

FP2020 Commitment 2019 Update Questionnaire SOMALIA



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment 2019 Update Questionnaire for Somalia, by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage (<http://www.familyplanning2020.org/somalia>) so in-country and global stakeholders alike can follow Somalia's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including youth focal point and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Somalia is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org with a copy to Onyinye Edeh oedeh@familyplanning2020.org. Should you have any questions or concerns, please contact Onyinye on oedeh@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) the 2017 revitalized commitment and elements of Somalia's original commitment that still stand, and 2) six standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

COMMITMENT OVERVIEW

Six commitments have been identified:

1. To ensure that legal policy and strategic frameworks for family planning (FP) in Somalia are in place by 2020.
2. To Increase understanding of barriers to access, demand, and uptake of FP services in Somalia by 2020.
3. To ensure access to quality reproductive health services including FP in emergency and crisis settings from 50% of facilities offering FP services in 2017 to 80% by 2020.
4. To decrease stock outs by 30% by 2020 by ensuring continuous availability of quality FP commodities at all levels of the pipeline.
5. To explore and leverage public-private partnerships in FP service delivery by 2018.
6. To strengthen the existing monitoring of FP program through routine HMIS and Demographic Health Survey (DHS).

Anticipated Impact

1. To reach 20,000 new users by 2020.

1. **COMMITMENT:** To ensure that legal policy and strategic frameworks for family planning in Somalia are in place by 2020.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- Discussions of creating a costed implementation plan has been initiated with stakeholders. The LMIS tools have been developed and staff from different levels of the ministry are being identified for rolling out the training, focused on birth spacing commodities.

Check Points:

Anticipated Impact:

Increased availability of, access to and utilization of reproductive health services and products by women of reproductive ages 15 to 49, including adolescent girls and women in crisis settings.

Proposed Actions:

1. Develop a National FP Strategy and costed implementation plan that includes a strategy on FP provision in humanitarian crisis by the end of 2018.
2. Strengthening Ministry of Health's commodity supply chain management system.
3. Develop a high-level advocacy plan to raise awareness and garner support for sexual and reproductive health rights including family planning among Ministers and women's political caucuses.
4. Revise guidelines and policies in place to allow for provision of n of family planning services through task-sharing among different levels of health care providers, especially in remote areas by the end of 2017.
5. Review existing FP guidelines and SOPS to include FP service provision in Humanitarian crises by end of 2017.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

Getting traction at the National Level on FP strategy has been difficult due to competing health programming priorities. No. 2 is well underway. No. 4 and 5 are partially fulfilled, but more formal

review needs to take place. No. 3 for high level advocacy is planned and should be completed before the end of the year 2019.

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

2. **COMMITMENT:** To increase understanding of barriers to access, demand, and uptake of FP services in Somalia by 2020

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- Empirical evidence suggests multi-dimensional barriers to family planning services. Important among them are the system barriers seen from providers themselves, the lack of support from the community leaders and religious leaders as well as traditional belief that negatively impact uptake of services.
- A more formal assessment of barriers has yet to take place.
- The FP guidelines have been created and nurses and midwives are providing contraceptive implants and IUDs where available.

There have been 2 BS/FP training courses of which one has been in July 2019 and we can say that we have progressed from 50% to 60% service provision in the urban settings, mainly in Mogadishu. During the later training the participants took the initiative to set up Somali Birth Spacing Advocacy group.

Check Points:

Anticipated Impact:

Increased uptake of FP services leading to increased CPR from 2.6 to 5% by 2020

Proposed Actions:

1. Conduct evaluations and assessments to understand barriers to uptake of family planning services by end of 2017.
2. Identify interventions that effectively tackle such barriers to improve demand and uptake of these services by 2020. Develop a demand creation strategy for FP interventions in by end of 2018
3. Develop an advocacy strategy derived from the selected messages from “Family Planning in the Legacy of Islam”
4. Continue engaging key influencers (especially traditional and religious leaders, media, and legislators), champions and other stakeholders to create awareness on FP. The Ministry of Health with technical support from UNFPA and PSI will carry out these activities.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track (X)

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

These activities are being planned this year going into 2020, however, much of it has only been in the discussion phase. With support from DFID on strengthening FP service provision capacity and demand creation, many of the items listed on this commitment are anticipated progress in the right direction going forward.

