which the Joint Programme

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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directly contributed to promoting Human Rights and Protection of vulnerable groups. One paragraph per PUNO.

The GBV programme implementation adopted the GBV survivor-centered approach which prioritizes respect for the rights and wishes of the survivor and putting the needs of the survivor at the center of service provision. The provision of clinical management of rape (CMR) services was done in line with protocols of safety and confidentiality to protect the identity of the survivors. Field officers from other clusters were trained to apply No-harm and non-discriminatory principles in receiving GBV disclosures from vulnerable women and girls and in providing referrals. Dignity and menstrual hygiene kits were also prioritized and distributed to ensure bodily integrity and improve mobility for vulnerable women and girls to access information and services that strengthen their resilience to GBV.

Has the 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 Programme outputs specifically designed to address specific protection concerns.	Result (Number)
	2

No. of Programme outputs designed to build capacity of duty bearers to fulfil their human rights obligations towards rights holders.	Result (Number)
	4

Other

Does the Programmes have a national cost-sharing component (i.e., funds and/or other resources provided by the FGS and/or FMS (including in-kind contributions)? (if ‘Yes’, describe below).	Results (Yes/No)
	Yes

Have FMS(s) been engaged in one or more of the following: design, planning, implementation, coordination and/or monitoring of the Joint Programme.	Results (Yes/No)
	Yes

Describe nature of cost sharing:

UNFPA works, inter alia, with Implementing Partners 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 regarding provision of health services at public health facilities.

Engagement with UNSOM/UNSOS – how, if at all, did the programme work with UNSOM/UNSOS in the implementation?

UNFPA co-chairs the inter-agency working group on youth with the Integrated Office in which a number of efforts are being coordinated, notably the revision of the National Youth Policy and the development of a costed action plan; development of a UN Somalia Youth strategy; and the work on the UN Youth Advisory Board. Additionally, recently a Youth political dialogue was held in June 2021. Coordinated technical support is being provided to the Ministry of Youth and Sports of the Federal Government by UNFPA and UNSOM.

Satellite imagery utilized in the development of household density was obtained from UNSOS, for utilization by the UNFPA Population Dynamics technical team. Geographic Information System (GIS) data has been shared by UNFPA



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with UNSOS.

Partnerships – *what partnerships has the programme benefitted from? With the IFIs, NGOs, civil society, academia, private sector, etc*

UNFPA is in partnership with implementing partners in the programme areas on reproductive health, gender, population and development and youth. Other non-programme partnerships with media bodies and associations such as Somali Women Journalism Rights Association, Somali Media Association and National Union of Somali Journalists ensure advocacy and visibility in the broader scope. UNFPA is also working with midwifery schools across Somalia supporting and advocating for quality midwifery education and religious networks in advocating for the end of harmful cultural practices namely FGM and child marriage.

Role of the MPTF – *describe how the programme relates to the overall portfolio of programmes of the MPTF, what role the MPTF has played in supporting the achievements of strategic results of the programme, and what the MPTF should do better to increase its relevance as a platform for UN integration and joint programming*

UNFPA programmes are in tandem with the UN Multi-Partner Trust Fund (UN MPTF) as it promotes integration and collective action and joint programming through a pooled funding mechanism. The MPTF ensures complementarity by different UN agencies in areas of expertise that lead to greater efficiencies in delivering services to the people of Somalia. As a result, country priorities are delivered in a coordinated and streamlined manner.

The overall goal of the new UNFPA country programme for Somalia for 2021 to 2025 is to improve the quality of life and wellbeing of women, adolescents and youth, and the most vulnerable populations. The new country programme is aligned with Somalia's ninth National Development Plan (NDP 9). It continues to focus on the four key areas of UNFPA, namely sexual and reproductive health and rights, gender equality and empowerment of women, adolescents and youth, and population dynamics.

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 Office has intensified the production of print, audio and visual products. At least a tweet is posted every day with photos, and human-interest articles are published frequently on the UNFPA Somalia website. The Country Office is also publishing more press releases, opinion pieces, situation reports and monthly newsletters, amplified in the local and international media and through UN social media channels in Somalia. UNFPA Somalia also continues to post short videos and slides on Twitter and Facebook.

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*>

2021 marks the first year of a 5-year cooperation cycle for UNFPA Somalia. The first half of 2021 represented the transition from the previous country programme 2018-2020 to the new country programme 2021-2025. The transition is complete as of June 2021. It is hoped that the COVID-19 pandemic will progressively stabilize by 31



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December 2021, which will allow a return to full normalcy. In the next 6 months, UNFPA plans to launch additional sub-national reports derived from the Somali Health and Demographic Survey. UNFPA also plans to complete the distribution of reproductive health and family planning commodities donated through the global UNFPA Supplies programme, to health facilities across the country. Additionally, UNFPA plans to expand the reach of its youth programme concretely by supporting the rehabilitation of youth centres and expanding opportunities for young people to access seed funding for start-ups through support to youth entrepreneurship.

