

# ANNUAL REPORT



# 2022

Inspiring Renewed Commitments



Somalia

# ANNUAL REPORT

—  
2022

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**Suggested citation:**

*UNFPA Somalia Annual Report 2022.*

This report was produced by the United Nations Population Fund (UNFPA), Somalia.

<https://somalia.unfpa.org/>



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Somalia Office



## Foreword



It is with great pleasure and a deep sense of purpose that I present the annual report for the year 2022 as the UNFPA Country Representative for Somalia. Since joining UNFPA Somalia in May 2022, I have witnessed the tremendous efforts and dedication of our team in working towards the primary goal of improving the quality of life and wellbeing of women, adolescents, and youth, particularly the most vulnerable populations.

The Somalia country programme was developed in close consultation with the Federal Government of Somalia, Federal Member States, United Nations agencies, development partners, donors, civil society organizations including faith-based and youth-led organizations. Consultation, collaboration, and coordination form the foundation of our approach, ensuring that our interventions are aligned with national priorities and effectively address the needs of the Somali people.

2022 saw the continuation of the severe climate crisis and ongoing conflicts in Somalia, that further exacerbated the challenges faced by the population. The prolonged drought and increased insecurity have led to displacement, famine, and disrupted livelihoods for millions of people. Women and girls, in particular, suffered a disproportionate burden; facing hunger, displacement, insecurity and increased violence, while responsible for taking care of their families, being pregnant or lactating, and having limited or no access to essential health services including safe deliveries.

In the face of the ongoing humanitarian crisis and worsening drought situation in Somalia, I am proud of how we stepped up to identify the needs of women and girls and worked tirelessly to address these critical issues, by among others expanding our team and boosting our field presence. We also stepped up our communications and outreach efforts, engaged key stakeholders and shaped the narrative on addressing the needs of women and girls as a critical and lifesaving element of any humanitarian response, as well as long-term and sustainable development.

We are grateful for the support we have received from the regional office, the humanitarian office, the headquarters, as well as colleague Country offices such as Ghana, Sudan, and South Sudan who lent their hands of support in different forms.

The high-profile visits from the Regional Director – Laila Baker, and the Director of Humanitarian Response Division - Shoko Arakaki, not only drew attention to the crisis, helping to raise the profile of our efforts, but also boosted the morale of our team.

Very importantly, we are indebted to the Executive Director, Dr. Natalia Kanem, for her high-powered mission to Somalia, (with the Chief of Staff and the ED's Special Assistant) and her interest and support in our mission to protect and safeguard the rights of Somali women and girls.

Meanwhile, we also continued our development programming, aimed at improving the lives and wellbeing of Somali women, adolescents, and youth. Focusing on areas such as sexual and reproductive health, maternal health, family planning, gender-based violence prevention and response, adolescent and youth health, data and research, as well as capacity building and advocacy. Through these programs, we aim to increase access to quality healthcare services, promote gender equality, empower young people, and generate evidence-based data to inform policy and decision-making. Our development programs contribute to sustainable development and improved health outcomes in the country.

I express gratitude to our generous donors whose unwavering trust and support have been vital in achieving our programs and initiatives. Their contributions have played a crucial role in addressing the urgent needs of women, adolescents, and youth in Somalia, especially amid the ongoing humanitarian and climate crises.

I am deeply grateful for the tireless dedication and commitment of the UNFPA Somalia team, our partners, the Somali government, and people. Together, we can inspire renewed commitments and work towards a future where no woman dies from preventable causes, every woman has access to family planning, gender-based violence is eliminated, and female genital mutilation becomes a thing of the past.

As 2022 comes to a close, we reaffirm our commitment to continue to collaborate, innovate, and advocate for the rights and wellbeing of women, adolescents, and youth in Somalia. Together, we can make a lasting and transformative impact.

Thank you.

*Niyi Ojuolape*

**UNFPA Country Representative Somalia**

# Donor Acknowledgement

The UNFPA Somalia Country Office extends profound gratitude to the Governments of Sweden, Finland, and Switzerland for their unwavering support to the Country Programme 2021-2025, channeled through the Multi-Partner Trust Fund. Additionally, the office sincerely appreciates the contributions of the Governments of the United Kingdom (FCDO), the Netherlands, Canada, and the European Union, which have significantly aided UNFPA’s development initiatives in the areas of sexual and reproductive health (SRH) and midwifery, gender-based violence (GBV), adolescents and youth, and population and development.

In response to the escalating humanitarian crisis in Somalia, numerous existing donors and several new donors have graciously provided financial assistance and commitments to support UNFPA’s vital SRH and GBV services. The UNFPA Somalia Country Office extends its deepest appreciation to FCDO, South Korea, Finland, Switzerland, Japan, Ireland, Saudi Arabia, and EU ECHO, along with the UN Central Emergency Response Fund (CERF) and UNFPA Headquarters/ Regional Office. With the generous support of these donors, UNFPA can continue to deliver essential aid to those most in need, thereby making a profound impact on the lives of Somali women and girls.

# Contents

Foreword	ii
Contents	v
Abbreviations	vi
DEVELOPMENT FOCUSED ASSISTANCE	1
1. Comprehensive and Accessible Services for Sexual and Reproductive Health, including Family Planning	3
2. Empowering Adolescents and Youth: Advocacy & Engaging Initiatives	11
3. Evidence-Based Policy, Laws And Accountability Systems	19
4. Strengthening National Capacity to Collect, Analyze, Share, and Use Data on Population, Development, and SRH	25
HUMANITARIAN ASSISTANCE	30
STRATEGIC INITIATIVES	35
1. Communications	36
2. Partnerships and Resource Mobilization	38
3. High-Level Missions	40



# Abbreviations

<b>AoR</b>	Area of Responsibility
<b>AU/ATMIS</b>	African Union/African Transitional Mission in Somalia
<b>BEmONC</b>	Basic Emergency Obstetric and Newborn Care
<b>CEmONC</b>	Comprehensive Emergency Obstetric and Newborn Care
<b>CO</b>	Country Office
<b>CR</b>	Country Representative
<b>CP</b>	Country Programme
<b>FGM</b>	Female Genital Mutilation
<b>FGS</b>	Federal Government of Somalia
<b>FMS</b>	Federal Member States
<b>FP</b>	Family Planning
<b>GBV</b>	Gender Based Violence
<b>IDPs</b>	Internally Displaced Persons
<b>IP</b>	Implementing Partners
<b>MOH</b>	Ministry of Health
<b>MPDSR</b>	Maternal and perinatal Death Surveillance and Response
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>OSC</b>	One Stop Center
<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>PSS</b>	Psycho-social Support
<b>SOB</b>	Sexual Offences Bill
<b>SDHS</b>	Somali Demographic and Health Survey
<b>SNBS</b>	Somali National Bureau of Statistics
<b>SRH</b>	Sexual and Reproductive Health
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCT</b>	United Nations Humanitarian Country Team
<b>WGSS</b>	Women and Girls Safe Spaces



**DEVELOPMENT  
FOCUSED  
ASSISTANCE**



### Near Miss Case of a 20-year-old Pregnant Mother

Laila is a young mother of 20 years, who attended antenatal clinic in Afgoye, Lower Shebelle. Since she was confirmed to have cephalo pelvic disproportion she was advised on facility birth. Together with her husband they were looking forward to have a newborn, as it was their first time.

However, being far from the facility when labor started it took her a long time to reach the referral facility with the aid of an ambulance to Banadir Hospital. She arrived late afternoon and was advised to proceed to De Martino Hospital where she benefitted from an emergency caesarian section. Unfortunately, there was fetal death in the process of transfers due to prolonged labor. Mother came in with HB of 5 and had bleeding afterwards due to a high-end cervical tear which prompted for the blood transfusion up to 12 pints.

The surgeon said, “things happened very fast and we saw the woman will lose her life and therefore called for help everywhere and received this many units of blood. She is lucky as we stayed with her the whole night until the situation was resolved”.

The mother stayed in post-natal for 12 days and was able to regain strength. The husband said, “I am glad my wife is alive although I lost my first baby.”

On the day of discharge, the mother was now not feeling any dizziness. She said, “*My situation was serious and am thankful to the Doctors and Midwives. I have been helped and will now go back home.*”

## 1. Comprehensive and Accessible Services for Sexual and Reproductive Health, including Family Planning

### Context

Somalia continues to report one of the highest rates of maternal mortality, infant mortality, and neonatal mortality in Africa and one of the highest in the world. The country has an estimated maternal mortality rate of 692 per 100,000 live births. The infant and neonatal mortality rates are 74 and 37 per 1,000 live births, respectively. Thousands of Somali women continue to lose their lives due to a lack of trained birth professionals /deliveries and maternal complications such as postpartum hemorrhage, pre eclampsia/eclampsia, obstructed labor, and sepsis.

With a Contraceptive Prevalence Rate (CPR) of 1%, the Somali population is estimated to have one of the highest fertility rates in the world, with 6.9 children per mother, and an estimated 29% unmet need for birth spacing. UNFPA's delivery of interventions focused on three main strategic areas (Maternal Health, Family Planning & Midwifery), all of which bolstered the first two outputs of the Country Programme (2021-2025), which aim at attaining zero maternal deaths and zero unmet need for Family Planning (FP).