3. **COMMITMENT:** To ensure access to quality reproductive health services, including Family Planning in emergency and crisis settings from 50% of facilities offering FP services in 2017 to 80% by 2020.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- FP services have been included in the Humanitarian settings and services have been delivered in ongoing crisis areas.

Check Points:

Anticipated Impact:

Increased no. of women and adolescent girls accessing and using modern FP methods

Proposed Actions:

1. Capacity building to health workers on contraceptive technology and employ task shifting approaches to increase number of health workers who can provide FP services.
2. Updating the national standards of practice according to recent WHO standards and build the capacity of service providers at all levels.
3. Improving the quality of counseling provided to clients through updating and widely disseminating FP counseling guidelines.
Upgrading the supervision system to monitor the quality of RH service provision and integration of family planning services into routine health service provision.
4. Scaling-up partnerships with the private health service providers and nongovernmental organizations through dissemination of FP national guidelines, training of service providers on updated standards of practice and provision of FP services.
5. Integrating family planning services with other primary health care services such as antenatal counseling and post-partum care, vaccination, and healthy child follow-up visits.
Increasing provision of family planning services through task-sharing among different levels of health care providers, especially in remote areas.
6. Increase access to FP services in hard to reach and marginalized populations such as nomads through integrated outreach services.

7. Ensuring availability of contraceptive commodities at all levels of service provision, expanding, and monitoring the use of short- and long-acting and reversible contraceptives. Develop annual national plans to forecast FP commodity needs, procure, and distribute resources accordingly.

b) Please mark (✓) below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track (X)

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

All of the activities under this commitment are planned activities for this year and good part of 2020. MOH will continue to provide support to all stakeholders to meet all this commitment.

4. **COMMITMENT:** To decrease stock outs by 30% by 2020 by ensuring continuous availability of quality FP commodities at all levels of the pipeline.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points:

Anticipated Impact:

Enhanced availability of quality contraceptives throughout the program

Proposed Actions:

1. Proper forecasting of contraceptive requirements through capacity building and implementation of LMIS tools
2. Put in place proper quantification mechanisms and procurement planning
3. Strengthen the Somali supply chain system through performance improvement interventions, including logistics management capacity building and data collection and reporting systems
4. Develop an efficient distribution and transportation systems to adequately supply the end-users

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track (X)

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

- New LMIS forms are now being implemented, but data collection has yet to take place
- The Stock Availability Survey (SAS) to be completed during 1st half of 2019 has been postponed and final dates are yet to be fixed
- A reliable mechanism for predicting and thereby avoiding stock-out is under process

5. **COMMITMENT:** To explore and leverage Public and Private Partnership in FP service delivery by 2018.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points:

Anticipated Impact:

Increased number of women of reproductive age 15 to 49 years old accessing and receiving contraceptives

Proposed Actions:

1. Ensure participation of private health facilities in all FP2020 coordination meetings: MOHs to lead on this starting in August 2017
2. Build the capacity of private health facilities to offer quality FP services.
3. Establish a network of private health facilities for social franchise and branding by putting the following in place:
4. Build the capacity of private clinics to provide quality FP services,
5. MOU between the partner and private health facilities to distribute free contraceptives with only a small service charge.
 - UNFPA to lead on this starting in 2018
6. Initiate output-based approach to family planning through introduction of voucher system where the clients can have access to long acting reversible contraceptive (LARC) methods from private clinics at a cost that is met by the partner. UNFPA to lead in this starting in 2018

- In 2018, DFID funded Population Services International (PSI) to design and implement a pilot project geared towards including private sector facilities in implementing FP services.
- This was following an assessment that showed private sector providers were having considerable traction in distributing FP commodities as they were the preferred providers given

that they rarely ran out of FP commodity stocks and they did not request for consent from the male partner prior to provision of services.

