





UN Somalia Joint Fund

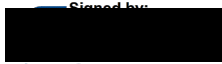
Progress report

[Final: 1 January 2021 to 31 December 2024]

Project data

Title	Somalia Multi Window Trust Fund - UNFPA Country Programme (2021-2025)
SJF Project number	Project ID: 00126692
Recipient UN agencies	United Nations Population Fund (UNFPA)
SJF Window	Inclusive Politics, Rule of Law, Climate and Resilience, Human Rights and Gender, Community Recovery and Local Governance, Economic Development, Social Development
Geographical coverage	Somalia (all Federal Member States)
Project duration	2021-2025
Total approved budget	USD 203,500,000 (2021-2025)
Implementing partners	United Nations Population Fund (UNFPA)
No of beneficiaries	Somali people
NDP pillar	Pillar 4: Improved social and human development
UNCF Strategic Priority	Strategic Priority 4: Social Development
SDG	 
Gender Marker	2 (Significant contribution)
Disability Marker	
Related UN projects within/outside the SJF portfolio	
Focal person(s) per recipient UN entity	Mr. Francis Anyansi - Deputy Representative

Report submitted by:

	PUNO	Report approved by:	Position/Title	Signature
1	United Nations Population Fund (UNFPA)	Dr Mary Otieno	Country Office, Representative, ai	 3DECFB5E82564B6...

Section 1: Executive summary

Brief introduction to the project and situation update/ Context of the reporting period

UNFPA Somalia's 2021-2025 Country Programme (CP) was developed in collaboration with the Federal Government of Somalia, Federal Member States, Somaliland, UN agencies, development partners, and civil society. It aligns with Somalia's National Development Plan (NDP-9), the UNFPA Strategic Plan (2018-2025), the United Nations Sustainable Development Cooperation Framework (UNSDCF 2021-2025), and Somalia's roadmap for Universal Health Coverage by 2030. The programme adopts a flexible, resilience-focused approach, integrating the humanitarian-development-peace nexus to ensure sustainable impact.

The programme strategically focused to improve the health, well-being, and rights of women, adolescents, youth, and vulnerable populations. It is guided by the Four Transformational Results: zero preventable maternal deaths, zero unmet need for family planning, zero Gender-Based Violence (GBV) and harmful practices, and zero Female Genital Mutilation (FGM). These efforts are supported by six strategic enablers, including youth engagement and partnerships; inclusive service delivery; policy and legal frameworks; humanitarian assistance; data-driven decision-making; and, capacity building.

Between 2021 and 2024, Somalia faced overlapping crises, including COVID-19, conflict, climate shocks, and displacement, straining an already fragile health system. The number of people in need of humanitarian assistance rose from 5.9 million in 2021 to 6.9 million in 2024, with 1.24 million affected by El Niño-triggered floods. Women and girls were particularly vulnerable, facing heightened maternal health risks and GBV.

In response, UNFPA expanded Sexual and Reproductive Health (SRH) and GBV services by supporting health facilities and Mobile Maternity Clinics (MMCs) to deliver maternal care, birth-spacing services, and clinical support for GBV survivors. Through Women and Girls Safe Spaces (WGSS) and One-Stop Centers (OSC), UNFPA provided psychosocial support and case management to women and girls, who were victims of GBV, including rape and intimate partner violence (IPV).

Overall, UNFPA integrated humanitarian response with long-term resilience efforts, ensuring sustained access to lifesaving and integrated SRH and GBV services. In collaboration with the national ministries and humanitarian agencies, UNFPA contributed to accelerating Somalia's development plan and advancing the 2030 Agenda for Sustainable Development.

Key achievements during the reporting period

Sexual Reproductive Health (SRH):

At the inception of the CPD, the Country Office (CO) faced remarkable challenges due to the COVID-19 pandemic. Despite this challenge, UNFPA strengthened maternal and health services across different regions in Somalia. In 2021, UNFPA supported 23 Comprehensive Emergency Obstetric and Newborn Care (CEmOCs) and 32 Basic Emergency Obstetric and Newborn Care (BEmOCs) facilities. This support expanded in 2022 to 45 BEmONCs and 24 CEmONCs, followed by 24 CEmONCs and 50 BEmONCs in 2023, and 5 CEmONCs and 8 BEmONCs in 2024.

Furthermore, in 2024, UNFPA supported 12 Midwifery-Led Continuity of Care (MLCCs) and three Mobile Maternity Clinics (MMCs) to enhance maternal health services, particularly in hard-to-reach areas. UNFPA also supplied commodities, paid salaries of health care workers and ensured the delivery of comprehensive, high-quality sexual and reproductive health (SHR) and family planning (FP) services.

Between 2021 and 2024, UNFPA supported a total of 50 BEmONC, 24CEmONC, 12 MLCCs and 3 MMCs where a total of 1,639,233 women and girls received quality lifesaving SRH services. Among them, 541,223 women received antenatal care (ACN) from qualified midwives, 139,392 safely delivered with the assistance of skilled birth attendants, and 8,328 underwent cesarean sections. In addition, 48,672 women with pregnancy-related problems received specialized care and 235,823 accessed FP services. Through outreach services, UNFPA reached 665,176 women and girls with SRHR services and information and referred the complicated cases to the health facilities for quality medical support.

To address obstetric fistula, UNFPA supported the National Obstetric Fistula Center in Mogadishu and Borame to carry out obstetric fistula surgeries. Between 2021 and 2024, 619 survivors received obstetric fistula repair in the two national fistula centers in Mogadishu and Borame. The surgical repairs were all successful, enabling survivors to return home free from urinary and fecal leakage. UNFPA has supported the survivors in paying their travel expenses and food during their stay in the hospital, as well as cloth and return tickets, as part of a social reintegration package after the survivors received the surgical repair. With restored health and dignity, they regained the confidence to resume their normal routines, reclaiming their independence and hope for the future.

As part of the efforts to strengthen the national health care system, UNFPA has supported the Federal Ministry of Health (MoH) in strengthening the national sexual and reproductive health technical working group (SRH TWG), family planning and reproductive health commodity security (RHCS) working group and the maternal and perinatal death surveillance and response (MPDSR) taskforce through meetings held at the national level. In the years (2021-2024), UNFPA supported the development of the national strategy of elimination of Obstetric Fistula, reviewed the reporting tools of maternal death surveillance and response and participated in the development of the national reproductive maternal newborn child and adolescent health (RMNCAH) strategy which was led by the government and coordinated in this the above technical working groups.

Family Planning (FP):

From 2021 to 2024, UNFPA expanded FP services across Somalia, thereby strengthening healthcare capacity, improving access to modern contraceptives, and enhancing service delivery in both public and private health facilities. Specifically, in 2021, UNFPA trained 168 healthcare providers from South West State, Galmudug, Puntland, Somaliland, and Banadir in modern contraceptive methods and FP counseling using the Balanced Counseling Strategy Plus (BCS+). As a result, 39,341 individuals accessed modern contraceptives, contributing to an increase in the percentage of health facilities offering at least three modern methods of FP from 46 percent in 2020 to 66.8 percent in 2021. Also, the percentage of facilities with personnel trained to provide FP services as per the new human rights protocols increased from 68 percent in 2020 to 80.2 percent.

To improve efficient stock management and prevent stockouts, 25 pharmacists and warehouse managers were trained in the Logistics Management Information System (LMIS). UNFPA also engaged government officials, religious leaders, and civil society to advocate

for FP's role in reducing maternal and neonatal mortality. Despite access restrictions and procurement delays, reallocation of resources ensured services reached high-need areas.

In 2022, UNFPA further expanded its FP reach by training an additional 154 health workers to deliver high-quality FP services across 126 new health facilities. This effort increased the number of FP users to 57,000, a significant rise from 39,341 in 2021. The percentage of health facilities providing at least three modern FP methods increased from 66.8 percent in 2021 to 84.4 percent in 2022, while facilities with personnel trained to provide FP services in line with the Human rights protocols increased to 89.4 percent in 2022 from 80.2 percent in 2021. UNFPA also supported the development of Somalia's first-ever Family Planning Guideline for health providers aligned with WHO standards and tailored to the local context. Additionally, 22 supply chain managers were trained on forecasting and quantification to enhance availability of FP and maternal health supplies.

In 2023, UNFPA supported the Federal Ministry of Health, as well as the Ministries of Health in Puntland and Somaliland, in strengthening public-private partnerships for SRH interventions. This initiative facilitated collaboration with private health facilities to expand access to FP services through capacity building of private health workers where a total of 94 health workers from private hospitals were trained to provide FP services as per human rights protocols in FP service provision. In the same year, 80 health workers from public hospitals were trained in FP service provision, adhering to human rights principles. As a result, 60,457 women accessed modern FP methods, marking an increase from 57,000 in 2022. Additionally, 368,000 individuals, including 200,000 men and 168,000 women, were reached through FP awareness campaigns delivered via community education and media platforms.

A key milestone in 2023 was the development of Somalia's first-ever Family Planning Costed Implementation Plan (2023–2028), providing a strategic framework to address the country's high unmet need for FP services. To further ensure sustainable access to quality FP and RH supplies and services, a Reproductive Health Commodity Security Roadmap (2023–2027) was also developed. UNFPA developed a comprehensive assessment for Somalia's humanitarian Supply Chain Management System, leading to actionable recommendations for reform. UNFPA also advocated for integrating domestic resources into FP commodity procurement to ensure sustainability. These efforts reaffirm UNFPA's dedication to equitable and rights-based healthcare access.

In 2024, UNFPA played a pivotal role in advancing family planning initiatives through policy development, training, and service provision. One of the key achievements during this reporting period was the development of a comprehensive curriculum on Reproductive Health Commodity Security (RHCS), which laid the foundation for a systematic and sustainable approach to reproductive health supply chain management. UNFPA organized a trainers of trainers (TOTs) for 84 health professionals using the RHCS curriculum. They were equipped with the necessary skills to cascade the knowledge gained to healthcare providers across the federal member states, strengthening the overall reproductive health service delivery system.

UNFPA also supported the training of 120 healthcare providers on family planning service provision, incorporating newly developed Family Planning Human Rights Protocols to ensure client-centered and rights-based care. These capacity-building efforts enhanced the competency of healthcare workers, enabling them to provide high-quality contraceptive counseling and services. As a direct result, these trained providers contributed to an increase in FP users rising from 60,457 in 2023 to 67,967 in 2024.

Over the four years, UNFPA consistently strengthened Somalia's health systems by building workforce capacity, improving supply chain efficiency, and increasing community outreach. As a result, the number of women accessing modern contraceptives rose significantly from 39,341 in 2021; to 57,000 in 2022; 60,457 in 2023; and 67,967 in 2024. UNFPA's holistic approach, focusing on training, advocacy, and service delivery, has played a pivotal role in improving maternal and reproductive health outcomes in Somalia, addressing both development and humanitarian needs effectively. At the end of 2024, a total of 616 health workers were trained to provide FP services in line with the human rights protocols in FP services provision from 2021. This contributed to the inclusion of 349 new health facilities in Somalia's FP service network, each offering at least three modern FP methods.

Midwifery Program

In 2021, UNFPA supported 14 midwifery schools across Somalia. Specifically, the CO prioritized the underserved communities. By the end of the reporting period, 85 midwives graduated from these institutions, contributing to the expansion of maternal and newborn healthcare services. UNFPA facilitated the review and redesign of the national midwifery curriculum, aligning it with global midwifery education standards. The updated curriculum incorporated key components, such as rights-based respectful maternity care, family planning counseling, and FGM prevention. Through a technical partnership with the Canadian Association of Midwives (CAM), UNFPA strengthened the capacity of the 14 training institutions and enhanced the institutional resilience of three midwives' associations. Additionally, innovative tools were introduced, including an online repository/library for midwifery tutors and a Somali-language mobile app to provide youth with access to SRH information and services from qualified midwives. These strategic initiatives laid a strong

foundation for addressing maternal and newborn health disparities across Somalia, particularly in marginalized regions, while empowering midwives as key drivers of change in promoting women's health and rights.