**The country has an estimated maternal mortality rate of 692 per 100,000 live births.**



## By The Numbers

**194,630**

Antenatal Care (ANC)  
consultations

**41,509**

Normal Deliveries

**4,291**

Complicated deliveries  
managed

**19,312**

Maternal complications  
managed

**600**

Students received full  
sponsorship

**192**

Successful obstetric fistula  
repair surgeries

**205**

New student midwives were  
selected and enrolled for  
the 2023 academic year in  
Somaliland.

**2,000+**

Midwives trained for  
various settings







UNFPA Executive Director, Dr. Natalia Kanem visiting the health centre at the Kabasa IDP Camp in November 2022

## Areas of Focus



**Maternal Health:** Access to and utilization of Emergency Obstetric and Newborn Care (EmONC) services is a top priority for the CO to prevent maternal mortality and morbidity, including obstetric fistula. In collaboration with the Ministry of Health and CSO partners, EmONC signal functions were made available in 69 healthcare settings to support the rollout of essential package of health services framework. The CO actively participates in the Sexual and Reproductive Health Working Group in Somalia, co-chairing and co-leading efforts to enhance coordination, harmonization, and efficiency in reproductive health among national and UN agencies.



**Family Planning:** FP, previously a sensitive topic, is gaining popularity as people show a growing interest in family planning and birth spacing. Intensified policy advocacy initiatives targeted high-level government officials, prominent government officials, and women's group caucuses to ensure the implementation of human rights principles and supportive regulations. Additionally, collaboration with government and CSO partners facilitated the distribution of FP supplies within various regions, strengthening the demand creation and service delivery capacities of 69 health facilities and communities in Somalia and Somaliland.



**Midwifery Programme:** With the aim to improve the availability and accessibility of professionally educated and qualified midwives while addressing barriers to women's and adolescent girls' utilization of midwifery services, the CO focused efforts on the growth of the midwifery profession in Somalia, through Education, Regulation, and Leadership through the Midwifery Associations and Workforce.

## Progress & Achievements

1. **194,630 Antenatal Care (ANC) consultations were recorded**, encompassing 63,512 for the 1st visit and 40,387 for the 4th visit. These consultations included 17,465 from Jubbaland, 10,015 from Puntland, and 6,156 from Dollow.
2. **41,509 normal deliveries were facilitated**, with 3,105 from Jubbaland, 9,453 from Puntland, and 755 from Dollow. Additionally, 4,414 cesarean section deliveries were performed, along with 4,291 complicated deliveries and 495 instrumental deliveries that were effectively managed.
3. **19,312 maternal complications were successfully managed**, including Antepartum Hemorrhage (APH), Postpartum Hemorrhage (PPH), and Eclampsia/Pre-eclampsia, were skillfully managed by our healthcare professionals.
4. **Capacity Building and Initiatives:** The training of 50 healthcare workers in the south-central region enabled them to report on the Maternal and Perinatal Death Surveillance and Response (MPDSR). Furthermore, the piloting of revised MDSR tools took place in six hospitals located in the capital city. Support was also provided for the development of the costed National Strategy for the Elimination of Obstetric Fistula in Somalia.
5. **192 successful obstetric fistula repair surgeries** were conducted in Garowe, Hargeisa, and Mogadishu. Notably, 70% of the women who underwent these surgeries received comprehensive support, including clothing, air tickets, and other reintegration services.
6. Developed guidelines for the provision of FP services by health service providers.
7. Trained 157 health workers from 126 health facilities on Comprehensive Family Planning Service provision, including Value Clarification and Attitude Transformation (VCAT).
8. **Significant increase in FP uptake: 19,024 in 2020 to 73,179 in 2022**, with specific uptake in Jubbaland (1,376), Puntland (7,266), and Dollow (1,205).
9. Commenced the FP CIP 2022/2023-2028 for Somalia, the first National FP-CIP.
10. Trained 22 FP/RH and supply chain managers on Forecasting and Quantification of FP and maternal lifesaving medicines.
11. Conducted a comprehensive assessment of the humanitarian supply chain.

## Education:

12. **600 students received sponsorship for free education**, accommodation, and living costs in 15 UNFPA-supported schools across the country.
13. **205 new student midwives were selected and enrolled** for the 2023 academic year in Somaliland.
14. Technical support was provided to **15 midwifery training institutions**, resulting in the training of over 2,000 midwives for various settings.
15. Over 350 midwives graduated from UNFPA Supported institutions.
16. **The national midwifery curriculum was updated** to include modules on Respectful Maternity Care, Adult Learning Techniques, FP, FGM, and GBV.



17. Midwifery tutors were trained on updated curriculum modules and an online knowledge repository was established.

## Regulation:

18. Training sessions conducted to enhance the understanding of midwifery regulations for the members of National Health Professional Council, Ministry of Health, and Somali Midwifery Associations.

## Association and Leadership:

19. Technical support was provided to Somali Midwifery Association (SOMA), Puntland Association of Midwives (PAM), and Somaliland Nursing and Midwifery Association (SLNMA) to enhance leadership and advocacy skills in SRHR.
20. Organized twinning activities that facilitated knowledge sharing and collaboration between Somali, Canadian, and Tanzanian midwives.
21. A midwifery-led mobile application was developed to improve access to SRH services for Somali youth, validated by the government for piloting in 2023.

### A Young Midwife and a Strong Advocate for Universal Access to Midwives In Underserved Areas.

Fatima Abdullahi's journey as a midwife in Somalia's Hudur District exemplifies the transformative power of education. Overcoming socio-economic challenges, she enrolled in a UNFPA-supported midwifery training program, emerging as a qualified midwife.

In Moora Gabey village, where healthcare is scarce, Fatima's presence brings hope. She vividly recalls a defining moment when she happened to hear anguished cries of a woman in a home nearby, and found a 14-year-old girl in labor, being attended by a traditional birth attendant. She had undergone FGM, which had further complicated the birth. Fatima clearly remembers her disbelief, thinking that "this child should be in school, not giving birth to a baby." The baby struggled to breathe, and the mother's anemia posed a severe threat. Drawing upon her training, Fatima swiftly resuscitated both mother and child, ensuring their survival. It was a poignant reminder of the vital role midwives play in saving lives.

But Fatima's aspirations extend beyond individual cases. With deep conviction, she expresses her desire for universal access to qualified midwives in remote and underserved areas. *"I want this assistance to be made routinely available for everyone,"* Fatima passionately affirms.



## Challenges

1. **Consent and Decision-Making:** Women's inability to provide direct consent at hospitals delays critical and life-saving interventions due to required approval from husbands and male relatives.
2. **Reviewing Maternal Deaths:** Difficulties in reviewing maternal deaths due to non-cooperation of relatives in the immediate aftermath of a death hinder thorough examination and improvement measures.
3. **Perinatal Component in National Protocol:** National protocol lacks a perinatal component, prompting a review for optimal maternal and newborn healthcare.
4. **Roadblocks for spot checks** (e.g., last mile Assurance spot checks in Mogadishu) hindered the effective implementation of several activities.
5. Suboptimal working relationship with the Federal Ministry of Health can cause frequent implementation delays. A majority of implementation activities commenced in the fourth quarter after resolving the aforementioned issue.
6. Ensuring access to quality midwifery education for all students remains a challenge.
7. Reviewing and redesigning the national midwifery curriculum required bringing all national and international partners on board.
8. Conducting orientation training for midwifery tutors required substantial resources and technical support.
9. Developing a CPD system for senior midwives required engagement with key stakeholders and technical experts to ensure the curriculum was modular and relevant to learners' needs, which took time.

## Lessons Learned

- Empowering women to personally grant consent is crucial to prevent delays in life-saving interventions.
- Capacity building of health workers and integrating family planning into existing reproductive health interventions can increase uptake of services.
- Equipping midwifery training with laboratories and online knowledge repositories enhances quality education.
- Strengthening regulation of midwifery education and practice ensures quality care.
- Technical support to midwifery associations enhances leadership capacity, advocacy skills, and SRHR knowledge.
- Twinning activities facilitate knowledge sharing and strengthen relationships among midwifery associations.



### Empowering Youth Entrepreneurs: Support for Economic Growth

Dobley Town, Jubaland - Despite the challenges he faced after his family lost everything during the 2011 famine, 23-year-old Dahir has defied the odds and now supports his family through his small business as a car wash attendant.

As the eldest son with no vocational training or skills, Dahir took the initiative in August 2021 to establish a car wash and train himself on the job. Initially equipped with only basic tools, he struggled to cover his basic needs with a daily earning of less than USD\$10. When a UNFPA programme conducted a market assessment in the area, he was identified as a youth operating a small viable business.

The programme targeted young entrepreneurs who met the selection criteria for training in business management and innovation. The trainings proved instrumental in equipping Dahir with valuable insights and skills to modernize and expand his business. Recognizing his potential, he was awarded a capital grant of \$700, which he utilized to acquire a high-pressure washer, a 1,000-liter water storage container, a high-capacity vacuum cleaner, protective equipment, and a shade structure.

With the upgraded equipment and improved knowledge, Dahir's car wash business became more efficient and attracted a larger client base, allowing him to double his daily earnings to \$20. Moreover, it enabled him to employ two other young individuals, contributing to job creation and youth empowerment in the community.