- PSI, through its involvement of the MoHD has since selected 27 private sector clinics in Maroodi Jeer and Sahil.
- The activities involve a social franchising mechanism whereby the healthcare providers within the clinics are provided with training (as the services they provide are required to be aligned to the national EPHS system) on EPHS and provision of quality services. PSI also provides ongoing support through monitoring and supervision.
- The pilot study has been rolled out following the ethical approval that was received in April 2019. DFID is expecting reports on the figures at the end of the third quarter of 2019.
- The pilot study will lead to the development of the PPP Framework as a policy guideline in Somaliland – approved by the MoHD.
- In the meantime, progress has been made on discussions with the Puntland and FGS health authorities to formalize the PPP in their regions which will pave way for the development of the PPP Framework as a policy document.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

6. **COMMITMENT:** To strengthen the existing monitoring of FP program through routine HMIS and Somali Health and Demographic Survey (SHDS)

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points:

Anticipated Impact:

Availability of evidence based data to enhance decision making on Family Planning program

Proposed Actions:

1. Continue integrating LMIS into Health Management Information System (HMIS)
2. Build capacity of health service providers to use LMIS
3. Strengthen the government's capacity to ensure efficiencies of all FP program processes including data collection for all FP users both new and old clients per method used to aid in determining the FP uptake
4. Include FP in the DHS planned for 2018/2019 to identify Somalia's modern contraceptive prevalence rate

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track (X)

b) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

- The Somalia Health and Demographic Survey is still underway and final data collection and analysis is underway. The results are expected around Dec 2019.
- Due to this delay, a reliable census data has yet to be established

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following six questions:

1. **How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups** (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) **into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?**
 - Somalia FP2020, has identified and included Youth Focal Point for FP2020. This has helped to highlight the issues around youth and their knowledge on existing family planning issues. Specific activities have been included in the country worksheet that addresses the Youth issues around knowledge and use of family planning by the young population. It is important to keep in mind that a large segment of young girls is married in Somalia due to social and traditional acceptance of early marriage practices. The Youth Focal point will be focusing on addressing the birth spacing needs of young married adolescents as well as ensuring that there are avenues available for young population to access information on birth spacing.
 - UNFPA has a Youth Programming Thematic Area that supports raising awareness on birth spacing practices. The Youth Focal point has already been linked to this program for better access to current programming opportunities.

- a. If yes, how has this engagement influenced achieving your FP2020 commitment?
Please also share successes and/or lessons learned from these engagements.
- b. If not, what challenges have you faced in working with these groups? (Please give examples)
 - However, in both the above cases, the role of Youth Focal Person is still new and it will be a while before it will start to show results in being able to influence the birth spacing seeking behavior of youth and young adults.

2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?

Overview of the Somali Health System (Ministry of Health, Federal Government of Somalia)

Decades of civil war, political instability and disrupted health systems have resulted in Somalia having poor health indicators over the last few decades.

In order to advance towards UHC, Somalia would need to scale-up the **Essential Package of Health Services** in all regions and health facilities; strengthen referral systems; install at least one community-based female health worker (FHW) in each village; and introduce mobile health teams to reach nomads/pastoralists. However, integrating family planning into universal health coverage (UHC)-oriented schemes would advance UHC opportunities Somalia has to address soon.

3. Has your Government organized the 2019 data consensus workshop?

- This activity has not yet taken place.
- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?
 - b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.
 - No, this activity has not taken place.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

- Yes, several trainings on minimum initial service package (MISP) has been conducted by UNFPA for MOH as well as other agencies staff, especially from those areas that have experienced recent crisis situation – most notably drought situation and subsequent emergency response in those areas.
- UNFPA is currently implementing emergency response in two regions in north of country – within Somaliland, with components of MISP in the response, with provision of birth spacing (family planning) components, both information giving as well as inclusion of voluntary and informed use of family planning methods.

5. Have you worked to improve quality of care/rights-based family planning in your programs?

- Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?
 - Yes. There is provision of short acting and long acting methods available. Wherever services have been established, it includes comprehensive information and counseling and informed consent and voluntarism is emphasized.
 - There is always going to be room for improvement in quality of service delivery as this is still a very young family planning program in Somalia.
- To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?
 - This is in the plans but it has not been implemented yet.
- Are your clinics open to improve accessibility and availability of services?
 - Because of the low FP uptake in the country, this has not been too big of an issue.

- 6. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?**
- This has not taken place, yet.

Please provide the following information for the Government's point of contact for this update

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