UNFPA provided institutional-level support to Somalia's midwifery program, facilitating training for 340 students across 15 midwifery schools. By year-end, with most securing employment in urban and rural maternity health centers, where they deliver life-saving services and comprehensive SRH care. To support the newly revised national midwifery curriculum, UNFPA trained 70 tutors from these schools, equipping them to implement the curriculum effectively. An online repository of teaching and learning resources, developed in collaboration with national and international stakeholders, including the Canadian Association of Midwives, now complements the finalized curriculum, which has been endorsed by Somalia's Ministry of Health. Additionally, UNFPA developed a Somali-language mobile app for young people, offering answers to common SRH questions and linking users to local midwifery services to increase demand for youth-focused SRH care. The app, validated by Somalia's Ministry of Health, is ready for piloting on UNFPA-supported youth platforms. In Hargeisa, UNFPA organized consultation and training workshops to develop and validate an internship manual for midwifery students, enhancing the capacity of clinical instructors and tutors. UNFPA also spearheaded the development of a Continuing Professional Development (CPD) curriculum, addressing capacity-building needs identified in a 2020 assessment. The Ministry of Health has pledged full support for its implementation, ensuring ongoing professional growth for midwives in Somalia.

In 2023, UNFPA, with the support of their donors, ensured 693 midwife students to continue their training in 15 midwifery schools, with 102 new midwives graduating that brings the total graduates to 507 2021-2023. UNFPA trained health workers in safe motherhood practices and developed supportive supervision toolkits to ensure high-quality education and care. Through partnerships with the Canadian Association of Midwives (CAM) and the University of British Columbia (UBC), UNFPA enhanced clinical education in midwifery practices through the development of a midwifery supportive supervision framework and mentorship visits to 9 schools. Leadership development initiatives strengthened three Somalia midwifery associations' institutional capacities as critical, women-led professional organizations. Additionally, the program supported midwifery regulation training workshops in Somalia and collaboration among stakeholders, laying a solid foundation for sustainable and standardized midwifery practice in Somalia. These efforts underscore the program's transformative impact on maternal and newborn health.

During the 2024 reporting period, the midwifery program made significant achievements under the Strengthening Midwifery Education and Practice in Somalia (SMEPS) project, funded by Global Affairs Canada. Sixty-four midwifery tutors were trained on a revised curriculum aligned with global midwifery education standards, while 45 graduates from Bosaso Health Science University joined Somalia's skilled workforce thus making the cumulative total of graduates from 2021-2024 A total graduate of 552 qualified midwives contributing to the Somali health workforce. Through a technical partnership with the Canadian Association of Midwives, Somali midwifery associations trained Community Health Workers in safe motherhood practices, empowering grassroots efforts to improve maternal health. The program also introduced culturally tailored tools, media campaigns, and peer-to-peer leadership sessions to engage marginalized populations on safe motherhood and FGM prevention. A landmark achievement was UNFPA's support of the development and validation of the National Midwifery Regulatory Framework—the first since 1991—ensuring regulated Midwifery education, practice, and service delivery. This framework aligns with global evidence showing that midwives can reduce maternal mortality by up to 90 percent when trained in regulated institutions and operating within regulated health systems. Despite challenges, innovative strategies and strong stakeholder collaboration have advanced the program's transformative impact, bringing Somalia closer to achieving its maternal and newborn health goals.

A key achievement in 2024 was also the official validation of the Continuing Professional Development (CPD) online system for midwives by the Ministry of Health. This milestone ensures that midwives in Somalia can continually enhance their knowledge and skills throughout their careers. Over 100 midwives have already piloted the CPD system, focusing on critical areas such as Sexual and Reproductive Health and Rights (SRHR) and life-saving skills. Plans are underway to expand access to CPD training for tutors and clinical instructors and to publicly launch the program, further strengthening midwifery capacity and improving maternal and newborn health outcomes nationwide.

Adolescent and Youth:

The UNFPA Youth Programme has been making strides in empowering young people by providing essential services through youth centers, advocating for their rights, and fostering innovation and entrepreneurship. Through a combination of vocational skills training,

digital literacy programs, adolescent sexual and reproductive health (ASRH) services, and advocacy efforts, the program equipped over 197,000 Somali youth with the tools they need to build brighter futures

At the heart of this initiative are the youth centers, which have become hubs of opportunity for young people. These eight youth-friendly centers, located in Abdiaziz and Shangani (Mogadishu), Tilmaame (Garowe), Dandoor (Bosaso), Gabiley, Hiraal (Hargeisa), Hage (Buhoodle), and Berbera, provide vocational training that enhances employability and economic prospects. By equipping youth with practical skills, the centers empower them to start their own businesses and contribute meaningfully to the local economy.

Not only recognizing the growing importance of digital skills but also responding to identified gaps in digital literacy through assessments, the program has introduced digital literacy training for over 70,000 young people. These sessions cover essential areas such as basic computer skills, social media marketing, digital entrepreneurship, and even coding and web development, ensuring that youth are well-prepared for the evolving job market.

In 2024 UNFPA established three additional Youth Centres in hard to reach areas of South West, Galmudug, and Hirshabelle. These Centres are providing essential services for marginalized and out of school youth, supporting their health and wellbeing. Access to vital services such as ASRH education, mental health support, and vocational skills training, the initiative seeks to empower young people and enhance their opportunities to enable them live a healthier safer, and productive lives

Beyond economic empowerment, the UNFPA Youth Programme prioritizes the well-being of young people by offering crucial ASRH services. A total of 36,378 of which 1,828 in 2024, youth have accessed comprehensive life skills education, FP and contraceptive services, HIV prevention and counseling, and GBV awareness programs. By integrating these services into youth centers, UNFPA is not only improving health outcomes but also working to reduce stigma around reproductive health issues.

Advocacy remains a key pillar of the program. To amplify youth voices and highlight their contributions to society, UNFPA organized the yearly commemoration of International Youth Day. This event brought together young people, policymakers, and stakeholders to discuss pressing youth development priorities. The events have featured panel discussions on youth empowerment and leadership, showcased youth-led initiatives, and ran awareness campaigns on topics such as ASRH, gender equality, and innovation. This platform allowed young people to express their concerns and advocate for policies that support their aspirations.

Innovation and entrepreneurship were also at the forefront during the Mogadishu Technology Summit, which were supported by UNFPA youth participation in 2021 and 2024. The summit provided a space for young innovators to showcase tech-driven solutions for social challenges, digital startups, and advancements in healthcare, particularly in ASRH services. Beyond showcasing ideas, the summit connected young entrepreneurs with networking opportunities, mentorship, and potential funding sources, reinforcing the critical role of youth-led innovation in Somalia's development.

UNFPA supported in 2023 the Ministry of Youth and Sports in developing the National Youth Policy and its Costed Action Plan for 2023-2030. This policy serves as a strategic framework to empower young people and enhance their leadership across 10 thematic areas. By providing guidance and targeted interventions, the policy aims to foster youth development, participation, and inclusion in national progress. UNFPA's support ensures that the policy is comprehensive, evidence-based, and aligned with national and global best practices to create meaningful opportunities for young people. Through these combined efforts, the UNFPA Youth Programme is fostering a generation of resilient, skilled, and self-sufficient young people.

Youth, Peace, and Security

A total of 900 young people (487 young women and 413 young men) received training on conflict resolution, communication, leadership, and community reintegration approaches. Additionally, youth were sensitized on youth, peace, and security through various avenues such as youth forums focusing on young people's participation in the political process in Somalia

Youth Elections and Democratization Forums UNFPA,

In collaboration with the Folke Bernadotte Academy (FBA), UNFPA organized a series of Youth forums focusing on youth elections and democratization. These forums, held in Southwest and Hirshabelle and other states, brought together 100 young participants (50 females and 50 males) each. The forums addressed challenges hindering youth participation in electoral processes and explored opportunities for meaningful youth engagement. A national forum convened in Mogadishu on 17 December 2023, gathering over 230

young people (97 young women and 133 young men) from across the country to present forum findings to the Government of Somalia and the international community.

Accelerated Socio-Economic Empowerment of Youth in Somalia (Dalbile Youth Initiative)

UNFPA supported the launch of 179 startups and 10 social enterprises across seven regions of Somalia, benefiting 115 males and 109 females. Additionally, 17 startup bootcamps were conducted, surpassing the original target of 13. These bootcamps provided orientation, training, and capacity building to Somali youth entrepreneurs on essential business skills and concepts.

The Somali Youth Fellowship (SoYo Fellowship), launched by UNFPA on December 21st, 2023, aligned with the United Nations' Youth Strategy to provide 17 young leaders (9 females, 8 males) with professional and career development opportunities across various sectors, including the UN system. The program successfully concluded on 31 October 2024, with three fellows now serving as UNFPA staff.

Gender Equality and Women's Empowerment (GEWE):

During 2021-2024, UNFPA through her GBV/Gender unit supported GBV prevention, response, and mitigation initiatives at both the GBV AoR Somalia and UNFPA programming levels. UNFPA also continued to support grassroots mobilization for support the implementation of sexual offenses legislation in Somaliland and the enactment of a sexual offenses and FGM bills at the federal and state government levels. UNFPA established a UN working group in 2023 to coordinate UN support to the enactment of sexual offenses bill at the FGS level. These efforts led to the successful passage of the zero FGM bill by the cabinet in Puntland state, passage of the Rape and Indecency bill (December 2023) and the enactment of a comprehensive legislation banning FGM in Galmudug state (January 2024). The FGM Bill in Puntland was not successful at presentation to Parliament in 2024 due to the protestation of some religious leaders to include the Sunna Type of FGM (Type 1) in the legislation which was resisted by a coalition of young persons and CSOs. UNFPA also supported an assessment on the legislative and policy framework options for Somalia. The assessment reviewed the policy and legislation actions of countries in the region and how this has promoted efforts to end FGM. In 2021, UNFPA also supported the establishment and operations of a Call center managed by the Ministry of Family and Human Rights Development (MFHRD) as part of the UN support for a 30 percent quota for women in elective positions. The center served to monitor and act to protect the rights of women candidates in the elections. The center was a rallying point for female candidates and other stakeholders to hold strategic meetings on how to move forward the agenda for 30 percent representation in elections.

In 2024, UNFPA supported the MoFHRD to develop a national strategy on violence against women and children. The strategy provides a framework to guide the implementation of GBV strategic priorities among GBV actors in Somalia to reduce the incidence of GBV and mitigate its impact for GBV survivors. UNFPA also supported the development of validation and dissemination of a GBV strategy for Puntland state of Somalia. The strategy outlines priorities for GBV prevention, response, mitigation, and coordination. To contribute to building the capacities of Women Led Organizations (WLO) on gender equality programming, UNFPA in 4th quarter 2023 and early 2024 supported the development of a Gender/GBV module targeting WLOs and other development partners. The manual has broad themes on Gender concepts and advocacy for SRHR as critical areas of instructions. The programme also supported the review of the module on FGM for in-service training of midwives to ensure addition of anti-medicalization components of the joint UNFPA/UNICEF FGM programme on accelerating the abandonment of FGM.

As lead of the GBV Area of Responsibility (AoR), UNFPA continues to support quality leadership of the AoR through ensuring expert human resources through the recruitment and deployment of the GBV coordinators in Mogadishu, Garowe and Hargeisa. In 2024, the unit supported the review of the GBV AoR strategy which has been adopted by the HCT and disseminated to GBV service provider organizations. Also, UNFPA supported the development of Standard Operating Procedure (SOPs) for the GBV AoR and for the development of routine GBV briefs, GBV bulletins and GBVIMS quarterly reports to provide information and data for direct advocacy and response. In 2021, UNFPA supported community level assessment titled *Voices of Somalia – Women and girls* -on protection, Child protection, Housing, Land and Property, Mine action GBV concerns in Somalia which contributed to the development of making available qualitative data for the development of the HNO/HPR 2022 process. UNFPA also supported the development and dissemination of GBV advocacy briefs, a learning brief on GBV/CVA and two briefs focusing on the impact of floods, and droughts on women and girls and GBV. Standard operating procedures for GBV shelter operators, women and girls' safe spaces and referral pathways were developed and disseminated among GBV actors. UNFPA also supported the development and dissemination of a

referral handbook for FGS and FMS in Somalia. The process enables updates and provides current information on which services are available for improved access by women and girls.