Buoyed by his achievements, Dahir expresses optimism and has a positive outlook for his business's future. "I feel happy and well-motivated after receiving this microfinance support and proper tools to run my business."

The programme highlights UNFPA's commitment to fostering economic growth and creating opportunities for youth in Dobley. By providing targeted trainings and capital grants, they empower young entrepreneurs to realize their potential, improve their livelihoods, and contribute to the local economy. This initiative aligns with the United Nations' broader agenda of promoting sustainable development and youth empowerment, ensuring that no one is left behind. Investing in the skills and aspirations of youth can lead to transformative outcomes, not only for the individuals themselves but also for their families and communities.



## 2. Empowering Adolescents and Youth: Advocacy & Engaging Initiatives

The Somali population has a young median age, with approximately 81.5% of the population under 35. Policies promoting education, training, and employment among youth are crucial to channel their energy positively. However, limited access to education and employment opportunities poses challenges for adolescents, leading to potential radicalization and migration. The CO implemented targeted activities to empower and address the needs of young people through innovative interventions, contributing to the CP's output on youth empowerment (2021-2025).

### By The Numbers

**18,000**

Adolescents and youth received SRHR information and services through youth centers

**2,000**

Youth participated in Soft Life and Vocational skills training outside youth centers

**3,600**

Youth participated in Soft Life and Vocational skills training in youth centers

**1,552**

Youth participated in ideation bootcamps and received grants for their business ideas.

**900**

Reusable sanitary pads were distributed to adolescent girls in Puntland

**105**

Female peer helpers were trained in adolescent mental health

**2,084**

Dignity kits were distributed to girls in Mogadishu

**185**

Youth actively participated in forums addressing FGM and child/early/forced marriage.



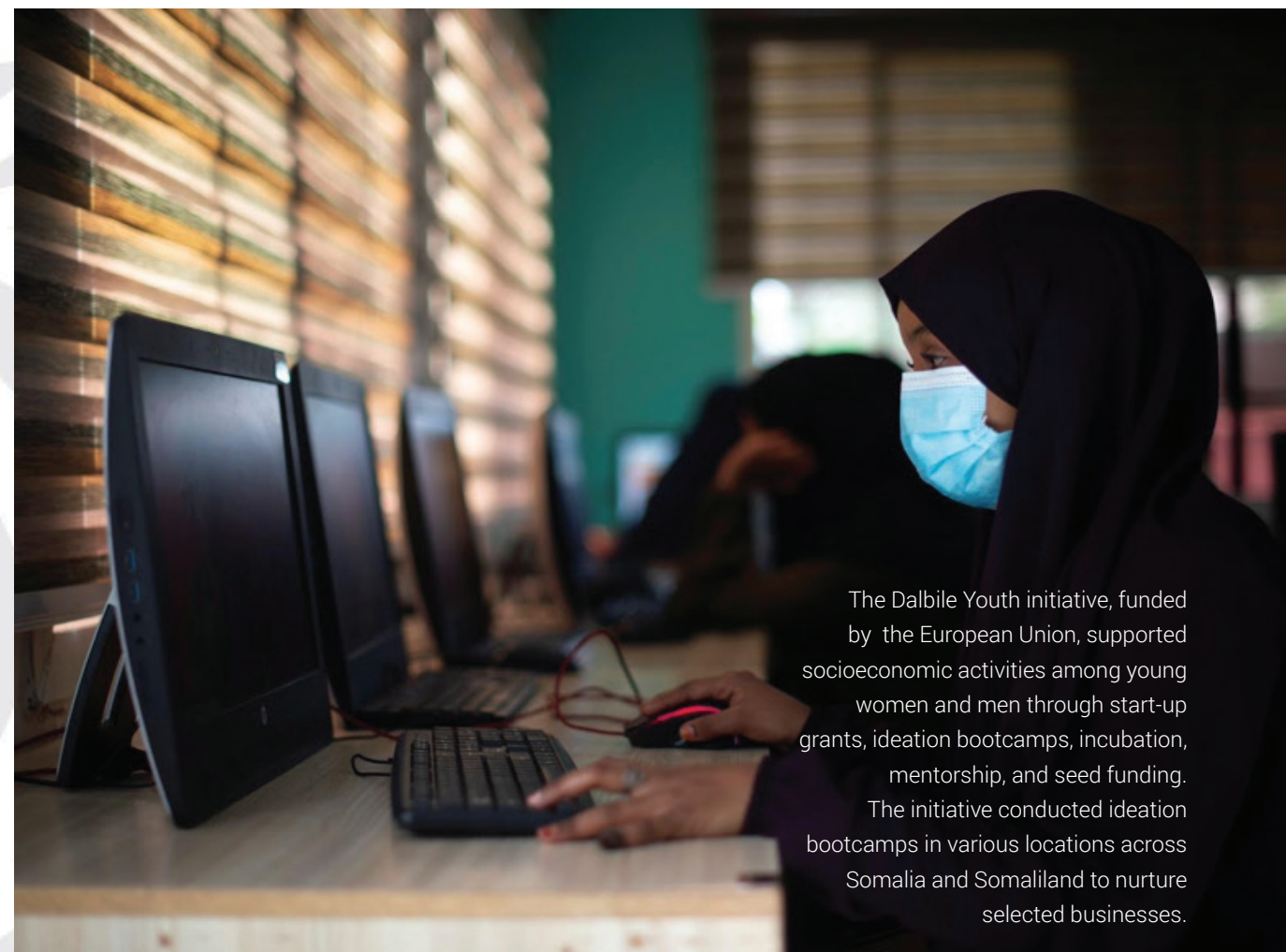
## Areas of Focus



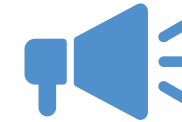
**Youth Centers:** UNFPA-run youth centers provided youth-friendly information and services, creating a conducive environment for learning, socializing, and knowledge exchange. Training programs covered a range of skills such as social media development, communication, multimedia, entrepreneurship, and TVET. These programs enhanced the capacity of young people to engage effectively and share information with their peers nationwide.



**Menstrual Hygiene:** The CO continues to prioritize menstrual hygiene management (MHM) by providing adolescent girls with information, sanitary products, and awareness about the importance of menstrual hygiene, while facilitating open discussions and distributing menstrual hygiene kits to neighboring communities.



The Dalbile Youth initiative, funded by the European Union, supported socioeconomic activities among young women and men through start-up grants, ideation bootcamps, incubation, mentorship, and seed funding. The initiative conducted ideation bootcamps in various locations across Somalia and Somaliland to nurture selected businesses.



**Advocacy:** The CO collaborated with national partners to conduct community mobilization, advocacy, and awareness interventions on SRH issues including HIV prevention, FGM, and child marriage. These interventions aimed to address broader social and structural contexts. Cultural events in Mogadishu and Kismayo were supported to empower women and youth, showcasing Somali culture and promoting discussions on ending harmful practices. Commemoration of international days, such as International Youth Day, facilitated understanding of youth needs, policy implementation, and youth participation in decision-making.



**Harmful Practices And Social Norms:** The CO, in collaboration with partners, organized events in Somalia and Somaliland to combat harmful practices. Forums and seminars were held in Balet, Hawo, and Dollow districts, involving religious, youth, and women group leaders as change agents to raise awareness about FGM and child/early/forced marriage. Activities were also conducted in the Sheikh Omar IDP camp in Hargeisa, empowering adolescent girls to become agents of change against child marriage.



**Youth Political Participation and Peacebuilding:** In partnership with the Folke Bernadotte Academy (FBA), the CO organized forums on Youth, Elections, and Democratization in Garowe, Kismayo, Dhusamareb, and Mogadishu. These forums aimed to increase youth political participation and enhance understanding among stakeholders working on people, particularly young women, as crucial actors in sustainable peacebuilding and social development, including marginalized and minority groups.



**Youth Life and Livelihood Skills:** The CO prioritized providing young people with life and livelihood skills training both within and outside the youth centers. In collaboration with the FGS MOYS, FMS MOYS, and MOLYS, the CO supported youth life skills training and citizenship education across Somalia and Somaliland. These young participants then trained thousands of other youths in soft life skills at the UNFPA-run youth centers.



**Mental Health:** The CO collaborated with partners to prioritize enhancing young people and adolescents' mental health. Female peer helpers in Burao, Borama, and Herigesa were trained to address adolescent mental health. They gained skills to identify common mental health issues, risk factors, and provide psychological first aid, particularly for adolescent girls at risk of child marriage.





## Progress & Achievements



- Approximately 18,000 adolescents and youth received SRHR information and services through youth centers in seven locations.
- Around 3,600 young people participated in Soft Life and Vocational skills training programs offered by the youth centers.



- 23,000 adolescent girls received menstrual hygiene supplies and information during Menstrual Hygiene Day.
- 900 reusable sanitary pads were distributed to adolescent girls in Puntland.
- 2,084 dignity kits, including 300 boxes of reusable pads, were distributed to girls in Mogadishu and surrounding communities.



- A youth caravan campaign sensitized 50,000 individuals in Hargeisa and surrounding IDP camps on SRH, HIV prevention, child marriage, and COVID-19.
- Social media interactions reached over 50,000 people, raising awareness on youth SRH, HIV prevention, child marriage, and COVID-19.