UNFPA continues to expand its communication and visibility interventions and is currently working on creating an additional website in collaboration with the Ifrah Foundation. The new website will be dedicated to the campaign to end FGM. The Country Office is also working on boosting its social media platforms by engaging in paid promotions to reach even more people on UNFPA's areas of interventions and the humanitarian work it does in Somalia. More videography and photography missions will be undertaken to ensure the generation of evidence-based and human-centred content and effectively reach more audiences.

Human interest story – *What impact has the programme had for individuals and local communities? Any perspectives from the field from especially national programmes staff? Include a short human interest story (with photos).*

There is an improved acceptance to the uptake of services as can be attested by interviews from beneficiaries, especially young people keen to join youth programmes in youth centres and be part of volunteerism and peer-to-peer programmes.

More women are seeking reproductive health services, including family planning services and skilled attendance at birth.

Human interest story:

<https://somalia.unfpa.org/en/news/quality-emergency-reproductive-health-services-communities-affected-cyclone-gati>



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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.
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.
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. • The Business Continuity Plan has been activated with particular focus on electronic processing of all office paperwork and virtual business meetings, both internally

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



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		<p>and externally.</p> <ul style="list-style-type: none"> Some training activities have adopted the virtual modality in lieu of physical presence workshops. <ul style="list-style-type: none"> The CO has ensured coherence of and guidance to all the UNFPA Somalia team by holding daily briefs with Senior Management.
Operational	High turnover in key personnel involved in project implementation	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Maintain a regular dialogue with local authorities to prioritize maternal health, gender, youth, and population and



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	authority as a result of elections	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
Programme oversight field monitoring visit		<p>Due to the COVID-19 pandemic as well as for having a new Country Programme (CP) of Cooperation 2021-2025, UNFPA Somalia has not held its annual review and planning meeting 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 2021 work plans development, endorsement and signing with all its partners. The CO has provided technical support and orientation sessions to all implementing partners to ensure high quality work plans that are in line with the new CP 2021-2025. Additionally, follow up meetings were conducted with the implementing partners to follow upon the first two quarters implementation of the signed work plans.</p> <p>Several field monitoring and supervision visits were conducted by different thematic areas programmes' staff to ensure the implementation of the planned activities and interventions is going as planned.</p>	<p>The virtual based bilateral meeting approach has yielded good results which have assisted in the oversight, monitoring 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.</p> <p>The field and supervision field visits enhanced the programmes' staff to address the different technical challenges and barriers that faced the continuity and implementation of the different activities and interventions.</p>
Project Board Meeting (Steering Committee)		Although no project board meeting was conducted, UNFPA has held virtual meetings with its partners and donor countries regarding its new CP 2021-2025 progress of the implementation during the first two quarters of 2021.	These meetings resulted with a clear picture of the different thematic areas and programmes progress and implementation, which assure on the capacity of UNFPA and its implementing partners to achieve the intended results and targets as planned.



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HACT Audits and Spot Checks		The 2020 HACT audits took place during early 2021 by an external international financial audit firm for UNFPA implementing partners. 18 implementing partners were subjected to 2020 annual audit exercise.	The HACT 2020 audit exercise ensured that all UNFPA audited implementing partners were very good, and no concerns or significant risks were found during the audit exercise. Several significant recommendations were provided to build on the good quality of the implementing partners' work and implementation.
Independent Evaluation		No independent evaluation is planned during 2021.	N/A
Engineering site visit		UNFPA has commissioned UNOPS to carry out regular engineering site visits for a major construction project in Mogadishu.	Work has been delayed due to administrative issues but has resumed normally.
Stakeholder Review Consultation		Since the first period of the development of its new Country Programme (CP) of Cooperation 2021-2025, UNFPA has held several virtual meetings and consultations with its stakeholders including its implementing partners, donors and government institutions, which aimed to come with needed results and impacts at two levels: first: the development of the new CP 2021-2025; second: the sound-planning of the partners and implementing partners' work plans to ensure of having high quality of outcomes as a result of the implementation of the agreed and signed work plans interventions and activities.	These virtual meetings came out and resulted with significant results and impacts at two levels: first: the high quality of the new CP 2021-2025; second: the sound-planning of the partners and implementing partners' work plans along with associated action plans that enhance and promote the envisioned targets and end-results of the projects and interventions implementation.