During the years 2021-2024, UNFPA supported capacity enhancement for 7,364 persons for GBV/FGM advocacy, prevention, GBV mitigation and service delivery case management, Psychosocial Support (PSS) and Clinical Management of Rape Survivors (CMR). In addition, the agency targeted 2,810 religious/community leaders and youth network representatives and facilitated access for them to gain knowledge on de-linking FGM from Islam to improve their capacity to advocate for the abandonment of FGM in Federal member states and Somaliland. A total of 1,490 community members, parliamentarians, policy makers and CSO gained from capacity enhancement initiatives and targeted messaging and lobby on the need to accelerate action to pass SOB at FGS. Furthermore, the Joint Programme also supported the training of 1,000 medical personnel, including midwives and tutors of the Midwifery training schools, to integrate FGM concerns into the training for health and midwifery institutions. The purpose of the initiative was to ensure that nurse and midwives undergoing service training receive education and knowledge on FGM and understand the importance of the need to eliminate medicalization and the “do no harm” principle. UNFPA also supported social norms change discussions that enabled 256 communities to declare intent to abandon FGM through the joint UNFPA/UNICEF programme on FGM.

Furthermore, UNFPA coordinated and provided financial and technical support to the GBV Service provision in GBV one stop centers (OSC), women, and girls safe space (WGSS), and GBV safe shelters. UNFPA also supported community/media education, dialogues, and sensitization programme to disseminate messages on service availability and the need to end to end FGM and GBV. As a result of these efforts, supported a total of 6,900,614 persons gained access to GBV services and information (including FGM) through media, community dialogues and awareness generation, cash and voucher assistance and provision of dignity and material items. UNFPA reached a total of 169,338 women and girls with GBV specialized services; 40,790 women and girls received dignity and MHM kits; 30,335 women and girls received transitional shelters through GBV shelters across Somalia and 28,698 women and girls received FGM prevention information and treatment in health facilities supported in Banadir, Bosaso, Garowe and Hargeisa.

Population Development (PD):

UNFPA continued to strengthen the capacity of government partners through targeted training and technical guidance in the production of statistics and lay the groundwork for future population and housing census and nationwide large-scale sample surveys. This initiative aims to fill data gaps and support the government, policymakers, and stakeholders in evidence-based planning and decision-making.

The training equipped participants with hands-on experience in geospatial data management, manipulation, and visualization using ArcGIS Pro and Quantum GIS software, as well as data analysis, interpretation and report writing. These trainings have yielded positive results: The trainees report using newly acquired skills and techniques in their current work and are already sharing their knowledge with colleagues (as verified by a third-party monitoring report).

Additionally, UNFPA is supporting the government partners in the preparation of reports to monitor the country's progress in implementing, ratifying, and domesticating regional and international commitments, including the Sustainable Development Goals (SDGs). This work strengthens the linkages between population and sustainable development by considering population trends and projections in the development of strategies and policies.

Strengthening health and demographic statistics in Somalia. The Somali Health and Demographic Survey (SHDS) was successfully launched mid 2020 and by the end of 2021, the state level health and demographic reports for Galmudug, Banadir, Hirshabelle (HSHDS), South West(SW), Jubaland (JHDS), Puntland (PL) and Somaliland (SL) reports were published and launched.

The SHDS 2020 yielded invaluable data on various aspects of the Somali population, including demographics, health, gender, and sexual and reproductive health (SRH). During the reporting period, and following the seminal SHDS 2020 an additional series of state-level reports providing essential sub-national indicators for state planning have been produced. The reports include looking beyond Female Mutilation/Cutting FGM/C study report (2021), Gender Based Violence (GBV) (2022) report, Root causes of low Uptake of Modern Birth Spacing Methods (2021), SLHDS Followup Study on Birth Spacing Somaliland and Exploratory Study on the Enablers and Barriers of Girls Transition to Secondary in Puntland (2022) for policy formulation, and monitoring the implementation of

the Essential Package of Health Services (EPHS) program. These surveys continue to be the primary source of recent population and demographic data in the country.

Additionally, [Somaliland Comprehensive Health and Nutrition Report](#), the first of its kind in Somaliland was prepared in 2024 using the Health Management Information System (HMIS) data among other data by the HMIS managers and other technical personnel from key departments from the Ministry of Health Development (MoHD); serving as a foundation for evidence-based decision-making and strategic planning and played a pivotal role in developing the Somaliland National Nutrition Plan and the draft National Surgical, Obstetric, and Anaesthesia Plan for 2024-2030.

The International Conference on Population and Development (ICPD@30) progress review report ([English](#) and [Somali](#) versions) was prepared by UNFPA and SNBS technical personnel. The report focuses on sexual and reproductive health, gender equality, and women's empowerment, as well as international cooperation. The ICPD@30 report, advocacy events were conducted with the civil society, key government institutions and parliamentarians. These efforts have revitalized commitment within the social parliamentary committee to pass pending ICPD-related legislation; a significant achievement from this revitalized commitment is the enactment of the Child Protection Act. Moreover, the government has pledged to establish a population council to oversee the implementation of ICPD goals.

The Population Development and Composite Index (PDCI) report 2024, the first of its kind in Somalia. The report is based on 29 of the 33 relevant sustainable development indicators and structured around five key pillars: dignity and human rights; health; place and mobility; governance and accountability; and sustainability. The PDCI report aims to fill data gaps for the NDP-9 and support the government, policymakers, and stakeholders in tracking composite indicators and identifying areas of success.

Humanitarian:

Between 2021 and 2024, UNFPA Somalia responded to various humanitarian challenges, including drought, floods, and conflict in xx regions. The agency conducted in 2024 an After-Action Review of its humanitarian response to assess the effectiveness of its interventions during these crises. Through this evaluation, UNFPA identified areas for improvement and reinforced its commitment to timely and effective emergency responses.

Within the reporting period, UNFPA mobilized approximately USD 1 million from the UNFPA HRD Emergency Fund to respond to life-saving needs arising from Cholera outbreaks, Gu rains, and the impacts of El Niño-induced floods.

These funds enabled UNFPA to deploy targeted interventions aimed at mitigating the suffering of affected communities. Additionally, UNFPA's participation in key humanitarian coordination mechanisms enhanced the efficiency and impact of its response. UNFPA actively engaged in the Humanitarian Country Team, the Inter-cluster Coordination Group, and other relevant clusters, including Area Based Coordination and the Operations Cell.

Through these platforms, UNFPA helped align efforts across various humanitarian actors and contributed to strategic planning and response efforts. Moreover, UNFPA took part in Rapid Response and anticipatory actions to prepare for and mitigate the impacts of emergencies. This included the purchase of flammable boats for flood-prone areas, the erection of temporary shelters, and the repositioning of essential dignity kits, ensuring that life-saving support was available when needed most. UNFPA.

Results in numbers, the number of beneficiaries and feedback from beneficiaries

SRH

The program engaged a diverse group of beneficiaries, including women, youth, internally displaced persons (IDPs), and other marginalized groups. While gender-disaggregated data was available, further age and group-specific disaggregation were being strengthened to ensure targeted interventions for different population segments. Engagement with beneficiaries was conducted through in-person community outreach sessions, health facility consultations, and virtual platforms for training and awareness campaigns.

Feedback from beneficiaries was collected through direct consultations, post-training evaluations, and community engagement sessions. Women and youth expressed appreciation for the expanded availability of FP services, particularly in remote and underserved areas. Some beneficiaries highlighted the need for increased male engagement in family planning discussions and more frequent community outreach sessions to address cultural and religious misconceptions.

Between 2021 and 2024, UNFPA successfully reached 1,639,233 women and girls with essential, lifesaving SRH services. Among them, UNFPA supported safe deliveries to 139,392 women who were delivered by experienced birth attendants; 8,328 had cesarean sections, and 541,223 women received prenatal care from qualified midwives. Additionally, 235,823 women received different FP methods and 48,672 women with pregnancy-related issues were treated at the health facilities. 665,176 women and girls with SRHR services and information.

In 2024, the UNFPA-supported Midwifery Program trained 500 midwifery students across 15 schools, graduating 45 midwives and training 64 tutors on a revised curriculum. Additionally, 142 community health workers (CHWs) received safe motherhood training, and 100 midwives participated in continuous professional development (CPD) on SRHR. The program also developed and endorsed a National Midwifery Regulatory Framework. Community outreach efforts, including culturally relevant materials and media campaigns, raised awareness on maternal health and FGM prevention. Feedback gathered from surveys, focus group discussions, and SMS responses highlighted positive reactions to training quality, though issues like supply shortages and deployment delays were raised. Based on feedback, hands-on training was expanded, Continuing Professional Development (CPD) became part of the Ministry of Health's agenda, and community-based interventions were strengthened, improving access for marginalized groups.

Between 2021 and 2024, the UNFPA midwifery program successfully trained and graduated 552 midwives, with 85 trained in 2021, 320 graduates in 2022, 102 in 2023, and 45 new graduates in 2024. Additionally, 64 midwifery tutors were trained on the revised curriculum in 2024, and 100 midwives received CPD training in Sexual and Reproductive Health and Rights (SRHR). Over 5,000 women and girls in IDP camps benefited from SRHR services during outreach campaigns in 2022, while community health workers were trained in 2024 to provide maternal health services at the grassroots level. The program also strengthened midwifery associations through leadership development initiatives in 2023 and organized peer-to-peer leadership sessions in 2024, further enhancing the capacity of the midwifery workforce in Somalia.

The UNFPA health system strengthening initiatives to the Somali MoH workforce led to an increase in the percentage of health facilities with the capacity to provide at least three modern methods of FP to rise from 46 percent in 2020 to 93.3 percent in 2024 surpassing the set target of 90 percent. This has also led to a percentage increase in the number of facilities with personnel who can provide FP services as per human rights protocols at 94.38 percent in 2024, a great increase from 68 percent in 2020. The number of health facilities providing at least three modern methods of FP has increased significantly to 93.38 percent in 2024 from 46 percent in 2020.

Over the four years, UNFPA consistently strengthened Somalia's health systems by building workforce capacity, improving supply chain efficiency, and increasing community outreach. As a result, the number of women accessing modern contraceptives rose significantly from 39,341 in 2021; to 57,000 in 2022; 60,457 in 2023; and 67,967 in 2024. UNFPA's holistic approach, focusing on training, advocacy, and service delivery, has played a pivotal role in improving maternal and reproductive health outcomes in Somalia, addressing both development and humanitarian needs effectively. At the end of 2024, a total of 616 health workers were trained to provide FP services in line with the human rights protocols in FP services provision from 2021. This contributed to the inclusion of 349 new health facilities in Somalia's FP service network, each offering at least three modern FP methods.

Adolescent and Youth:

The Youth Programme empowered young people by providing essential services through youth centers, advocating for their rights, and fostering innovation and entrepreneurship. Through a combination of vocational skills training, digital literacy programs, adolescent (ASRH) services, and advocacy efforts, the program equipped over 197,000 (60 percent male and 40 percent female) youth with the tools to build brighter futures.

Beneficiaries of youth services at UNFPA-supported youth centers expressed positive feedback on the impact of these programs on their lives. Many young people appreciated the safe and inclusive spaces provided, where they could access SRH services, life skills training, and career guidance. They highlighted the importance of youth-friendly services that address their specific needs, including mental health support and gender-based violence prevention. Additionally, beneficiaries commended the centers for empowering them through leadership and entrepreneurship programs, helping them build confidence and secure better opportunities for the future. However, some suggested expanding outreach efforts to reach more marginalized youth and increasing resources for sustained program effectiveness.

UNFPA thought its social enterprise grants enabled young people to start their own business. For example, in Puntland, UNFPA, through the Ypeer network, awarded two social enterprises, each of them USD 10,000 to Somali Foto Fest and Horn Development Agency (HORND). Somali Foto Fest is a youth firm that is fast becoming a household name for its digital storytelling training initiatives. Somali Foto Fest successfully delivered a four-week photography and video editing training in Garowe for 25 trainees. and HornDA. The grants for these youth-led organizations focused, in addition, on supporting youth groups to build their internal organizational capacity and establish their voice in their communities on issues important to them.