- In Kismayo, 100 participants engaged in discussions and developed strategies against FGM and child marriage within their communities.



- Mobile campaigns reached 30,000 individuals in Balet, Hawo, and Dollow districts, delivering messages about FGM and child marriage.
- 185 young people actively participated in forums addressing FGM and child/early/forced marriage.
- 480 young people increased their knowledge of election processes and opportunities for youth participation.
- A coalition of 10 youth-led organizations focused on youth, peace, and security issues.
- 20,000 young people, including marginalized and minority groups, were reached during the pre- and post-election periods.
- 2,000 young people received training on life skills outside of the youth centers.
- 112 young people in Somalia and Somaliland received specialized training in life skills and citizenship.
- 1,552 young people participated in ideation bootcamps and received grants for their business ideas.
- 105 female peer helpers were trained in adolescent mental health in Burao, Borama, and Herigesa.





Dignity Kits arriving at Daawo airport in Dollow. October, 2022

## Challenge

1. **Low literacy levels among young participants:** Implementing Partners have reported that a significant number of young individuals selected to engage in UNFPA and IP led activities, such as workshops and training, lack sufficient literacy skills. This poses a challenge as these young participants require additional support to effectively participate in these activities.

## Lessons Learned

1. Active participation of young people in skills and knowledge trainings, campaigns, debates, and community discussions leads to transformative outcomes, making them influential agents of positive change for their communities and society at large.
2. Increasing awareness of MHM in communities effectively addresses sensitive topics and promotes the use of dignity and MHM kits among vulnerable girls and women.
3. Strengthening collaborations and engaging with Somali elders is crucial for effectively addressing issues such as child marriage and other harmful traditional practices.
4. The sustainability and expansion of campaigns against FGM /child marriage are enhanced by actively involving community elders, schools, women's groups, and youth organizations.
5. Mobilizing men as active participants in gender-based violence prevention mechanisms increases male attendance in sessions on GBV and FGM.
6. Programs focusing on FGM, child marriage, youth, peace, and security, as well as sexual and reproductive health education, should aim to engage and utilize young people who have been educated and empowered through various UNFPA programs to facilitate campaigns, debates, and community discussions.
7. Programs addressing livelihood and related issues that impact young people should actively engage and ensure the full participation of youth.



UNFPA Humanitarian Office's Director Shoko Arakaki, during her visit to Abdi Aziz Youth Center in Mogadishu, September 2022





“After listening to the messages about FGM and the complications associated with it in these awareness sessions, I was dumbfounded. I realized that I had been immersed in a world of sin. All along, what I considered to be a religious and virtuous practice was actually harmful and wrong. I deeply regret my past actions and I vow to never engage in that trade again. I wish I hadn’t experienced the horrors of FGM, which caused difficult urination, walking problems, menstrual pain, and complications during childbirth. But now, in my new journey, I will ensure that no girl is subjected to FGM ever again, not in my life.”

**Sahara, Reformed Female circumciser  
IDP Camp, Kismayo**

### 3. Evidence-Based Policy, Laws And Accountability Systems

Somalia’s displaced population, with women and adolescent girls making up over 70%, faces heightened vulnerability to sexual violence, abuse, and exploitation. Financial constraints force girls to abandon education and take on household responsibilities. Inadequate infrastructure, limited access to health facilities, and conflicts over resources contribute to an increase in intimate partner violence and rape. Food insecurity exposes women and girls to sexual exploitation and leads to maladaptive coping mechanisms like FGM and early marriage. Moreover, the lack of a strong legal framework exacerbates the challenges. Cultural influences, misinformation, and religious disagreements hinder progress in establishing gender-responsive legislation aligned with international human rights standards. The Gender/GBV program focused on these issues in various regions of Somalia, working towards zero GBV and harmful practices as outlined in the CP (2021-2025).

#### By The Numbers

**30**

New GBV one-stop centers and women and girls’ safe spaces

**3,849**

Women received cash assistance and transport support

**6,652**

Treatment provided to injuries from intimate partner violence

**14,397**

Women received dignity kits

**9,731**

Women who received case management and psycho-social counseling support

**2,078**

Women and girls reached with FGM prevention, protection, and care services

**22,216**

GBV Specialized Services

**739**

Religious leaders to advocate for ending FGM in Somalia



## Areas of Focus



**Service Provision:** UNFPA Somalia facilitated the establishment and operation of One Stop Centers (OSCs) and Women and Girls' Safe Spaces (WGSS) to provide comprehensive GBV services. These specialized facilities were dedicated to meeting the specific needs of women and girls, offering a safe and supportive environment where survivors could access medical, psychosocial, legal, and other essential support services.



**Capacity Building:** CO conducted training workshops and orientations specifically tailored for professionals working in the fields of humanitarian aid, healthcare, and social work. These initiatives aimed to enhance the knowledge and skills of participants, enabling them to effectively address and respond to sexual and gender-based violence (SGBV) in their respective roles.



**Community Mobilization:** To foster a deeper understanding of GBV issues and promote a culture of respect and gender equality within communities, the CO engaged in comprehensive awareness-raising and sensitization activities targeting a diverse range of stakeholders, including women, men, boys, girls, religious leaders, and community leaders.



**Legislative Advocacy:** CO organized forums, workshops, and discussions specifically directed at policy makers, parliamentarians, and religious leaders. These platforms served as avenues for constructive dialogue and collaboration, with the objective of advocating for policy and legislative reforms that protect the rights of women and girls and address the root causes of GBV.







### Survivor turned Activist

Farhiya Jama, a 42-year-old resident of the Bilan IDP camp in Garowe, is a mother of three daughters and a passionate activist fighting against GBV. Reflecting on her own experiences, she emphasizes, "When people hear 'violence,' they often think of physical harm. But there are various behaviors that constitute violence." Having survived different forms of violence, Farhiya understands the difficulty of recognizing the problem when lacking education or when cultural practices normalize it. Through a UNFPA-supported program by Y-PEER Puntland, Farhiya participated in capacity strengthening initiatives that focus on FGM and GBV awareness. She asserts, "Through storytelling, we can evoke emotions and effectively convey our message. People care and relate when survivors share their experiences."

Having personally undergone FGM, which she vowed never to subject her daughters to, Farhiya opens up about her traumatic early marriage, including miscarriages and verbal, financial, and physical abuse. Due to FGM, she faced excessive bleeding

during her first labor. Fearing the same fate for her daughters, she made the difficult decision to escape and relocate.

Currently, Farhiya dedicates her time to raising awareness in various IDP camps in Garowe, assisting GBV survivors in accessing the necessary support. She acknowledges the existence of organizations and individuals striving to end GBV and other harmful practices in Puntland. However, she highlights the reluctance of people to seek help from outsiders. Being an integral part of the community allows her to direct girls and women to appropriate organizations and shelters, ensuring they receive the support they need.

Recognized as a courageous advocate for change, Farhiya is admired for her influential role in the community and her dedication as a mother. Despite her efforts seeming like a drop in the ocean, she takes pride in helping numerous women through education on GBV and vows to continue her work.

## Progress & Achievements

### A. Service Provision:

- Established 30 new GBV one-stop centers and women and girls' safe spaces to respond to the needs of women and girls impacted by the drought and improve access to services.
- Provided medical treatment for injuries from intimate partner violence (IPV) to 6,652 women, including 1,062 from Jubbaland, 3,262 from Somaliland, and 459 from Dollow.
- Offered case management and psycho-social counseling support to 9,731 women and girls, including 5,789 from Jubbaland, 3,522 from Somaliland, and 825 from Dollow. Additionally, 2,140 women received legal services.
- Provided GBV specialized services, including clinical management of rape, psychosocial support, counseling (PSS), case management, and legal services, to 22,216 women and girls.
- Offered cash assistance and transport support through cash transfer management to 3,849 women, including 425 from Jubbaland and 1,450 from Somaliland.
- Distributed dignity kits to 14,397 women and girls, including 4,799 from Somaliland and 3,100 from Dollow.
- Supported 12,748 girls with menstrual hygiene kits.
- Provided GBV shelter assistance to 8,740 women and girls.
- Reached 2,078 women and girls with FGM prevention, protection, and care services.
- Provided information and service provision to 1,683 persons living with disabilities.

### B. Capacity Building:

- Benefited 2,207 men and women, including 120 from Puntland, through capacity building in integrating GBV concerns into humanitarian programming, managing and treating FGM survivors, and advocating for the end of FGM and reduction of GBV to improve maternal health.
- Supported the conduct of joint multi-cluster assessments and the development of a framework, improving the integration of GBV concerns into the drought response framework for Somalia.
- Improved opportunities for the integration of FGM as a development and humanitarian concern in Somalia.

### C. Community Mobilization:

- Mobilized 739 religious leaders to advocate for ending FGM in Somalia.
- Provided information and knowledge on GBV impact and response to 93,659 men, boys, women, and girls in communities.
- Reached 13,741 persons with information on ending FGM in Somalia.
- 22 IDP communities declared their intent to abandon FGM.
- Benefitted 2,058,098 persons with GBV information and services, including ESP services, capacity enhancement, community sensitization, and FGM care and prevention services.