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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.	FMOH		30 Jan. to 10 Feb. 2021	4	25	29	Family Planning/VCAT Training in Gedo	Luuq	UNFPA/PAC
2.	FMOH		13-24 Feb. 2021	16	41	57	Family Planning/VCAT Training in Galgaduud	Dhusamareb	UNFPA/PAC
3.	FMOH		21 June to 2 July 2021	6	21	27	Family Planning/VCAT Training in Banadir	Mogadishu	UNFPA/PAC
4.	FMOH		20-22 March 2021	5	7	12	TOT Training on Family Planning Balanced Counselling Strategy Plus Tools	Mogadishu	UNFPA/PAC
5.	FMOH		26-27 June 2021	15	7	22	LMIS review and consultative workshop	Mogadishu	UNFPA
6.		Youth	8-9 May 2021	24	16	40	Youth Civic engagement and peace building	Kismayo	SOLO
7.		Youth	14-16 June 2021	61	39	100	capacity building workshop on sustaining peace and youth civic engagement.	Belet Hawo	SOLO
8.		Youth	26 April 2021	5	10	15	Transforming community norms on child marriage	Afgoye	NOFYL
9.		Youth	26 April 2021	5	10	15	Transforming community norms on child marriage	Daynile	NOFYL
10.		Youth	17 April 2021	5	10	15	Transforming community norms on child marriage	Kismayo	NOFYL
11.		Youth	25-29 June 2021	0	50	50	Training for Youth and Girls champions in secondary schools on SRH & Early Marriage	Hargeisa	Ministry of Youth and Sports
12.		Youth	1 May to 30 June 201	0	60	60	Make-up skills training	Hargeisa	SOHASCO Youth Center



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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.		Youth	1 May to 30 June 2021	30	60	90	Employability training	Hargeisa	SOHASCO Youth Center
14.	Ministries' staff		7-11 June 2021	9	6	15	Youth Policy formulation and Implementation training	Garowe	Shaqodoon Organization
15.	Ministries' staff		14-18 June 2021	15	7	22	Youth Policy formulation and Implementation training	Mogadishu	Shaqodoon Organization
16.	DGs' and Comms. Officers		19-22 June 2021	20	3	23	Leadership and Communication Skills	Mogadishu	Shaqodoon Organization
17.		Youth-led organizations	16-20 June 2021	10	10	20	Organizational management, leadership, communication and financial literacy	Hargeisa	Shaqodoon Organization
18.		Secondary School Students	25 May to 15 June 2021	90	90	180	School sessions on youth rights	Hargeisa, Burao and Borama	Somaliland Y-PEER
19.		Young Girls	1-30 June 2021	0	25	25	Small businesses management and entrepreneurship training for girls	Gebiley	Gebiley Youth Center
20.		Youth and Girls	25-29 June 2021	0	50	50	Training for Youth and Girls champions in secondary schools on SRH & Early Marriage	Hargeisa	Ministry of Youth and Sports
21.		Youth and Girls	1 May to 30 June 2021	0	60	60	Make-up skills training		



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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			
							Hargeisa	SOHASCO Youth Center	
22.		Youth and Girls	1 May to 30 June 2021	30	60	90	Employability training	Hargeisa	SOHASCO Youth Center
23.	Ministries' staff		7-11 June 2021	9	6	15	Youth Policy formulation and Implementation training	Garowe	Shaqodoon Organization
24.	Humanitarian actors	CCCM field workers	May 2021	41	28	69	GBV Pocket Guide - GBV referrals	Somalia	UNFPA
25.	Humanitarian actors	Protection cluster, CP, FSC actors	23 June 2021	100	40	140	GBV Pocket Guide	Somalia	UNFPA
26.	GBVIMS DGOs	GBVIMS actors	Feb. 2021	11	7	18	GBVIMS Primero	Somalia	UNFPA
27.	Health and Social Workers	Health and Social workers	June 2021	0	20	20	Case Managers Training	Hargeisa	SLMNA
28.	Community volunteers	Community volunteers	May 2021	20	32	52	GBV	Hargeisa	SLMNA
29.	CIFP Members	CIFP members	April 2021	10	7	17	GBV in Emergencies	Mogadishu	UNFPA
30.	Puntland Statistics Office		April 2021	8	0	8	Translation/analysis of qualitative survey data	Garowe	2 consultants at the Statistics Office



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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			
31.	FGS, SL & PL Statistics Offices		February to March 2021	4	0	4	Training in the development of Micro-library data for SHDS	Mogadishu, Garowe and Hargeisa	UNFPA
32.	Planning & Statistics Depts., MOHs and Ministries of Planning SL, PL and NBS		April	14	6	20	Training on analysis and interpretation of qualitative survey and report writing	Mogadishu, Garowe and Hargeisa	UNFPA
33.	Ministries of Planning and Health Galmudug			8	5	13	Review, validation of statistical tables and report writing	Dhusamareb	Somali National Bureau of Statistics and UNFPA
34.	Ministry of Planning and Health Hirshabelle			8	4	12	Generation and review of statistical tables	Beletweyne	Somali National Bureau of Statistics and UNFPA
Totals:				583	772	1,355			