In Somaliland, UNFPA, through local partners, awarded two social enterprises, the first being Borama Innovation Hub. It was founded in 2019 by a group of experienced trainers and management consultants. The organization was created with the goal of providing high-quality training and development programs to help individuals and organizations reach their full potential. Borama Innovation Hub has grown and evolved significantly since its founding, constantly innovating to provide the best training and development programs to its clients and adapting to meet the changing needs of the marketplace.

In December 2024, a total of 410 adolescents and youth were trained in peacebuilding and life skills, including 160 participants in gender equality workshops, 80 in GBV prevention training, and 70 in leadership policy dialogues. Additionally, community outreach campaigns engaged over 2,000 individuals, raising awareness on gender equality, non-violent conflict resolution, and youth leadership. These capacity-building initiatives equipped young people with the knowledge and skills to advocate for peaceful coexistence, challenge harmful social norms, and strengthen their role in governance and community decision-making.

GEWE/GBV

Between 2021 and 2024, UNFPA strengthened the capacity of 7,364 persons on GBV/FGM advocacy, prevention, GBV mitigation and service delivery case management, PSS and CMR. In addition, the agency targeted 2,810 religious/community and youth networks/leaders (1,986 men, 426 girls and 398 boys) and increased capacity to de-link FGM from Islamic religion and advocate to eradicate FGM in the Federal member states and Somaliland. A total of 1,490 community members, parliamentarians, policy makers and CSO were targeted with messages and lobbied to accelerate action to pass legislations banning sexual violence and FGM. UNFPA also supported social norms change discussions that enabled 256 communities in South Ceentral, Puntland and Somaliland to declare intent to abandon FGM through the joint UNFPA/UNICEF programme on FGM.

UNFPA supported a total of 6,900,614 persons who gained access to GBV services and information (including FGM) through media, community dialogues and awareness generation, cash and voucher assistance and provision of dignity and material items. UNFPA reached a total of 169,338 women and girls with GBV specialized services; 40,790 women and girls received dignity and MHM kits; 30,335 women and girls received transitional shelters through GBV shelters across Somalia and 28,698 women and girls received FGM treatment in health facilities supported in Banadir, Bosasso, Garowe and Hargeisa.

Population Development (PD):

A total of over 200 ToTs gained practical knowledge and skills during the reporting period. These included trainings on geospatial data management, manipulation, and visualization using ArcGIS Pro and Quantum GIS software, data analysis, report writing and computation of the Population Development Composite Indices to address NPD and SDG data gap and report writing during the reporting period. The trainings have yielded positive results and trainees report using newly acquired skills and techniques in their current work and are already sharing their knowledge with colleagues (as verified by a third-party monitoring report).

Section 3: Implementation progress by outcome

Progress towards outcomes

SUB-OUTCOME 1 STATEMENT - 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: 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.

From 2021 to 2024, UNFPA's midwifery program in Somalia demonstrated transformative progress in advancing integrated SRH services and strengthening midwifery education, regulation, and workforce development. Through strategic investments in midwifery schools, over 690 students were supported, 552 midwives graduated, and 64 tutors trained on the new standardized National midwifery curriculum, expanding access to skilled SRH services in underserved regions. The program's alignment with global midwifery education standards and the launch of the first National Midwifery Regulatory Framework since 1991 ensured quality, sustainability, and adherence to best practices. This approach addressed critical gaps in maternal and newborn health, particularly among marginalized communities. By engaging Somali midwifery associations and fostering technical partnerships with the Canadian Association of Midwives and the University of British Columbia, the program bolstered institutional leadership, enabling midwives to deliver culturally tailored services and advocate against harmful practices like FGM. The introduction of professional development program and tools like a Somali-language mobile app further enhanced midwives' capabilities, directly improving service delivery outcomes. Through these efforts, the program empowered midwives to act as catalysts for change, advancing gender equity, improving maternal health outcomes, and driving progress toward achieving universal SRH rights free of coercion, discrimination, and violence. This integrated and inclusive approach reflects a strategic choice to strengthen health systems holistically, ensuring sustainable impacts for women, adolescents, and youth furthest behind.

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

Over the years, UNFPA made significant progress in ensuring that every woman, adolescent, and youth in Somalia, especially those most in need accessed integrated sexual and reproductive health services and could exercise their reproductive rights without coercion, discrimination, or violence, where 1,639,233 beneficiaries have been reached.. Through the financial and technical support of UNFPA the facilities increased from 55 facilities to 74 facilities. In 2023 and 2024, a new midwifery model of care, the midwifery led continuity of care (MLCC), and mobile maternity clinics (MMCs) were introduced in 2023 and 2024 to the country.

The UNFPA capacity building initiative has led to an increase in the percentage of health facilities with capacity to provide at least three modern methods of FP to rise from 46 percent in 2020 to 93.3 8 percent in 2024 surpassing the set target of 90 percent. This has also led to a percentage increase in the number of facilities with personnel who can provide FP services as per human rights protocols at 94.38 percent in 2024 a great increase from 68 percent in 2020. The number of health facilities providing at least three modern methods of FP has increased significantly to 93.38 percent in 2024 from 46 percent in 2020.

Over the four years, UNFPA consistently strengthened Somalia's health systems by building workforce capacity, improving supply chain efficiency, and increasing community outreach. As a result, the number of women accessing modern contraceptives rose significantly from 39,341 in 2021; to 57,000 in 2022; 60,457 in 2023; and 67,967 in 2024. UNFPA's holistic approach, focusing on training, advocacy, and service delivery, has played a pivotal role in improving maternal and reproductive health outcomes in Somalia, addressing both development and humanitarian needs effectively. At the end of 2024, a total of 616 health workers were trained to provide FP services in line with the human rights protocols in FP services provision from 2021. This contributed to the inclusion of 349 new health facilities in Somalia's FP service network, each offering at least three modern FP methods.

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

The youth-friendly centers were established to strengthen and provide safe spaces for adolescents and youth to access reproductive health services, including HIV prevention. These centers facilitated health awareness sessions, counseling, and access to essential sexual and reproductive health (SRH) resources. Through these interventions, young people were equipped with knowledge on HIV prevention, family planning, and GBV response mechanisms, improving their overall health and well-being. The centers also played a crucial role in addressing stigma and misconceptions around SRH services, fostering a supportive environment for youth

Output 2.2: Strengthened Capacity of Youth-Led Organizations and Government Ministries in Leadership and Governance

In December 2024, a total of 410 adolescents and youth were trained in peacebuilding and life skills, including 160 participants in gender equality workshops, 80 in GBV prevention training, and 70 in leadership policy dialogues. Additionally, community outreach campaigns engaged over 2,000 individuals, raising awareness on gender equality, non-violent conflict resolution, and youth leadership. These capacity-building initiatives equipped young people with the knowledge and skills to advocate for peaceful coexistence, challenge harmful social norms, and strengthen their role in governance and community decision-making. Case scenario on the impact of this training, *"When I was 16, my mother raised us in Ruunnirgood. My father died when I was 6, and my mother worked tirelessly at a tea kiosk to provide for us. I worked with her, but my education was cut short when I got married. This training has opened my eyes to my rights and the importance of advocating for myself and others."*

Samira's participation in a GBV Awareness Training transformed her life, equipping her with knowledge on GBV prevention, recognition, and reporting. Once forced to abandon her education, she now educates young women on their rights and advocates against GBV, using her story to inspire change and empower others in her community.

Output 2.3 Number of adolescents and youth who benefited from social and economic asset-building initiative to enhance youth leadership

Economic empowerment initiatives benefited young people through training in digital literacy, entrepreneurship, and vocational skills, equipping them with the tools to enhance their employability and financial independence. A total of 480 youth (60 percent male, 40 percent female) were trained in leadership and governance, enabling them to participate in policy discussions and advocacy efforts, while 520 young people engaged in peace dialogues and civic engagement forums. These interventions not only improved youth leadership capacities but also fostered a culture of innovation, self-reliance, and social cohesion, reinforcing their role as key drivers of Somalia's economic and social progress

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.

UNFPA supported routine update of capacity for GBV service providers and GBV coordinators on case management, GBV survivor centered approaches, PSS support and counselling and CMR; to ensure the availability of service providers with updated skills and knowledge to provide GBV specialized services. A gender concepts and gender mainstreaming manual was finalized and published on the UNFPA website for use to enhance capacities and understanding of government and CSO implementing partners. The agency supported the validation, finalization and launching of the GBV strategy for the state of Puntland and the national strategy against violence against women and children at the FGS level. UNFPA led each year the organization of the FGM zero day with USAID, UNICEF and MoFHRD which led to the signing of a number of statements of commitments to sustain the campaign to end FGM in Somalia.

As the lead for GBV AoR in Somalia, UNFPA led the review and development of the GBV AOR strategy (2024-25) and has also led the participation of the AOR in multi-cluster assessments including safety audits. It also supported the development of the GHO and GBV AOR page of the Somalia Humanitarian response plan; and the production and dissemination of GBVIMS quarterly reports.

Output 3.2: Strengthened response to abandon female genital mutilation and other harmful practices, including in humanitarian context.

UNFPA supported the passing of a comprehensive legislation that bans FGM in Galmudug state. The agency provided technical and financial support to the drafting of/and advocacy for the passage of FGM legislations in Jubbaland and South West states. UNFPA supported the Ypeer Coalition of Religious leaders, CSOs and young person to support lobby and advocacy to the government and cabinet to resist pressure to include Sunna FGM into the zero FGM bill that was presented to the Parliament. UNFPA continues to support an FGM assessment across Somalia to determine if there have been any changes since the SHDS 2020 report. The agency continues to support young girls to build their capacity and activate their agency to speak against FGM through various activities including life and livelihoods skills, peer education and sensitization. In 2004, UNFPA through the joint programme on FGM was able to mobilize 28 religious leaders in Jowhar and Daynille to undertake peer to peer discussions to end FGM.

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

UNFPA continued to build the capacity of government partners in the production of statistics. This initiative aims to fill data gaps and support the government, policymakers, and stakeholders in evidence-based planning and decision-making. Additionally, UNFPA is supporting the preparation of reports to monitor the country's progress in implementing, ratifying, and domesticating regional and international commitments, including the SDGs. This work strengthens the linkages between population and sustainable development by considering population trends and projections in the development of strategies and policies.

Section 2: 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, will benefit from equitable and affordable access to government-led and regulated high-quality basic social services at different state levels.

New SP 2022-2025 interconnected Outcomes (3 Transformative Results):

- By 2025, the reduction in the unmet need for family planning has accelerated.
- By 2025, the reduction of preventable maternal deaths has accelerated.
- By 2025, the reduction in gender-based violence and harmful practices has accelerated.

SUB-OUTCOME 1 STATEMENT

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: 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.