#### D. Legislative Advocacy:

- Mobilized the cooperation and collaboration of the first female deputy speaker to accelerate discourse on the Sexual Offences Bill (SOB).
- Established a UN working group to coordinate UN support for the enactment of the Sexual Offences Bill (SOB) at the FGS level.
- Supported CSOs in continuing the dialogue with religious leaders in Puntland to enable the passage of the draft zero FGM bill in parliament.
- Reached 1,490 community members, parliamentarians, policymakers, and CSOs with messages on the need to accelerate action to pass SOB at FGS and implement the SOLs at Puntland and Somaliland.

### Challenges

- Lack of prioritization of FGM as humanitarian emergency response.
- The inconsistency and lack of coherence in the opinions of religious leaders and the different understanding of the Hadiths related to FGM in Islam continues to be a major challenge
- Procurement challenges were experienced for some commodities and kits such as the stock of Kit 3 - rape kits as a result of the Ukrainian crisis that led to a rise in the prices of most of the commodities and the shipment cost.
- Inadequate GBV shelters and one stop centers for meeting the needs of GBV survivors continued to be a great challenge.

### Lessons Learned

1. **Using FGM survivors as campaigners:** The presence of young women at the forefront of the campaign amplifies the message of ending FGM through the lens of a survivor in the fore front of the campaign enables the amplifying of the message of end FGM from a survivor lens.
2. **FGM information and supports services:** Improving messaging on FGM prevention and providing community support to families and individuals who may not want to undertake FGM is critical to upholding commitment of individuals not to cut.
3. **Advocating for FGM law:** Grassroots mobilizing to demand for the enactment of a zero tolerance FGM law is most important to inform a more collective and coherence demand of grassroots population for the enactment of the legislations.
4. **Coordination and strengthening of actions:** A more effective coordination platform at programme and ministerial levels in Somalia will allow for FGM actors to adequately coordinate and strengthen action on the global objectives of ending FGM.
5. **Harmonization of approaches and strategies for GBV shelter operations:** The efforts to harmonize approaches and strategies for GBV shelter operations in Somalia have enabled increased collaboration among shelter providers and improved understanding on what constitutes important components for survivors healing and re-integration.

## 4. Strengthening National Capacity to Collect, Analyze, Share, and Use Data on Population, Development, and SRH

The 2014 Population Estimation Survey (PESS), primarily sponsored by the UK's Department for International Development (DFID) and the Embassy of Sweden, is the foremost source of current population data in Somalia. With a sample size of nearly 200,000 households, PESS estimates Somalia's 2014 population at 12.3 million. Despite significant hurdles, all three administrative zones acknowledged the survey results, marking a significant achievement.

The 2020 Somali Health and Demographic Survey (SHDS) delivered critical demographic, health, and other data, including delicate topics such as gender and sexual and reproductive health. Post the enactment of the Statistics Act, the Somalia National Bureau of Statistics (SNBS) was established, laying the groundwork for fortifying the Somali statistical system. The SNBS aims to bolster coordination within the national statistical system and aid in the consolidation or establishment of statistics units within the Federal Member States' statistical departments, pivotal line ministries, and public agencies at both federal and state levels.

Implemented activities primarily revolved around capacity building and training, contributing to the sixth output of the Country Programme (2021-2025), focusing on three pillars.

### By The Numbers

24

Field staff participated in a drought assessment training

54

Officers received field settlements verification training

50

Enumerators received training to undertake nomadic methodology pilot survey

192

Enumerators received training to undertake an assessment of the displacement of nomads into IDP camps

22

Federal state members were trained in Geographic Information Systems.

20

MoHD staff from Somaliland were trained in HMIS data analysis



Interview with internally displaced person  
to assess the impact of drought on nomadic  
household

## Areas of Focus



**Institutional Building/Systems Strengthening:** Building upon the skill and knowledge transfer initiated during the PESS and SHDS, and other statistical and GIS training activities, this area aims to establish an independent, sustainable statistical system in Somalia. The Country Office collaborates with various statistical bodies and departments to augment their capabilities and fulfil their respective mandates.



**Monitoring Systems:** Based on the groundwork laid by PESS and SHDS, this focus area aims to maximize the use of the invaluable SHDS data. It involves ensuring accessibility of data, conducting thorough analysis, and utilizing these findings to benchmark or monitor policies and programs, including the National Development Plan.



**Preparing for a Successful Future Population and Housing Census:** This area aims to use the previous investments in the Somali statistical system to prepare for a successful population and housing census. It involves sensitizing national authorities and international communities about the census's importance, complexities, resource requirements, and the risks of inadequate preparation. The plan incorporates assessments of both technical and political risks specific to Somalia's context.

## Progress & Achievements

### 1. Capacity Building and Training:

- 22 federal state members were trained in Geographic Information Systems.
- 54 officers received field verification training.
- 50 enumerators received Nomadic Pilot survey training in Doolow, Gedo and Cadaado, Galgaduud regions, while similar training was conducted in Garowe, Nugaal region by the PSD of Puntland FMS.
- 192 enumerators received training to undertake an assessment of the displacement of nomads into IDP camps.
- 24 field staff participated in a drought assessment training and conducted assessments in six Somaliland IDP camps.
- 20 MoHD staff from Somaliland were trained in HMIS data analysis

### 2. Collaborations and Exchanges:

- Three missions were conducted, including a study tour to the National Institute of Statistics of Rwanda (NISR), Ras Al Khaimah (RAK) Statistics Centre and Sharjah Department of Statistics and Community Development UAE, under South-South Cooperation.
- Two P&D staff attended a UN Workshop on Census in Arab Speaking Countries, touring UAE Statistics Offices, enhancing the Country Office's census leadership capacity.

### 3. Publications and Reports:

- Developed Somaliland NDPIII.
- Published state-level SHDS reports (Hirshabelle, Jubaland and South West states) and a report on the Somaliland SHDS follow-up study on the uptake essential health services.

- Published the Population Situation Analysis report and the municipality abstracts for Garowe, Qardo, Bosasso, Galkacyo, Berbera, Hargeisa and Burao.
- Conducted the HMIS assessment for Somaliland.

### 4. Data Management and Access:

- Finalized and documented all national and sub-national datasets from the Somali Health and Demographic Survey, providing public access via the respective statistics agencies' websites.

### 5. Census Preparation:

- Administered the Assessing Statistical Capacity tool to Federal Government statistical offices.
- Developed a legislative basis for the census, a census road-map, and drafted census regulations.
- Established census governance bodies.

### 6. Census Methodologies Development:

- Developed methodologies for enumeration of accessible/inaccessible areas and nomads.
- Held Nomadic Consultation Workshops for Federal Member States and a Nomadic Pilot Survey in Sool, Mudug, Galgaduud and Gedo regions.
- Assessed displacement of nomads due to drought, informing the development of enumeration methodology.
- Developed a comprehensive risk assessment for census undertaking.



## Challenges

- Low IDP figures due to discrepancies in numbers recorded during the registration exercise.
- Delays caused by a high turnover of senior ministry staff, leading to the review and approval of key census documents.
- Difficulties in data collection, including refusals by some occupants in IDP camps to participate in the exercise.
- Procurement challenges, specifically delays in acquiring the Esri Statistics Modernization Program, impacting training and preparatory work for the census.
- Lack of websites for hosting microdata libraries, with some states unable to host their libraries due to the absence of websites.

## Lessons Learned

- Conducting a risk assessment during the planning stage allows for the identification of mitigation measures in advance of the census.

### Unlocking New Horizons: How a Young Person's Participation in the Somali Health and Demographic Survey Led to Unexpected Opportunities

Mohamed Abdinur's passion in numbers naturally led him to a career in statistics. He also always dreamed of working on projects that would make a positive impact on his community in Somalia. This opportunity came when plans to conduct the Somali Health and Demographic Survey (SHDS) was announced. The survey was the first of its kind in Somalia; providing key health and demographic indicators on maternal and newborn health, maternal mortality, gender-based violence and much more.

Excited about the prospect of contributing to the field of data collection and analysis, Mohamed eagerly applied to be part of the SHDS team. With his background in statistics and his determination to make a difference, Mohamed was selected as a key member of the survey team.



In his new role as a project coordinator for the SISEPCBP, Mohamed was responsible for overseeing the survey's implementation, ensuring quality data collection, and coordinating with various stakeholders. His experience from the SHDS proved invaluable as he applied his knowledge and skills to the new project.

Mohamed's dedication and exceptional performance as a project

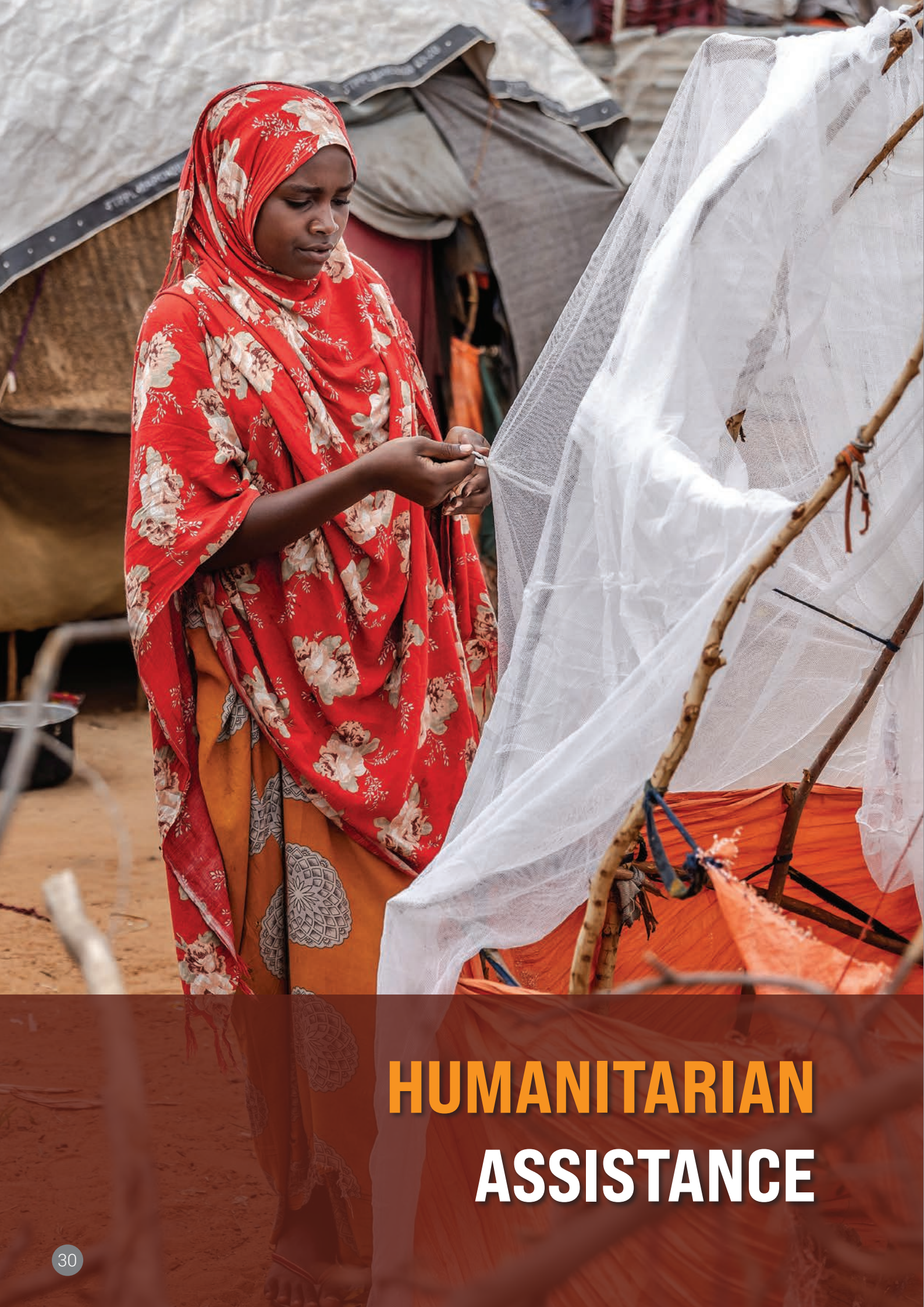
coordinator did not go unnoticed. His ability to manage complex tasks, work effectively with diverse teams, and provide valuable insights based on data analysis impressed both his colleagues and the World Bank. He became known as a reliable and knowledgeable professional in the field of survey research and data analysis.

The successful completion of the SHIBS project further solidified Mohamed's reputation. His journey from being a team member in the SHDS to becoming a project coordinator for the SHIBS had not only transformed his career but had also empowered him to contribute significantly to the development and improvement of data collection and analysis in Somalia.

As the SHDS project concluded, Mohamed's valuable experience and expertise caught the attention of the World Bank, which was planning the 2022 Somali Household Integrated Budget Survey (SHIBS) and Business Establishment Survey as part of the Somali Integrated Statistics and Economic Planning Capacity Building Project (SISEPCBP). The World Bank recognized Mohamed's unique skills and offered him a job as a project coordinator for the SISEPCBP.

Mohamed's story serves as an inspiration to young statisticians and data enthusiasts in Somalia. It demonstrates how dedication, hard work, and seizing opportunities can lead to remarkable career advancements and the ability to make a lasting impact on communities and society at large. His story is also a testament of the immeasurable benefits of capacity building within development programs; more so in Somalia where opportunities are scarce.





# HUMANITARIAN ASSISTANCE

Somalia is facing a complex and prolonged humanitarian crisis, impacting around 7.8 million people due to severe drought. The regions most affected include Bakool, Bay, Gedo, and Mudug. The country also has approximately 2.9 million internally displaced persons (IDPs) primarily due to famine and drought, with the majority residing in 3,374 IDP camps. Notably, 80% of IDPs, particularly women, girls, and young people, require assistance. Between 2019 and 2021, 74% of survivors accessing Gender-Based Violence (GBV) and Comprehensive Maternal and Reproductive Health (CMR) services were IDPs, with 99% being females.

The UNFPA country office (CO) has been actively involved in Somalia's humanitarian operations since 2011. Given the escalating need for life-saving SRH and GBV services for women and girls, there is a growing demand for the CO to transition from a mainstreaming strategy to a more institutionalized and robust humanitarian response program. To address this, an operational scale-up plan was developed in September 2022, based on a rapid assessment conducted in May 2022. The plan aims to strengthen the CO's presence in the wider humanitarian system, particularly in terms of leadership in SRH and GBV response. To ensure efficient and effective execution of the scale-up plan, the CO has taken proactive measures to establish a strong on-ground presence.

## By The Numbers

13.1 M

Funding commitment secured

195,815

Women reached with essential services

75,220

Women, girls, and newborns accessed life-saving services at EmONC facilities

10,587

Women and girls reached with family planning commodities

118,121

Individuals accessed outpatient GBV/SRH services, information, and referrals

28,430

Women and girls accessed GBV information and services

4,292

Survivors of GBV received case management and essential emotional support.

840

Women and girls provided with safe shelters



## Areas of Focus



**Resource Mobilization:** The country office (CO) engaged in intensive efforts to mobilize resources through advocacy, partnership building, and proposal development. They also conducted field missions with humanitarian donor groups to market their initiatives.



**Human Resource Strengthening:** After reviewing the existing human resources capacity, the CO implemented a robust recruitment drive. They accelerated the engagement of short- and long-term positions using different modalities such as surge, individual consultancy, and internal job rotations. This aimed to enhance in-house capabilities and expertise, particularly in gender programming, resource mobilization, and communications.



**Service Delivery:** Existing programs were utilized to improve support at service delivery points, including Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and Basic Emergency Obstetric and Newborn Care (BEmONC) facilities, One Stop Centers (OSCs), and Women and Girls Safe Spaces (WGSS).



**Programme Coordination and Partnerships:** The CO played a central role in coordinating programs and partnerships within the national response to the crisis. They increased their visibility and capacity to execute functions under the Gender-Based Violence (GBV) Area of Responsibility (AoR), Sexual and Reproductive Health (SRH) working group, and other coordination structures.



**Operations and Logistics Management:** The CO utilized Fast Track Procedures to provide operational support during the system-wide scale-up for humanitarian aid. They revised the procurement plan to meet the requirements of the humanitarian response. Existing Implementing Partners (IPs), including national and international NGOs, were funded and trained to respond effectively.



**Communications:** The CO developed and implemented a communications strategy to enhance visibility, advocacy, and fundraising. Continuous capacity building and guidance on humanitarian communications and reporting were provided to staff and partners.

## Progress & Achievements

### Resource Mobilization:

- A funding commitment of 13.1 million was secured.

### Human Resource Strengthening:

- The CO increased staff strength from 71 to 88 between July and December 2022.
- 5 international posts, 8 fixed-term posts, and 3 IC posts were created using fast track procedures for recruitment.

### Service Delivery:

- Reached 195,815 women with services including skilled birth deliveries, pregnancy management, family planning, and referrals.
- 75,220 women, girls, and newborns accessed life-saving services at EmONC facilities.
- 10,587 women and girls reached with family planning commodities.
- 118,121 individuals accessed outpatient GBV/SRH services, information, and referrals.
- 67,082 patients received SRH/GBV outpatient consultations.
- 42,895 women and girls accessed GBV/SRH awareness and risk communication.
- 8,144 pregnant women were referred to secondary level health facilities through ambulances.
- 28,430 women and girls accessed GBV information and services.
- 2,773 individuals received clinical rape and intimate partner violence services.
- 4,292 survivors of GBV received case management and essential emotional support.
- 19,333 individuals increased awareness of referral pathways.
- 840 women and girls provided with safe shelters; 66 vulnerable women accessed safe shelters.

- 327 women and girls visited and accessed GBV One Stop Centres (OSC).
- 447 vulnerable women and girls visited and accessed Women and Girl Safe Spaces (WGSS).
- 23,837 menstrual hygiene kits and 27,705 dignity kits distributed to vulnerable women and girls.

### Programme Coordination and Partnerships:

- Provided leadership in capacity building, service delivery, coordination, and planning under the GBV-AoR.
- Supported joint multi-cluster assessments, data management, and advocacy for GBV funding.
- Supported monthly and quarterly meetings and joint field visits for SRH working groups.
- Strengthened representation in other coordination structures, increasing visibility and recognition.