INDICATOR	TARGET	PROGRESS ON OUTPUT INDICATOR		
		REPORTING PERIOD Achievements (1st Jan - Dec (2024-2024)	Means of Verification	CUMULATIVE ACHIEVEMENT (1st Jan 2021 to 31st Dec 2024)
Number of midwives who graduated in accordance with the International Confederation of Midwives (ICM)-World Health Organization (WHO) standards	770	45	List of midwife graduates	A total of 552 midwives graduated between 2021-2024, with continued progress towards the overall target of 770 midwives.
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	1,000	80	Training reports	372
Percentage of supported delivery facilities providing at least three modern family-planning methods	90 %	93.38 %	Facility service provision reports, facility data base	93.38 % of facilities from the baseline of 46% in 2020 and surpassing the set target of 90% .
Number of obstetric fistula repairs conducted	1,000	82	Program Reports	619
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	1,650,000	137,674	Program reports	1,639,233
Percentage of supported health facilities with personnel that have the capacity to implement the new human rights protocol for family planning	90 %	94.38 %	Training Participants records	To date, 94.38 % of supported health facilities have met the criteria for personnel with capacity to implement the new human rights protocols, from the

				baseline of 68% in 2020. This has exceeded the set target of 90%.
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 centers established to provide adolescents and youth with reproductive health services, including HIV prevention services.	15	3	Project reports from IPs	11
Number of adolescents and youth who are capacitated and meaningfully engaged in peace building process, including life skills	50,000	5,100	Project reports from IPs	100,660
Number of adolescents and youth who benefited from social and economic asset-building initiative to enhance youth leadership	2,500	1,398	Project reports from IPs	9,628
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 stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address GBV is in place	Yes	Yes	Project reports	Yes
Proportion of health facilities providing essential health services package for survivors of sexual violence	40%	35.5%	Project reports	35.5%
Number of women and girls who received the essential services package for GBV survivors, including in IDP settlements	136,000	5,716	Project Reports from IPs	169,338
Number of women sheltered in accommodations to provide safety, protection and skill-building services	2500	21	Project reports from IPs	30,335
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	750	28	Reports from IPs	256
Number of girls and women who received, with support from UNFPA, prevention or protection services and care related to FGM	19,300	1,825	Reports from IPs	28,698
Number of key religious leaders and adolescents and youth		28	Reports from IPs	2,810

networks/platforms that advocate to end FGM				
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	700	109	Training Workshops and Mission Reports	550
Number of measurement points of population-based SDGs and/or ICPD composite indicator	4	2	Reports	4
Number of supported drafts including Census Act, governance structures, civil registration and vital statistics legal framework endorsed to facilitate a population and housing census	5	0	Reports	4
Pre-census activities, including preparedness, risk assessment, census manuals and guidelines undertaken and a report produced	Yes	yes	Guidelines	Yes
UNFPA prioritized Sustainable Development Goal indicators that are produced domestically: i) in line with the standard - defined metadata for SDGs; ii) through census, surveys by national statistical authority or administrative records data and iii) and reported in Global SDG database, national database or national reports	10	1	Reports	11

Section 4: Project implementation

Key constraints and challenges and associated corrective actions

The implementation of UNFPA Somalia's interventions faced multiple challenges, largely driven by the country's fragile security situation, political instability, and recurring humanitarian crises. These challenges affected programme delivery, accessibility, and resource availability, requiring adaptive strategies and collaborative efforts with local and national partners.

- One of the major challenges was movement restrictions and limited accessibility to key project locations, initially due to the COVID-19 pandemic and later exacerbated by persistent insecurity and conflict. While virtual follow-ups and remote mentoring ensured continuity, the unstable security environment, especially in hard-to-reach areas further constrained programme operations. UNFPA mitigated these challenges by working closely with community-based organizations (CBOs), local NGOs, and internally displaced persons (IDP) camp leaders to sustain critical interventions.
- Political instability, particularly in Puntland and other federal member states, also posed significant obstacles, impacting project continuity. These disruptions were managed through strong partnerships with national and local stakeholders, who played a key role in ensuring the implementation of planned activities. Additionally, the worsening humanitarian crisis led to increased displacement, the expansion of IDP settlements, and heightened vulnerabilities for women, adolescents, and young people. The growing number of displaced populations strained

<p>existing service delivery mechanisms, complicating efforts to provide essential sexual and reproductive health (SRH) and gender-based violence (GBV) services. UNFPA responded by strengthening community engagement and enhancing service delivery in high-burden locations.</p> <ul style="list-style-type: none">• Procurement challenges emerged as another major constraint, particularly regarding the availability and distribution of critical commodities such as reproductive health (RH) and rape kits (Kit 3). Global supply chain disruptions, partly influenced by the Ukraine crisis, led to increased prices and shipping costs, delaying the timely delivery of essential items. To mitigate this, UNFPA reallocated available supplies to locations with the highest needs and engaged local vendors in line with procurement policies to ensure continued access to lifesaving resources.• Despite the lifting of COVID-19 restrictions, virtual communication and remote coordination remained the preferred approach in some project locations to minimize health risks. While this facilitated safer interactions, it also limited field-level engagements and direct community outreach in some cases.• A significant gap in GBV response was the insufficient number of shelters and One-Stop Centers (OSCs) to support survivors. The demand for these facilities far exceeded capacity, making access to comprehensive GBV services a pressing challenge. To address this, UNFPA provided transport support for survivors requiring urgent care and coordinated referrals to the nearest available GBV response facilities.• Funding constraints in 2023 further compounded implementation challenges, requiring the Country Office to prioritize interventions and adopt an integrated programming approach to optimize available resources. By aligning service delivery across different program areas and minimizing duplication, UNFPA ensured the continuity of critical health and protection services despite financial limitations.• Through a combination of strategic partnerships, adaptive programming, and community-based interventions, UNFPA Somalia has continued to deliver lifesaving services while addressing emerging challenges. However, sustained investment, enhanced security, and expanded service infrastructure remain critical to improving long-term programme effectiveness and resilience.• A major constraint was the diminishing financial resources that the CO experienced in 2024 due to the withdrawal of funding supporting the country programme. This reduced the capacity of UNFPA to support critical work on the review of the national policy by the MoFHRD and grassroots and community mobilization to end FGM and CEFM. The lack of funding also impacted on GBV service provision as it resulted in the closure of several GBV service centres resulting in complicating access to services for GBV survivors. UNFPA was able to leverage resources from other project sources to sustain services in few hot spots impacted by humanitarian emergencies.

Risk management			
<p><i>The risk management section outlines key risks associated with the programme, their potential impacts, and the mitigation strategies in place. A risk matrix template is provided as a template to summarize the risks in detail.</i></p>			
Type of Risk	Description of Risk	Mitigation Measures	Effectiveness of Measures
Access for Humanitarian actors	Some locations of project were inaccessible due to the presence of armed groups	UNFPA leveraged the services of local NGOs in locations to deliver services in regards to dignity kit distribution and referrals for specialized services to	The measures were effective as UNFPA was able reach planned beneficiaries

		neighboring locations	
Barriers to legislation banning FGM and Sexual Violence	Action/inaction of political and religious actors against the enactment of FGM bills in Puntland and revisions of SOB to remove critical provisions that reflect international norms and standards for human rights	UNFPA supported coalitions of CSOs and activists to undertake lobby activities	Advocacy by coalitions of youth and CSOs enabled to achieve to suspend action to include SUNNA in the FGM zero bills
Cultural – Discriminatory norms and practices that prevent the implementation of the human rights of women and girls	Social and gendered norms that promote HTPs as accepted practices in Somalia	UNFPA continues to advocate with leadership of government at federal and state levels while also working to support CSOs for social norms change at community level.	Communities are opening up to conversations and value clarifications on FGM
Financial	Low/no funding to sustain provision of services across GBV service sites in Somalia. This has resulted to closing of several GBV facilities denying access to the most vulnerable population	UNFPA has accelerated efforts in fund raising and updating of referral pathways to direct survivors to other service centers in the vicinity.	Regular financial monitoring, diversification of funding sources, and engagement with donors for sustained financial commitments
Supplies	UNFPA has accelerated efforts in fund raising and updating of referral pathways to direct survivors to other service centers in the vicinity.	UNFPA leveraged resources from other projects available to procure and distribute KIT 3 to reduce the stock out syndrome	The measures were effective because UNFPA was able to raise funds to procure RH kits that were distributed to partners for management of Rape cases
Misconceptions and Cultural Barriers	Widespread myths and societal norms hinder women's independent access to family planning services, reducing contraceptive uptake.	Focus on behavior change communication (BCC) initiatives targeting community leaders, religious figures, and local influencers to challenge misconceptions and raise awareness	Moderate to High: Increased awareness and engagement with key community stakeholders are helping to address misconceptions
Limited Female Autonomy in Reproductive Health Decisions	Women are unable to make reproductive health decisions without male consent, restricting access to family planning methods.	Collaboration with local authorities and healthcare providers to ensure women's reproductive rights are respected, and educational campaigns on the importance of women's autonomy.	High: Collaborative efforts are gradually empowering women and fostering broader support for women's reproductive health autonomy.
Insufficient Funding for Contraceptive and RH Supply Chain	Lack of funding impacts the transportation and distribution of RH supplies to service delivery points	Seek alternative funding sources and strengthen partnerships to ensure consistent supply to SDPs by. Advocate for domestic funding for transportation of RH supplies	Moderate: Efforts to secure additional funding and strengthen partnerships are ongoing, but stockouts remain a big issue

Funding Gap and Dropout Risk for midwife students	Due to the ongoing funding gap in MPTF support, 15 midwifery schools in Somalia have experienced a high dropout rate due to lack of financial sponsorship for students. This has led to delays in course completion, preventing the achievement of the set target for midwife graduates.	Efforts to seek alternative funding sources and additional support for students are underway to bridge the funding gap.	While there are active efforts to address the funding gap, the full impact of these measures is still to be determined, with challenges remaining in meeting the target.
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Learning impact and new opportunities

The implementation of UNFPA Somalia's programmes has been shaped by both challenges and opportunities, requiring adaptive strategies to ensure effective service delivery. One of the key enablers has been the increased coordination at the state level, which has improved information sharing, facilitated intergovernmental joint analysis and decision-making, and led to better resource utilization and programme reach. This enhanced coordination has also contributed to more efficient crisis response and mitigation of factors exacerbating the country's challenges.

1. **Government** support in introducing and expanding service provision, particularly in family planning (FP) and integrating new FP methods, reflects strong leadership in advancing reproductive health. The deployment of Mobile Maternity Clinics (MMCs) for the first time in Somalia has significantly improved the quality and timeliness of services, strengthening coordination and integration within sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) components.
2. **Engagement with local communities**, influential leaders, and community-based organizations (CBOs) has been critical to ensuring the continuity of project interventions. Their involvement has mitigated negative impacts on target populations, fostered trust, and strengthened community ownership of key health and protection initiatives. Similarly, collaboration with religious leaders resulted in the first-ever consensus on zero tolerance for Female Genital Mutilation (FGM), a breakthrough given their influence on public opinion and behavior. This development has provided a solid foundation for continued advocacy and legislative efforts against FGM in Somalia.
3. **The production of evidence-based reports** has played a crucial role in bridging service provision gaps and incorporating beneficiary voices into programming. These reports have informed targeted interventions, ensuring a more demand-driven approach to service delivery. Additionally, efforts to harmonize approaches and strategies for GBV shelter operations have fostered greater collaboration among shelter providers, enhancing survivor support mechanisms and reintegration processes.
4. **UNFPA's planning and implementation approach** has emphasized the interconnectedness between development, resilience, humanitarian action, and peacebuilding interventions. This integrated strategy has yielded tangible impacts, ensuring a holistic response to Somalia's complex challenges. In particular, collaboration with parliamentary bodies, including the Social Committee and the Somali National Bureau of Statistics (SNBS), has been instrumental in influencing constitutional review processes and advocating for child rights legislation.
5. **The integration of innovative technologies**, such as machine learning, into data production processes is expected to enhance data quality and resource allocation efficiency. These advancements underscore the value of leveraging digital solutions to improve programme effectiveness and evidence-based decision-making.

6. **Working with youth-led organizations** has introduced dynamism in legislative advocacy, particularly in pushing for FGM zero-tolerance laws. UNFPA successfully mobilized local voices to prevent the inclusion of Sunna provisions in proposed FGM legislation. The success of Galmudug's legislation banning FGM has opened new opportunities for scaling similar efforts across other states.

7. **Sustained advocacy** efforts have also been directed at removing mandatory reporting provisions by anchoring discussions within Gender Ministries and CSOs. These efforts aim to localize gender equality promotion and enhance national ownership of GBV response frameworks. Additionally, engaging Ministries of Family and Human Rights Development (MoFHRD) in locations where UNFPA supports Women and Girls' Safe Spaces (WGSS) and GBV response centers has been critical in ensuring sustainability, especially given funding constraints. A key achievement in this regard has been the successful handover of a WGSS in Kismayo to MoFHRD, ensuring continued service provision despite financial limitations.