### Operations and Logistics Management:

- Distributed 14,700 dignity kits and 21,000 reusable sanitary pads.
- Acquired IARH kits and RH supplies through the Supply Chain Management Unit.
- Purchased 5 mobile maternity clinics and 4 armored vehicles for personnel safety.
- Increased petty cash for immediate miscellaneous activities.

### Communications:

- Produced and distributed monthly humanitarian reports, concept papers, briefs, stories, and fact sheets.
- Utilized social media, mainstream media, and press releases for updates.
- Collaborated with communication focal points at different levels to deploy the communication agenda.





## Challenges

- Insufficient staff capacity and expertise resulted in unpreparedness for scale-up.
- Existing staff discomfort and resistance towards newly deployed staff created instances of 'corporate bullying.'
- High financial and operational risk due to the volume of cash and additional resources provided to implementing partners (IPs) for procurement and distribution.
- Reporting lacking data granularity at sub-district/operational zone levels.
- Inadequate coordination impacting coherence, consistency, and information flow among clusters.
- Difficulty in accessing verified and accurate data from IPs and the field.
- Challenges in receiving reports on time and meeting deadlines.
- Low reporting of sexual exploitation and abuse due to lack of trust and confidence in available reporting lines.
- Improvements needed in field-level data for better response and expansion plans for GBVIMS, ensuring valid program data.

## Lessons Learned

- Strengthening coordination between the CO and implementing partners in humanitarian communications and reporting enhances CO visibility and effectiveness in the country's humanitarian spaces.
- Involving key opinion leaders, such as religious leaders, is an effective community-based approach to address and dismantle cultural and religious misconceptions, contributing to a change in community perception towards ending all types of GBV.



# STRATEGIC INITIATIVES



# 1. Communications

In order to effectively inform partners, donors, and stakeholders about its programs and activities in both humanitarian assistance and development programming, UNFPA recognized the importance of boosting its visibility. At the same time, the CO launched its Humanitarian Response Scale Up, necessitating a comprehensive communication plan. To achieve this, a clear communication channel was required, utilizing various tools and media formats. The CO aimed to enhance partner communications, strengthen on-the-ground interactions with local communities, and engage with media personnel to ensure gender-sensitive reporting of critical humanitarian issues. This chapter explores the strategic initiatives undertaken by UNFPA to achieve these communication goals.

**A. Engaging additional professionals:** UNFPA recruited professionals, including a Communications and Advocacy Specialist, Resource Mobilization and Partnerships Specialist, a Communications Associate, and a social media specialist to support communication efforts.

**B. Improving coordination mechanisms with implementing partners:** UNFPA focused on developing better coordination channels and designated a communication focal person within each partner organization.

**C. Developing and sharing advocacy messages:** UNFPA aimed to provide regular project updates and impact stories on social media platforms and in print publications to raise awareness and advocate for their work.

**D. Engaging media personnel and journalists:** UNFPA sought to collaborate with national and regional media personnel to share accurate information and facilitate interviews with beneficiaries and experts, thereby increasing coverage of the sexual and reproductive health (SRH) and gender-based violence (GBV) situation.

## Progress & Achievements

**The Dear Daughter campaign by UNFPA and the Ifrah Foundation aims to end Female Genital Mutilation (FGM) and was nominated for the prestigious Webby Awards.**

Over 200 million women and girls worldwide live with the consequences of FGM, and in Somalia, 99% of girls and women have undergone the procedure. By pledging not to cut their daughters, individuals protect their bodily autonomy and inspire others to do the same. The campaign's recognition as one of the top five activism websites globally highlights its impact in raising awareness and promoting change. The Webby Awards, including the Webby People's Voice Award, represent international recognition for excellence in Internet initiatives.



## Progress & Achievements

**Strengthening CO communications:** The coordination and engagement of key personnel were improved to enhance communication with partners and maintain regular communication. This included developing improved working relations with all implementing partners, and designating a focal communications person.

**Visual documentation:** Professional photography and videography captured impactful visuals of project activities at various project sites.

**Social media updates:** Regular updates showcasing project activities and donor support were consistently shared on social media platforms to increase engagement.

**Monthly reports:** Sitreps and reports highlighting project benefits were published regularly, demonstrating the positive impact of projects on beneficiaries.

**Media engagement:** Press releases, articles, and interviews increased UNFPA's media

presence, raising awareness of its work through regional media outlets. Engaging electronic media resulted in TV and radio coverage and interviews, highlighting UNFPA's work on national and international platforms; including BBC, Voice of America, Al-Jazeera, The Nation, and CGTN.

**Community engagement:** Successful engagement with media personnel and journalists led to increased coverage of sexual and reproductive health (SRH) and gender-based violence (GBV) issues at various project sites.

**Knowledge solutions:** The development and production of knowledge resources contributed to sharing expertise and best practices in various project locations.

**Field visits coverage:** Media and interventions were effectively covered during high-level field visits to project sites, ensuring successful media representation and capturing key interventions.

## Challenges

Security restrictions often hinder journalists from visiting project sites and engaging with beneficiaries, potentially limiting the quality and depth of their reporting on the challenges faced by women and girls affected by the humanitarian crisis in Somalia.

## Lesson Learned

Adapting to obstacles like security restrictions and employing innovative approaches, such as virtual live tours of project sites, enables high-level dignitaries and stakeholders to witness the impact of UNFPA's work without compromising safety or time constraints, highlighting the importance of flexibility in response.



## 2. Partnerships and Resource Mobilization

In order to meet the health and protection needs of Somali women and girls, adequate funding is crucial for the CO. The challenging operating environment in Somalia, compounded by prolonged drought periods, has increased the demands on UNFPA's humanitarian efforts. Specifically, from May to December 2022, the country office intensified its initiatives to enhance access and utilization of SRH and GBV services in drought-affected areas. As per the humanitarian operational plan, an estimated USD 5.635,297 was identified as the necessary resources to adequately address the needs of the affected population during October to December 2022.

### Areas of Focus

Following the humanitarian scale up in May 2022, the CO hired a Resource Mobilization and Partnership Specialist to lead resource mobilization efforts. The specialist's role encompassed ensuring timely funding proposals and donor reporting, contributing to external communications, and establishing effective relationships with existing and prospective donors.

Key approaches utilized for resource mobilization included:



Identifying and analyzing opportunities for funding from donor governments, multilaterals, and development and humanitarian cooperations.



Developing high-quality concept notes, proposals, and presentations for pitching projects and programs to donors.



Engaging with existing and potential donors to explore funding possibilities and the CO's capacity to leverage them.



Representing UNFPA at embassy-sponsored events to foster networking and fundraising opportunities.

While focusing on increasing funds for the humanitarian scale-up, the CO maintained and built upon the positive relations with current development-focused donors, such as Multi-Partner Trust Funds (MPTF) donors (Sweden, Switzerland, Finland), the European Union, the Netherlands, Canada, and the United Kingdom).



UNFPA and Finnish delegation visits Abdiaziz Youth Centre, September 2022

## Progress & Achievements

In 2022, the CO received core funding for its Country Programme from the Multi-Partner Trust Funds (MPTF) donors Sweden, Finland, Switzerland, as well as from Canada, the European Union, the Netherlands, and the United Kingdom. Regular meetings were held with the MPTF donors to discuss program progress and initiate discussions on transitioning to a new funding mechanism.

Total resources mobilized for the CO's humanitarian scale-up activities by the end of December 2022 amounted to USD 13.1 million. This includes collective contributions amounting to \$6.3 million received from the UNFPA Humanitarian Office, UNFPA Regional Office, the Central Emergency Response Fund (CERF), the Foreign, Commonwealth &

Development Office (FCDO), and South Korea. Other donors such as CERF, the UK, Finland, Switzerland, Japan and Ireland committed an additional USD \$6.8 for the humanitarian response, however, these funds were not received by the close of 2022.

New relationships were established with prospective donors, including USAID (Bureau for Humanitarian Assistance and Social Services), Norway, and European Civil Protection and Humanitarian Aid Operations (ECHO), through networking and liaison efforts. The CO also engaged with current donors to maintain their support for expanding the humanitarian response and explored new funding opportunities.

## Challenges

- **Competing donor priorities:** UNFPA faces challenges in securing funding for Somalia due to competing priorities and limited resources among donor governments. However, advocacy efforts continue to emphasize the needs of women and girls.
- **Complex emergencies:** Somalia deals with both climatic disasters and armed conflicts, resulting in the prioritization of certain clusters over others. Funding for the GBV and SRH clusters remains insufficient, with only 39% of the total GBV Area of Responsibility (AoR) funding request granted in 2022. UNFPA actively advocates for increased funding in these areas as the co-chair of the SRH working group and as the lead agency of the GBV AoR.

## Lessons Learned

- **Soliciting new funding partners:** The CO should continue reaching out to potential donors, showcasing its work, and exploring new funding opportunities.
- **Building stronger donor relationships:** It is crucial for the CO to participate in donor-organized events, such as panel discussions, film screenings, and exhibitions, to demonstrate commitment and foster stronger relationships with embassy staff.





UNFPA delegation, led by Executive Director Dr. Natalia Kanem, had the honor to meet the Prime Minister of Somalia H.E. Hamza Barre in Mogadishu, Somalia during their visit in November 2022.



UNFPA delegation led by Executive Director Dr. Natalia Kanem meets with council of elders at Doolow, Somalia in November 2022

### 3. High-Level Missions

**A**reas of Focus Recognizing the importance of drawing attention to the humanitarian situation in Somalia, the CO prioritized advocating for and facilitating an increase in high-level missions to the country.

#### Achievements

The CO's dedicated advocacy efforts resulted in attracting two key missions, which included:

- A fact-finding mission led by the ASRO Regional Director, Laila Baker, and the Director of UNFPA's Humanitarian Office, Shoko Arakaki, in September 2022.
- Additionally, the CO successfully organized a mission led by the Executive Director of UNFPA, Dr Natalia Kanem, who was accompanied by a senior delegation comprising the ASRO Regional Director, the Humanitarian Director, the Chief of Staff, and the Personal Assistant to the ED.

#### Impact

These high-level missions had a profound impact by bringing increased attention to the humanitarian situation in Somalia. They allowed senior UNFPA officials to witness the challenges faced by the population firsthand and gain a deeper understanding of the needs and priorities on the ground.



UNFPA Executive Director, Natalia Kanem visiting the health centre at the Kabasa IDP Camp in November 2022





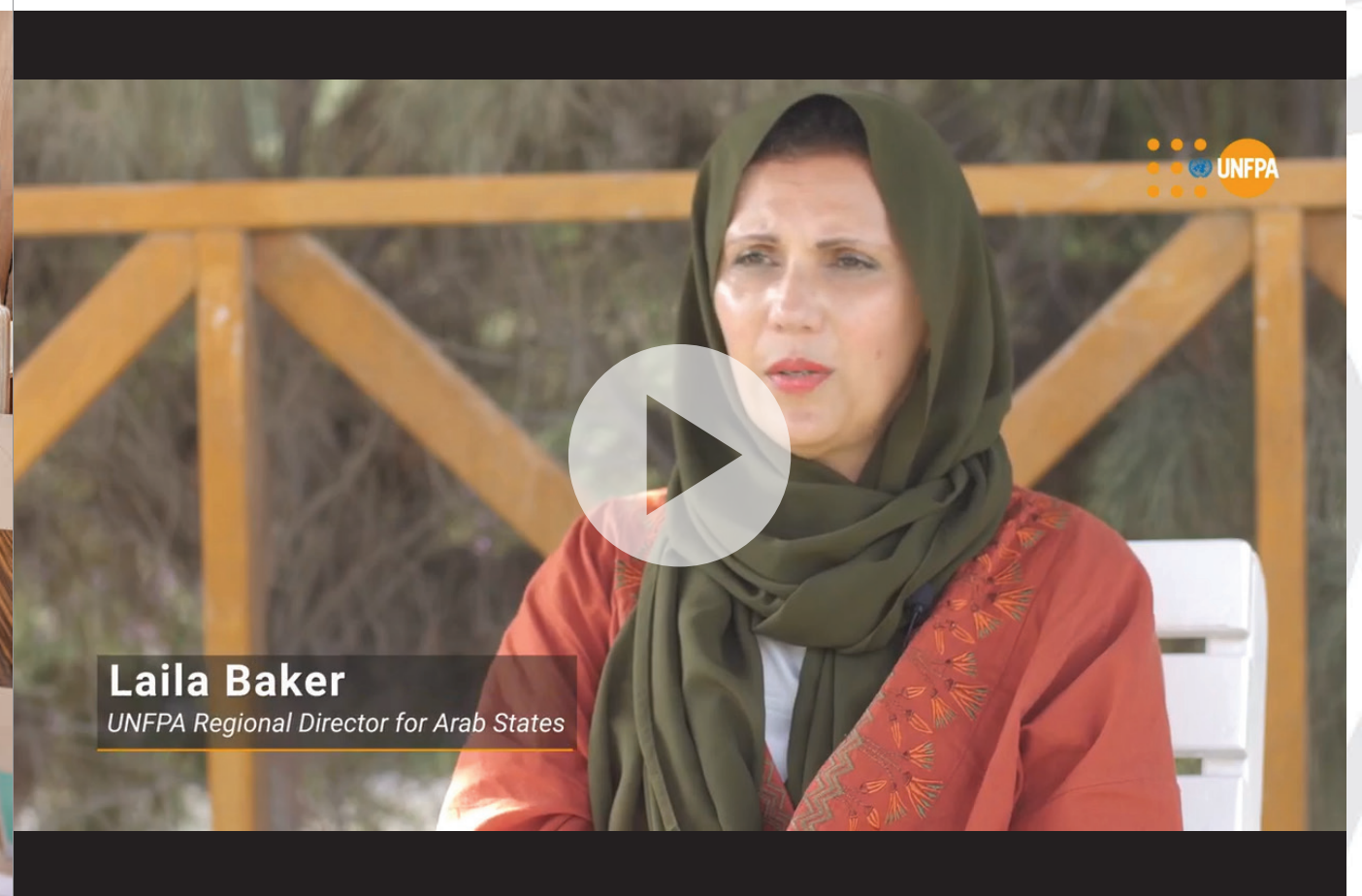
UNFPA Executive Director, Dr. Natalia Kanem interacts with patient at the health centre at the Kabasa IDP Camp in November 2022



UNFPA delegation led by ASRO Regional Director Laila Baker, Kismayo, November 2022



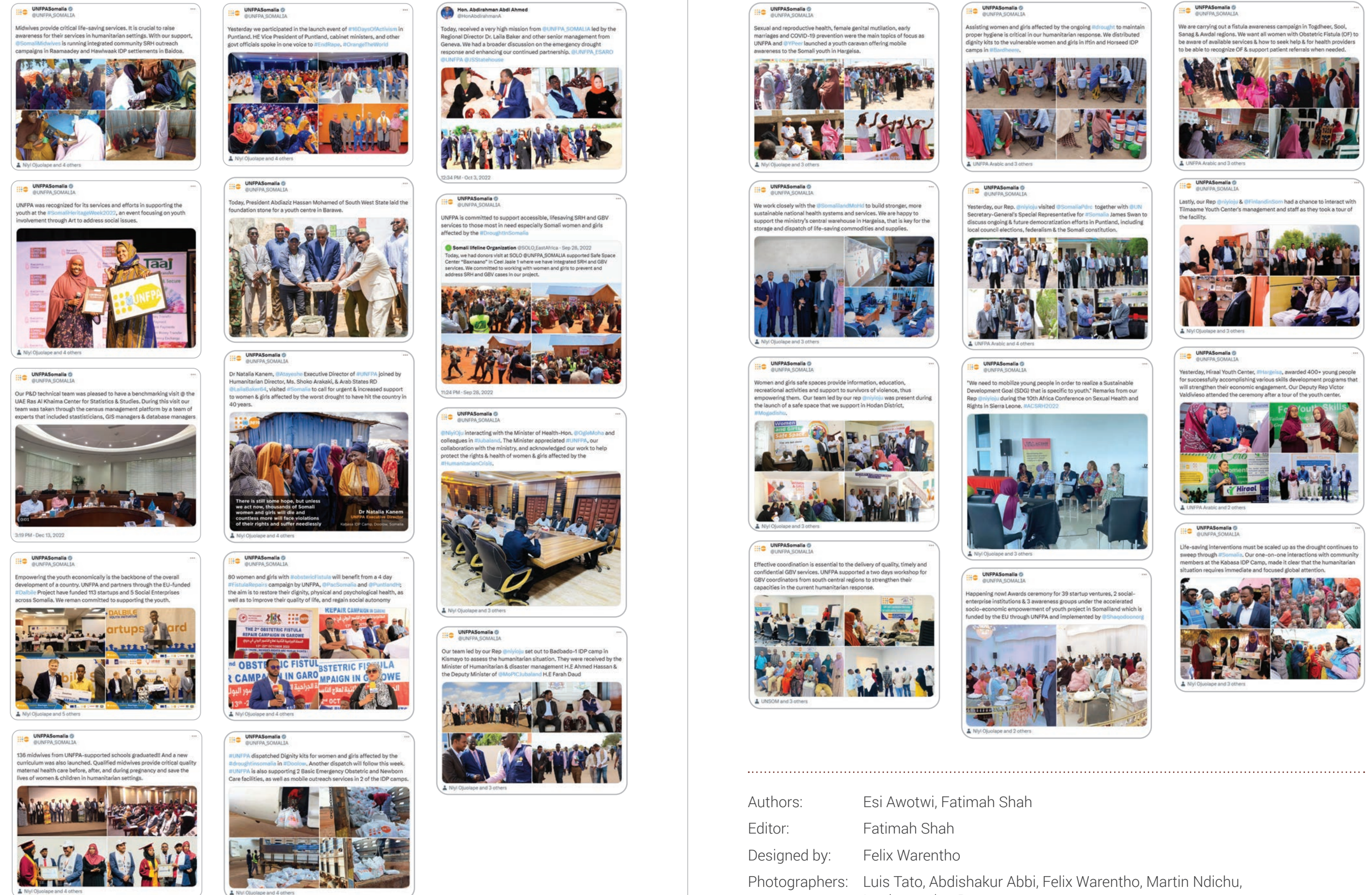
UNFPA delegation led by Executive Director Dr. Natalia Kanem, Mogadishu, November 2022



Directors' statements on visit to Kismayo, September 2022 [\(Click to watch\)](#)



## On Socials



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