8. **Supporting Somalia's midwives'** associations as women-led professional organizations has been central to advancing maternal health and reproductive rights. Leadership development and peer-to-peer learning initiatives have strengthened midwifery advocacy for better working conditions, professional recognition, and improved maternal health policies. The successful launch of the Continuing Professional Development (CPD) system, including an online learning platform, has further enhanced midwives' clinical skills and knowledge, directly contributing to improved maternal and newborn health outcomes.

9. **Standardizing midwifery education** through curriculum revisions, educator capacity-building, and competency-based assessments such as Objective Structured Clinical Examinations (OSCEs) has played a crucial role in ensuring high-quality training. These measures have equipped graduates with the necessary skills to provide evidence-based maternal and newborn care, ultimately contributing to reduced maternal and neonatal mortality rates in Somalia.

Despite these achievements, challenges remain, including insecurity, political instability, procurement constraints, and funding shortages. Addressing these issues requires sustained investment, strengthened partnerships, and enhanced coordination to ensure the long-term effectiveness and resilience of UNFPA's interventions in Somalia.

Coordination with other UN entities including UNTMIS/UNSOS within and outside the SJF portfolio and alignment with the UNCF

UNFPA Somalia has played a critical role in fostering inter-agency collaboration, leveraging data-driven solutions, and leading humanitarian responses to address the country's pressing challenges. Through coordinated efforts with government entities, UN agencies, and civil society, UNFPA advances youth empowerment, gender equality, and resilience-building initiatives.

Inter-Agency Collaboration on Youth and Governance

UNFPA co-chairs the Inter-Agency Working Group on Youth alongside the Integrated Office, working closely with UNSOM and the RC/HC Office. Key initiatives include the revision of the National Youth Policy, the development of a costed action plan, and the formulation of a UN Somalia Youth Strategy. UNFPA also supports the UN Youth Advisory Board and facilitated a Youth Political Dialogue in June 2021. Additionally, technical assistance is provided to the Ministry of Youth and Sports to enhance policy implementation. Additionally, UNFPA plays a pivotal role in peacebuilding efforts, aligning youth programming with national and UN strategies.

Data and Innovation for Development

UNFPA leverages Satellite Imagery and Geographic Information System (GIS) data in partnership with UNSOS to enhance population dynamics analysis and inform planning and humanitarian interventions.

Addressing Gender-Based Violence and Advocacy

UNFPA, in collaboration with UN sister agencies, UNSOS, and UNSOM, spearheaded every year the 16 Days of Activism Against Gender-Based Violence (GBV), reinforcing efforts to end violence and discrimination against women and girls. Equally, UNFPA collaborates with the government and both parliamentary houses to support the endorsement of the FGM Sexual Offences Bill (SOB). UNFPA also supported the FGM zero day celebrations in Mogadishu in collaboration with MoFHRD, MESAD and MoWDAFA; key UN agencies -UNICEF, UNWOMEN, WHO, UNDP, FAO and CSOs.

Humanitarian Response and Crisis Coordination

Under the Humanitarian Country Team (HCT) umbrella, UNFPA provides leadership in responding to Somalia's complex humanitarian crises, including conflict, climate shocks (droughts and floods), and disease outbreaks. In 2024, 6.9 million people required humanitarian aid, with 5.2 million targeted for assistance. The crisis has resulted in over 2.3 million internally displaced persons (IDPs) across Somalia. UNFPA ensures the integration of Sexual and Reproductive Health (SRH) and GBV services into emergency responses, prioritizing the needs of women, adolescents, and other vulnerable groups.

Through strategic partnerships and coordinated efforts, UNFPA remains committed to stabilization, governance, and sustainable development, aligning its work with the UN Country Framework (UNCF) to advance Somalia's long-term resilience and progress.

Synergies with other programmes (UN and non-UN) working on similar issues

UNFPA Somalia has played a critical role in advancing stabilization, governance, and gender equality through strategic partnerships and targeted interventions.

Inclusive Local Economic Development (ILED) Programme

UNFPA is a key partner in the EU-funded Inclusive Local Economic Development (ILED) Programme, which aims to enhance stabilization and local governance, inclusive economic growth, and the protection of vulnerable populations. This program, comprising six components and 12 projects, strengthens state authority and services, promotes local reconciliation and peacebuilding, and expands economic opportunities. UNFPA collaborates with FAO, NIS Foundation, AECF, DAI, and the Cash Consortium, ensuring synergies between projects and alignment with national and regional priorities.

Strengthening Sexual and Reproductive Health Systems

UNFPA leads a Midwifery Programme, funded by the Government of Canada, to enhance the technical capacity of nurses and midwives, aligning with the UNFPA country program and humanitarian response efforts. Additionally, UNFPA co-chairs the Clinical Management Task Force within the Reproductive Health Working Group, Human Resources for Health technical working group collaborating with WHO, government institutions, and civil society organizations (CSOs) to improve maternal and reproductive health services.

Eliminating Gender-Based Violence and Harmful Practices

As part of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (FGM), UNFPA provides services, advocacy, and awareness campaigns to achieve zero FGM incidents in Somalia. UNFPA also convenes the Sexual Offences Working Group, driving the enactment of gender-responsive legislation, including laws on sexual offences and FGM. Furthermore, the agency co-leads the GBV Area of Responsibility (GBVAoR), ensuring coordinated GBV prevention, mitigation, and response efforts with partners like WHO, UN Women, UNICEF, and ILO.

Advancing Women's Leadership and Governance

UNFPA works with UN Women, UNDP, and UNSOM under the Women and Peace Programme, supporting initiatives like the Women Leadership Forum and capacity-building programs for female parliamentarians.

Data and Innovation for Development

UNFPA partnered with WorldPop, the UK Office for National Statistics (ONS), and the Somalia National Bureau of Statistics (SNBS) to develop geographic delineation and data collection methodologies. Co-funded by FCDO, this initiative laid the groundwork for a future national census in Somalia.

Strategic UN Coordination

UNFPA collaborates with UNICEF, UN Women, UNDP, UNSOS, and UNDP to advance sexual and reproductive health, gender equality, and women's empowerment. Through these strategic partnerships, UNFPA remains committed to supporting Somalia's stabilization, governance, and development in alignment with the UN Country Framework (UNCF).

Partnerships

Strategic Partnerships and Resource Mobilization

UNFPA Somalia has maintained robust partnerships with implementing and non-programmatic partners to advance its core areas: reproductive health, gender equality, population and development, and youth empowerment. These collaborations ensure effective program delivery, advocacy, and visibility across Somalia.

Programmatic and Advocacy Partnerships

UNFPA collaborates with midwifery schools across Somalia to enhance quality midwifery education and strengthen the healthcare workforce. The agency also works with women and youth-led organizations, religious leaders, and community networks to advocate for the elimination of Female Genital Mutilation (FGM) and Child, Early, and Forced Marriage (CEFM).

UNFPA's partnership with the Global Affairs Canada-funded Strengthening Midwifery Education and Practice in Somalia (SMEPS) project helped align midwifery capacity-building interventions with national health priorities, supporting the establishment of Somalia's first National Midwifery Regulatory Framework. This coordination improved midwifery education, professional standards, and access to care for underserved populations.

To amplify advocacy efforts, UNFPA partners with media bodies such as the Somali Women Journalism Rights Association, the Somali Media Association, and the National Union of Somali Journalists (NUSOJ). These partnerships, along with short-term collaborations with international media like Trace Media and The Headies, enhance public awareness on reproductive rights and gender equality.

Donor Engagement and Resource Mobilization

UNFPA throughout the reporting period has engaged with a number of donors to secure financing for the implementation of the Country Programme Document (2021-2025). Three donors namely, Finland, Sweden and Switzerland, supported the CPD through the MPTF, and Italy in 2021; while other donors have engaged on other modalities with UNFPA including, Global Affairs Canada, FCDO, EU ECHO, EU Delegation, KOICA, JICA, Netherlands, Ireland, USAID, KSrelief, and the Bill and Melinda Gates Foundation.

Despite increased commitments for multi-year projects in 2023 and 2024, actual funds received through the MPTF declined substantially in comparison to the period 2021-2022, hence impacting UNFPA's capacity to deliver on the implementation of the CPD. In response, UNFPA intensified its resource mobilization efforts, engaging with non-traditional donors, and exploring private-sector funding.

UNFPA has also strengthened donor relations through regular dialogues, strategic events, and targeted engagement to secure sustainable funding and support its mission to advance sexual and reproductive health, gender equality, and youth empowerment in Somalia.

Localization

UNFPA partnered with 20 local civil society organizations (CSOs) to enhance maternal health, youth participation, gender equality, and the prevention of gender-based violence (GBV). These partnerships were instrumental in fostering community ownership, participation, and sustainability, ensuring that interventions were locally driven and culturally relevant.

Through these collaborations, UNFPA strengthened service delivery and advocacy efforts, increasing access to family planning, promoting localized action to end harmful traditional practices, and ensuring the contextualization of gender equality messages. By engaging local organizations, the program effectively expanded its reach, improved service acceptability, and laid the foundation for long-term impact within communities.

Monitoring and oversight activities

In 2024, funding constraints and the urgent need to address high-priority areas such as escalating humanitarian and climate-related emergencies in Somalia led to a reduction in monitoring, oversight, and project sustainability activities. As resources were primarily allocated to life-saving interventions, limited funding was available for monitoring efforts and the continuous implementation of capacity development strategies critical for long-term sustainability.

The table below outlines the activities conducted in 2024, while a link at the bottom provides access to activities from 2021, 2022, and 2023.

Monitoring activity	Date	Description	Comments & Recommendations	Corrective actions taken
Field monitoring visit	19/12/2024	Monitoring mission to the ministry of health warehouse in Mogadishu	<p>1.,The old warehouse where UNFPA supplies were stored was very congested / Move UNFPA supplies from the old warehouse to the new warehouse to ease congestion</p> <p>2. Include the Private Hospitals Supplies with UNFPA supplies into DHIS 2 and LMIS system for reporting</p> <p>3.A lot of undistributed supplies still in the warehouse - Develop a distribution plan and distribute the available supplies to reduce stock out in the SDPs</p>	<p>1. UNFPA supplies have been moved from the old warehouse to the new warehouse</p>
Field Monitoring Visit	Garowe and Hargeisa MOH	10-19th January 24	<p>1. Most commodities with short expiry dates are still in the warehouse.- Urgent development of distribution plan and distribution of near expiry</p>	<p>1.Commodities with near expiry dates were distributed</p>

	warehouse		<p>commodities to stocked out and understocked facilities</p> <p>2.Inclusion of Private hospitals issued with UNFPA supplies into MOH reporting system</p> <p>3.Do physical count of all UNFPA supplies and update the stock cards and compile end of 2024 stock status report indicating the expiry date for all the supplies in the warehouse</p> <p>4. Compile end of 2024 consumption data for all the supplies using the LMIS data</p> <p>5. Stock cards not accurately updated with the physical stock counts- Carry out physical stock count of all supplies and update the stock cards</p>	<p>2.MOH team still working on inclusion of private hospitals int DHIS 2 and LMIS system</p> <p>3. Physical count was done and stock cards updated</p> <p>4. LMIS reports were analysed and consumption data submitted</p> <p>5.Stock Cards were accurately updated as per physical count of supplies and any discrepancies recorded</p>
Field Monitoring by the project team	Bi Annual	Monitoring mission reports	Proposal suggested by respective line ministries is discussed with the senior management and donors	Recommendations are reviewed and taken into consideration where applicable.
DIM audit				
Independent evaluation-				
Engineering site visit				
Stakeholder review consultation		UNFPA held several meetings and consultations with its stakeholders including its implementing partners, donors and government institutions, which		The sound-planning of implementing partners' work plans along with associated action plans that enhance and promote the envisioned targets and end-results of the projects and

		aimed to come with needed results and sound-planning of the implementing partners' work plans to ensure of having quality results		interventions implementation.
<div>1. Monitoring and oversight activities 2021</div> <div>2. Monitoring and oversight activities 2022</div> <div>3. Monitoring and oversight activities 2023</div>				
<div>Communication and Knowledge Management</div> <p>UNFPA Somalia intensified its communication efforts to document project achievements and amplify the impact of its interventions in sexual and reproductive health (SRH), gender-based violence (GBV), and adolescent and youth (A&Y) programs. Through human interest stories, photos, videos, and beneficiary interviews, the Country Office highlighted the voices of those benefiting from its initiatives, ensuring increased awareness and engagement.</p> <p>To enhance visibility for both the project and donors, UNFPA integrated branding across communication materials, including banners, publications, and digital content. Collaborating with implementing partners, the program effectively showcased key achievements, with core messages focusing on:</p> <ul style="list-style-type: none">• Improving maternal and reproductive health services,• Expanding access to life-saving interventions for women and girls,• Creating opportunities for Somali youth, and• Strengthening community resilience through capacity-building initiatives. <p>Communication efforts were diverse and impactful, reaching over 600,000 people through social media campaigns, videos, and success stories on platforms such as Twitter (X) and Facebook. The Country Office published 31 articles on its website and secured 27 news features in mainstream media, increasing visibility for the Somalia Joint Fund (SJF). An in-house photographer and videographer facilitated field visits for donors and stakeholders, offering firsthand insights into project outcomes and enabling broader media coverage.</p> <p>Despite these successes, security constraints in certain areas limited access to project sites, occasionally delaying field visits. Additionally, drawing international media attention to humanitarian initiatives in Somalia remained challenging due to the global news landscape. However, through targeted outreach and adaptive strategies, UNFPA Somalia continued to navigate these challenges, ensuring its critical work remained visible, impactful, and well-documented.</p>				

Section 5: Project management

Here we should include a brief description of the Governance arrangements - coordination and oversight of the programme, implementation team structure and funding

Number of project board meetings held	Due to the COVID-19 pandemic, no physical Programme Board Meetings (PBM) in 2021 and 2022 were conducted. Instead, engagements with partners and donors took place primarily through remote meetings or bilateral discussions. The PBM was replaced by the Advisory Group (AG), which held its
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	<p>inaugural meeting in December 2023. Most donor interactions during the reporting period were conducted through bilateral meetings.</p>
<p>Number of UN staff (international/national) funded by the project? How many are field based?</p>	<p>2021 - 2 International and 28 Nationals 2022- 3 International and 28 Nationals 2023 - 5 International and 20 Nationals 2024 -</p>
<p>Describe the coordination and management structures within the programme?</p>	
<p>Number of government personnel funded by the project? What are their functions and where do they work?</p> <p>Is the capacity injection in line with the Capacity Injection Protocol?</p>	<p>2021 - Health services - total staff supported - 1046 staff supported as providers at health facilities Gender and Women - 20 working as providers, and managers for GBV units Youth - 9 working at Youth centres</p> <p>2022 - Health services - total staff supported - 1046 staff supported as providers at health facilities Gender and Women - 20 working as providers, and managers for GBV units Youth - 9 working at Youth centers</p> <p>2023 - Health services - total staff supported - 1046 staff supported as providers at health facilities Gender and Women - 20 working as providers, and managers for GBV units Youth - 9 working at Youth centers</p> <p>2024 - Health services - 150 teachers and clinical instructors working at 15 unfpa supported schools Gender and Women - 20 working as providers, and managers for GBV units Youth - 9 working at Youth centers</p> <p>Population and Development (P&D) - 12 in country experts are working closely with Somali National Bureau of Statistics, Department of Statistics Puntland</p>

	and Central Statistics Department Somaliland to enhance the capacity of government partners in the production of statistics
How has the project ensured the visibility of the SJF and SJF donors during the reporting period?	UNFPA ensures comprehensive media coverage of all activities and interventions across social media and other platforms. All communication materials prominently feature donor country logos, recognizing their contributions and support for UNFPA projects/initiatives and published on the UNFPA website. Sign posts at service centres also reflected logos of donors.
Projected funding needs for next year and the forecasted expenditure.	N/A

Section 6: Cross-cutting issues

Gender Equality and Women Empowerment		
UNFPA ensures comprehensive media coverage of all activities and interventions across social media and other platforms. All communication materials prominently feature donor country logos, recognizing their contributions and support for UNFPA projects and initiatives.		
UNFPA played a pivotal role in advancing gender equality and women's empowerment by advocating for policies and legislation that protect women's rights, including reproductive rights. The agency actively supported the development of gender-sensitive laws, contributing to the Galmudug FGM legislation and advancing draft laws under consultation in South West State, Jubbaland, and Puntland.		
To improve access to sexual and reproductive health (SRH) services, UNFPA began implementing the costed strategy on reproductive, maternal, neonatal, and child health (RMNCH), sustained adolescent SRH services through youth centers, and ensured the availability of family planning services and commodities. Additionally, the agency supported GBV survivors and vulnerable women through service provision, maternal health commodity distribution, and hospital supply interventions.		
Proportion of gender specific outputs in the project	Total number of project outputs	Total number of gender specific outputs
	2	2
Proportion of project staff with responsibility for gender issues	Total number of staff	Total number of staff with responsibility for gender issues
	8	8
Human-rights based approach		

The GBV programme adopted a survivor-centered approach, prioritizing the rights, dignity, and needs of survivors in service provision. Clinical Management of Rape (CMR) services were delivered in strict adherence to safety and confidentiality protocols to protect survivor identities. Field officers from other clusters were trained to apply “Do No Harm” and non-discriminatory principles when receiving GBV disclosures and facilitating referrals. Additionally, dignity and menstrual hygiene kits were distributed to enhance bodily integrity and mobility, enabling vulnerable women and girls to access information and services that strengthened their resilience to GBV.

UNFPA played a strategic role in advocating for gender-sensitive legislation, supporting the working group and coalition efforts to strengthen the legal framework for the protection of women and girls. Through collaboration with the Office of the First Deputy Speaker, UNFPA advanced gender-responsive policymaking, raising attention to women's welfare in both development and humanitarian contexts.

The integration of GBV and SRH services at Women and Girls' Safe Spaces (WGSS) improved access to family planning services and counseling for young women and girls. Mobile GBV/SRH services and cash assistance through case management further facilitated access to healthcare, psychosocial support, and essential services, particularly for those affected by the drought and deepening poverty.

UNFPA's support to the Bureau of Forensic Science enhanced the prosecution of GBV cases, while the expansion of legal aid services and awareness campaigns accelerated access to justice for survivors.

Community mobilization remained a key strategy for fostering inclusive participation, ensuring the representation of women, men, girls, boys, persons with disabilities, and minority groups. UNFPA's community segmentation approach during consultations enabled targeted engagement by sex and age, creating safe spaces for beneficiaries to voice their concerns. This approach enhanced the identification of barriers to service access and promoted equitable service delivery and representation.

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
Number of programme outputs specifically designed to address specific protection concerns	Result
	2
A number of programme outputs are designed to build capacity of duty bearers to fulfil their human rights obligations towards rights holders.	Result
	1

Leave no one behind

UNFPA's 2021-2025 Country Programme built on collaborative consultations with relevant government ministries both at the national and sub-national levels and national partners, ensuring that all population groups, including PWD, minority groups, were meaningfully included in the development process. The programme is strategically designed to address the needs of **marginalized and vulnerable communities**, with a particular focus on **persons with disabilities, internally displaced persons (IDPs), adolescent girls, and young women**. By prioritizing **equity and inclusivity**, UNFPA interventions aim to foster sustainable development, empower communities, and enhance access to essential services for those most in need.

Social contract and legitimacy

UNFPA's Country Programme in Somalia (2021-2025) is strategically designed to address the needs of all population groups by fostering strong partnerships with the government and leveraging local organizations with deep contextual knowledge of Somali culture and programme locations. This approach enhances programme effectiveness, sustainability, and community ownership while reinforcing the social contract between the state and its people.

Somalia has made significant progress in federalization, with four new Federal Member States (FMS) emerging over the past seven years. As the country continues to strengthen its governance structures, inclusive policies and equitable service delivery remain critical. UNFPA's interventions are guided by the principles of non-exclusion, non-discrimination, and equality, ensuring that all individuals regardless of race, cultural background, gender, or social status have equal access to rights, services, and opportunities.

Ultimately, the Somali government bears the primary responsibility for upholding these rights and ensuring that every citizen's needs are met, fostering social cohesion, stability, and inclusive development.

Humanitarian-development-peace nexus

UNFPA Humanitarian-Development-Peace (HDP) Nexus ensured sustained access to SRH and GBV services for vulnerable populations, especially women, girls, and adolescents. By investing in Comprehensive Emergency Obstetric and Newborn Care and Basic Emergency Obstetric and Newborn Care facilities, UNFPA strengthened Somalia's health system through upgraded health centers, midwifery training, and improved access to reproductive health supplies. These efforts enhanced maternal and newborn survival, bridging humanitarian response with long-term healthcare development.

To strengthen the GBV response, UNFPA utilized existing Women and Girls' Safe Spaces and One-Stop Centers to provide integrated protection, empowerment, psychosocial support, and legal services to survivors. Also, UNFPA reinforced GBV referral pathways and community-led protection mechanisms through the SASA! Together, an evidence-based community mobilization approach to address harmful traditional practices, such as female genital mutilation and child marriage. These efforts contributed to protecting and preserving the dignity of women and girls, thereby contributing to overall durable solutions and social changes.

Additionally, through youth-friendly facilities, UNFPA ensured young people have access to SRH services, information, and vocational training, fostering peacebuilding and social cohesion. By working closely with the government and local actors, UNFPA ensured a sustainable, conflict-sensitive response that bridges emergency relief with long-term stability and development.

The midwifery program in Somalia has effectively embodied the Humanitarian-Development-Peace Nexus (HDPN) by aligning its activities with long-term health system strengthening, humanitarian emergency response, and peacebuilding objectives. A significant achievement was the establishment of a roster of 50 Minimum Initial Service Package (MISP) trained midwives in fragile regions, ensuring that Somalia is equipped with skilled professionals ready to deliver essential maternal and newborn care during crises. This proactive approach enhances both humanitarian preparedness and response, while reinforcing the resilience of the health system. Through collaboration with key partners like the Canadian Association of Midwives (CAM), the program has strengthened midwifery education, empowered local midwives' associations, and supported the development of the National Midwifery Regulatory Framework. By bridging humanitarian, development, and peacebuilding goals, the program has maximized its impact, ensuring that midwives are not only central to maternal health but also to broader societal resilience and sustainable development in Somalia.

Environment and climate security

UNFPA, as an integral member of the United Nations Country Team (UNCT) in Somalia, collaborates with various UN agencies to address the nation's pressing climate change priorities. Recognizing the profound impact of climate-induced challenges such as prolonged droughts, recurrent floods, locust infestations, and food insecurity, UNFPA has strategically integrated climate resilience into its humanitarian and development programs.

A key focus of UNFPA's intervention is the empowerment of women and youth, particularly in enhancing their access to gender-responsive climate information and knowledge. By providing tailored educational resources and training, UNFPA aims to bolster the resilience of these groups, enabling them to effectively adapt to climate-related adversities.

In partnership with entities like the Korea International Cooperation Agency (KOICA) and the Federal Government of Somalia, UNFPA has launched initiatives aimed at strengthening the resilience of vulnerable populations. These projects deliver lifesaving services and build adaptive capacities among communities most affected by climate change.

Furthermore, UNFPA's commitment to climate resilience is evident in its support for mobile medical clinics (MMCs). By facilitating access to healthcare in remote areas, these clinics not only provide essential services but also reduce the carbon footprint associated with traditional healthcare delivery methods.

The midwifery program in Somalia has directly addressed the root causes of climate fragility and climate-related conflict dynamics by integrating climate-resilient healthcare strategies into its operations. In response to recurrent droughts and flooding, the program has focused on strengthening midwifery services in vulnerable, climate-affected regions, ensuring that essential maternal and newborn care is accessible during times of crisis. By training and deploying midwives equipped with the Minimum Initial Service Package (MISP) for reproductive health, the program has enhanced humanitarian preparedness and response, reducing the impact of climate-induced displacement on women and children. Additionally, the establishment of 50 roster MISP-trained midwives in fragile regions ensures rapid deployment to areas affected by climate shocks, maintaining continuity of care in times of instability. The program has also collaborated with local partners to incorporate climate-resilient practices into midwifery education, promoting sustainable healthcare practices that can adapt to changing environmental conditions. This approach not only strengthens the health system but also contributes to peacebuilding by addressing the gendered impact of climate-related conflict, ensuring that women's reproductive health needs are prioritized amidst ongoing environmental crises. By aligning midwifery interventions with climate resilience, the project contributes to broader development goals, fostering stability and reducing the vulnerability of women and girls to climate-induced challenges.

Reliable and inclusive data is key to addressing the complex challenges posed by population dynamics and climate change in Somalia. The Population and Development programme, in partnership with national statistical offices carried out studies to assess the impact of drought on nomadic populations in Somalia. In particular, the studies focused on their displacement into internally displaced persons camps and how drought has changed their movement patterns.

Through these comprehensive efforts, UNFPA contributes significantly to Somalia's overarching climate adaptation strategies, ensuring that interventions are inclusive and attuned to the needs of the most vulnerable populations.

Prevention of corruption

The project design integrates a robust risk management and analysis framework throughout the planning, design, and implementation phases. This includes identifying and mitigating potential risks, particularly those related to corruption and fraud. UNFPA adheres to its Programme Policies and Procedures (PPM), ensuring that risk management is embedded in all operational and programmatic processes.

As an active member of the **Risk Management, Accountability, and Quality Assurance (RMAQA) Group**, UNFPA contributes to the collective efforts to prevent and address corruption and fraud threats within the UN system in Somalia.

This group plays a critical role in safeguarding UN agencies from potential financial and operational risks, fostering transparency, and strengthening accountability mechanisms.

UNFPA also implements a **HACT Assurance Approach**, which incorporates multiple layers of risk mitigation to prevent corruption and fraud. Key measures include:

- **Micro-Assessments** of all potential implementing partners (IPs) to evaluate their financial and operational capacity before engagement.
- **Spot Checks** to monitor partners' progress and fund utilization, ensuring alignment with approved work plans.
- **Harmonized Approach to Cash Transfer (HACT) Audits**, serving as an additional layer of oversight to verify compliance with financial and programmatic requirements, mitigating risks at both operational and implementation levels.

Through these measures, UNFPA ensures strong risk mitigation and accountability mechanisms, safeguarding resources and promoting the integrity of its interventions in Somalia.

Project sustainability and exit strategy

In 2024, funding constraints and the urgent need to address high-priority areas such as escalating humanitarian and climate-related emergencies in Somalia led to a reduction in monitoring, oversight, and project sustainability activities. As resources were primarily allocated to life-saving interventions, limited funding was available for monitoring efforts and the continuous implementation of capacity development strategies critical for long-term sustainability.

The table below outlines the activities conducted in 2024, while a link at the bottom provides access to activities from 2021, 2022, and 2023.

#	Target group			Dates	Number of participants			Title of the training	Location of the training	Training provider
	Ministry, District or UN staff		Others		M	F	Total			
7	Central Statistics Department Somaliland AND UNFPA			28th April to 3rd May 2024(Borama) 6th to 12th May 2024(Hargeisa)	10	7	17	Training Workshop on Census and large-scale survey Planning and Management	Hargeisa, Somaliland	UNFPA
8	Central Statistics Department Somaliland AND UNFPA			22nd May-4th June 2024	8	10	18	GIS Training for the Somaliland Central Statistics Department Somaliland	Hargeisa, Somaliland	UNFPA

9	Local Government (Boroma, Burao, Hargeisa, Gabile and ALGASL)			1st to 10th September 2024	10	3	13	TOT workshop on Geographic Information Systems (GIS)	Hargeisa Somaliland	UNFPA
10	SNBS and PL Statistical Department			9th to 20th December 2024	6	1	7	Specialized Customized GIS/Cartography Trainers of Trainers	Nairobi Kenya	ESRI and UNFPA
11	Data collection team			July _ August 2024	0	30	30	Administering - FGDs, KII and FGM case study	Xamar Weyne, Baidoa, Kaxda and Barawe	SNBs and UNFPA
12	SNBS			10 days Oct 2024	3	0	03	Code-book develop and coding using Atlas Ti, for the FGM study	Mogadishu	UNFPA
13	SNBS			22 to 26 Oct 2024	4	1	5	PDC I computation	Nairobi	UNECA and UNFPA
	SRH			24th - 29th Dec 2024	8	52	60	Training for public Health centers and Private Hospitals for Banadir Regional Administration	Guryasamo Hotel, Mogadishu	UNFPA and FMOH
	SRH			December 17 – 21, 2024	12	55	109	TOT training on RHCS Curriculum	Mansoor Hotel, Hargeisa	UNFPA , SLNMA & MOH SL
	SRH			October 2-6, 2024	15	15	30	TOT Training of RHCS Training curriculum	Istanbul Hotel, Mogadishu	UNFPA and FMOH
	SRH			10th – 14th December, 2024	8	16	24	TOT Training on RHCS Curriculum	Ministry of Health Training Centre, Garowe	UNFPA & MOH PL

	SRH			20th - 27th May, 2024	1	30	31	Training on Hormonal IUD (Mirena	GuriyaS amoHotel	UNFPA and MOH
	SRH			25 th Aug- 1 st Sep 2024	0	26	26	FP Training for Service providers	Baidoa	UNFPA and MOH
	SRH			12 th -21 September 2024	0	32	32	FP Training for Service providers	Istanbul hotel Mogadishu	UNFPA and MOH
	SRH			22—30 th Sep 2024	10	12	22	FP training for service providers	Sifa Guest House - Bardher e	UNFPA and MOH
	SRH			23-30 Sept 24	0	20	20	FP training for service providers	Galmud ug Hotel	UNFPA and MOH
	SRH			21-29 Sep 2024	0	20	20	FP training for health service providers	Jowhar Jaako Hote	UNFPA and MOH
	SRH			18-26 Sep,2024	10	20	20	FF Training for Health Service providers	Kismayo	UNFPA and MOH
	SRH	N/A	Health care providers in Dollow	25th-29th March, 2024	9	21	30	MISP Training for health care providers - Gu anticipatory action	Dollow	Human Development Concern
	SRH	N/A	Health care providers in Dollow	23rd-28th November, 2024	0	50	50	MISP Training for health care providers - for the surge midwives	Mogadishu	UNFPA & MOH
Total number of participants					54	55	109			
1. Project Sustainability 2021 2. Project Sustainability 2022 3. Project Sustainability 2023										

Section 7: Looking ahead: Focus on the future

As the project progresses beyond the current reporting period, strategic measures will be implemented to adapt to the evolving UNTMIS and NTP processes. Recognizing the complex nature of the operational environment, the project will integrate adaptive management approaches, including continuous risk assessment, localized service delivery adjustments, and real-time learning to enhance program effectiveness. The future of the project and operations will be guided and aligned with The National Transformation Plan (NTP) 2025-2029. Efforts will also be directed towards strengthening partnerships with local actors, ensuring sustainability beyond the project's timeline.

Some of the next steps include;strengthening Resilience and Localization. The project will further integrate local NGOs and community-led initiatives, fostering national ownership of interventions and increasing accessibility to underserved populations; capacity Building and Knowledge Transfer; training activities will be expanded, targeting service providers and stakeholders to ensure long-term impact in critical areas such as GBV response, SRH, and youth empowerment. In addition to enhanced Monitoring and Evaluation, adaptive learning mechanisms will be embedded within project activities to ensure data-driven decision-making and responsiveness to emerging challenges. In addition, the future programme will continue to seek innovative ways to deliver in all related services ex SRH and GBV using new adaptive technologies. Finally, UNFPA will continue to seek partnerships and develop joint resource mobilization efforts, where possible to implement high impact activities, and continue serving the people of Somalia.

The expected impact is to improve service delivery in humanitarian and development contexts, particularly in sexual and reproductive health and GBV response; to strengthen community engagement, increasing awareness and adoption of positive social norms around gender equality and reproductive rights; and, to enhance national capacities to sustain project outcomes through improved coordination among governmental and civil society actors.

Section 8: Human interest story: Voices from the field

Voice from the field - **Voice 1**

Empowering Women and Girls in Somalia: A Midwifery-Led Initiative to End Female Genital Mutilation

In Somalia, where cultural norms and traditions shape daily life, the fight against Female Genital Mutilation (FGM) continues. Despite efforts to eradicate it, FGM remains a significant public health issue. However, midwives have emerged as powerful advocates for change. Trusted within their communities, they play a crucial role in promoting zero tolerance for FGM. A groundbreaking initiative led by the Somali Midwives' Association (SOMA) in collaboration with UNFPA highlights their efforts to protect women and girls.

Maternity gifts, traditionally offered to new mothers, have been transformed into tools for advocacy. These gifts, which include essential maternal and newborn care items, also contain information on the dangers of FGM and the importance of protecting girls' rights. Recognizing the impact of this approach, UNFPA and SOMA have integrated maternal care with anti-FGM advocacy. By combining practical support with vital knowledge, this initiative aims to create lasting change.

Fatima, a young mother, shares her experience with the maternity gift initiative. After receiving the package following her daughter's birth, she found more than just baby essentials. The accompanying information exposed the health risks of FGM, inspiring her to protect her daughter and speak out against the practice. Early motherhood heightened her awareness, reinforcing her commitment to ending FGM in her community.

Fatima Mohamed Abdulle, a midwife with over 30 years of experience, underscores the initiative's impact. Having witnessed countless births, she understands the cultural significance of the first gift given to a mother and baby. "This gift creates a lasting impression and opens the door for dialogue," she explains. By discussing FGM's harmful effects

immediately after childbirth, new mothers are more receptive to change. Many women she has assisted have pledged to protect their daughters, sparking a ripple effect within communities.

The maternity gift initiative extends beyond individual households, symbolizing a collective commitment to ending FGM. With 98% of Somali women aged 15 to 49 having undergone the procedure, the practice remains deeply ingrained. The health risks, including severe bleeding, infections, childbirth complications, and increased newborn mortality, make its eradication urgent.

Midwives play a frontline role in this movement. Edna Adan Ismail, founder of the Edna Adan Maternity Hospital, recalls a harrowing case of a young girl who nearly died from excessive bleeding after undergoing FGM. Such experiences highlight the urgency of both treating complications and advocating for prevention.

Despite challenges, a growing movement within Somalia is working to end FGM. Grassroots activists, including former practitioners like Amina, are leading community dialogues to shift perceptions. "I was shocked to learn that what I once believed was a good practice was actually harmful," she says. These collective efforts aim to protect future generations of Somali girls from the dangers of FGM.

Voice from the field - Voice 2

How Dalbile Future Ready Skills Transformed Maryamo Tahlil's Life

Maryamo Tahlil, a Semester 5 IT student at Jamhuriya University of Science and Technology, faced significant obstacles in her academic journey. Coming from a low-income family in Baidoa and having been internally displaced just three years ago, she struggled to finance her education and was on the brink of dropping out. Despite these challenges, Maryamo remained determined to complete her studies and support her family. She aspired to start her own graphic design business but lacked the essential skills to turn her vision into reality.

Her breakthrough came when she enrolled in the Dalbile Future Ready Skills program in Banadir, where she was introduced to Canva, an accessible graphic design tool. Over the course of three days, she gained confidence and built a solid foundation in design. Encouraged by her progress, Maryamo sought further guidance from the Dalbile program facilitator, who connected her with the iRise Hub incubation team for additional support.

Recognizing her passion and potential, iRise Hub provided her with three months of free on-the-job training, mentorship, and access to a vast network of companies. This opportunity equipped her with advanced skills, introduced her to freelancing opportunities, and laid the groundwork for her future business. Today, Maryamo is a testament to the impact of targeted training and mentorship, as she embarks on a journey toward financial independence and a successful career in graphic design.

Annexes

1. **Learning products produced by the programme (case studies, reports, research, articles)**
2. **Annual work plan**
3. **Risk Matrix - [Risk Matrix.xlsx](#)**