

SitRep #: 006

Country:	<i>SOMALIA</i>
Crisis:	Long standing conflict /drought
Covering period:	17th April to 24th April 2017
Crisis Location:	Countrywide
Date issued:	24 th April 2017
Beneficiaries reached:	About 500,000 in different locations – estimates
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1. Situation overview including Security Issues

The drought situation continues to worsen and famine still remains a possibility. An estimated 6.2 million people, over half of the population, remain in need of food assistance, out of which 2.9 million are in need of urgent support (IPC Phase 3 ‘Crisis’ and 4, ‘Emergency’), while 5.5 million are in need of health services and 4.5 million people are lacking Water, Sanitation and Hygiene (WASH) services.

Despite the fact that the Gu rains have started in some parts of Somalia, much of the damage to crops and livestock has already been done and the humanitarian situation is expected to continue to deteriorate through June. According to OCHA, there is also a possibility of El Nino occurring towards the end of the year. Rains have started in Somaliland, western parts of Puntland, Bari and Nugal regions, while Lower Juba, Lower Shabelle and the coastal areas of Galgaduud and Mu Dug remain dry.

Displacements: Massive drought-related displacements continue across Somalia with most of the displaced people moving from rural to urban areas or other rural areas where they anticipate receiving aid. During this reporting week, the UNHCR-led Protection and Return Monitoring Network (PRMN) have recorded 28,000 displacements. This is a slight decrease from the 33,000 reported in the previous week. As of 14th April this year, **599,000 persons** have been internally displaced due to the drought since November 2016.

Measles cases: Suspected cases of measles have been reported in various regions throughout the country in 2017 – the majority of the cases were reported in Banadir (1,285), Togdheer (913), Lower Shabelle (510), and Sahil (316) regions. Health partners have treated some 290 suspected cases at the south Gaalkayo General Hospital between the first week of March and 14 April.

AWD/Cholera: Due to worsening drought conditions, AWD/Cholera cases continue to spread to various parts of Somalia, particularly in South Central, Puntland and now Somaliland. The most affected regions are Bay, Gedo, Bakool, Lower Shabelle, Banadir, Middle Shabelle, and Nugaal. The districts reporting AWD/Cholera cases are facing water crisis and food insecurity as a direct result of the ongoing drought. The total number of cases recorded since the beginning of the year has reached 28,408, including 558 deaths.

Reproductive Health: The devastating drought continues to threaten the lives of 607,000 pregnant women around the country. More than 130,000 of them may require critical and urgent assistance. Somalia already has one of the highest maternal mortality ratios in the world; one out of every 22 women is likely to die due to pregnancy or childbirth-related causes during her life course.

Protection: Gender-based violence (GBV) remains rampant in Somalia, mostly affecting women and girls and increasing their vulnerability. In the past three months, reported cases have been on the rise particularly rape, sexual assault and physical violence mainly due to the high influx of displaced people. The lack of protective sheltered, safe water and sanitation facilities as well as other basic needs in the displacement settlements further increase the exposure of the most vulnerable to protection risks. According to the Gender-Based Violence Information Management System (GBVIMS) incidence reports of September 2016 to March 2017, about 3,200 incidents were recorded in the drought-affected regions.

Security: Humanitarian organizations and civilians still face security challenges along major access roads in southern and central Somalia. The most affected routes continue to be the Mogadishu-Baida- Dollow, Mogadishu-Afgoye-Marka-Barawe-Kismayo and Mogadishu Balcad-Jowhar-Belet Weyne-Galkayo main access routes. These challenges add to delays in delivery of services and supplies and high extortions also translate into high operational costs for humanitarian organizations and increased prices of consumer goods for civilians living in these areas adding on to the impact of the current drought in hard-to-reach areas. Drought affected communities in parts of Bay, Bakool and Gedo region rely heavily on food commodities supplied from the local markets.

2. Humanitarian needs

Reproductive health needs:

- Scale up of existing services, including strengthening referral of complicated cases to provide emergency obstetric and neonatal care to drought affected populations
- Integrated reproductive health outreach campaigns targeting the drought affected populations that do not have access to basic health services
- Hygiene/dignity kits in light of the acute watery diarrhea and cholera cases confirmed
- Clean delivery kits
- Emergency reproductive health kits
- Coordination of reproductive health partners
- Capacity building of health workers
- Awareness on reproductive health, hygiene gender based violence, birth spacing

Protection

- Dignity kits
- Gender-based violence (GBV) integration in site management and increased GBV awareness
- Strengthen coordination of gender-based violence response
- Safe referral pathways

Nutrition

- Nutrition Screening and provision of iron and folic acid

3. Government and UN and other stakeholders' response:

- The Somali authorities, together with donors, UN Agencies and both international and local NGOs continue to contribute towards food, education, shelter, water-sanitation, protection and health aid
- In Puntland the ministry of health established 60 drought response teams, which include midwives. The Puntland Health Cluster has included two indicators in the data collection for the recently launched Drought Operations Coordination Centres (DOCC) in Garowe
- In Somaliland, teams of intern doctors have been sent by the Ministry of Health to the region that borders with Ethiopia to provide general health services
- The joint GBV/Child protection service mapping and standard operation procedures (SOPs) are in place in Baidoa, Middle Shabelle, Mogadishu, Hiraan, Dollow, Dhobley, Kismayo, Galgaduud, Galkayo, Bosaso, Garowe and Hargeisa for better coordinated response

4. Key activities implemented by UNFPA and Progress

- In Somaliland, UNFPA conducted an integrated community reproductive health outreach campaign for the drought affected populations in Wajaale from 9th April to 13th April, 2017 reaching about 2,907 people including 1,050 women who received reproductive health services.
- UNFPA has distributed reproductive health kits to assist drought-affected populations. These kits included kit 6A and 6B for BEmNOC facilities in Gabiley district and kit 11A and 11B to Burao and Lasado CEmONC facilities. The overall objective of the outreach events was to provide emergency sexual, reproductive and maternal health services to the population severely affected by the drought
- UNFPA will distribute a total of 1,500 kits to the drought affected populations; 700 kits in Sanaag, Nugal and Kakaar regions of Puntland and 800 kits in Sool and Sanaag in Somaliland
- UNFPA will donate an ambulance through funding from the Japanese Government to the Ministry of Health in Mogadishu to support the drought response
- UNFPA Humanitarian Response Officer from Mogadishu is on mission to Baidoa for attend the OCHA-led inter-cluster meetings and meet with some implementing partners on drought response.
- 3,200 GBV cases reported were provided with medical and psychosocial support through the UNFPA supported GBV one-stop or family centers. Some of the survivors were referred to referral level facilities.

5. Resource Mobilization and Finance:

- So far, donors have made US\$600 million available to scale up famine prevention activities in Somalia. An estimated US\$278 million or 46 per cent of the funding has already been disbursed to humanitarian partners, while an additional US\$289 million is committed and US\$31 million pledged
- The 2017 Humanitarian Response Plan is currently under revision and will be finalized by May. The 2017 HRC has so far received US\$417 million of the total humanitarian funding or 48% of the US\$863 million requested under the original appeal
- UNFPA has a Humanitarian Response Plan for both protection and health costed at US\$24,578,324 and so far received US\$847,195, which leaves a funding gap of US\$23,731,124
- UNFPA submitted a proposal for US\$400,000 to OCHA for funding from the CERF under-funded window.

6. Communication and Advocacy

- The country office has in place a communications plan on drought response and averting the famine in Somalia
- The country office is part of the Humanitarian Communications Working Group and continues to include reproductive health and GBV in the key messages on famine prevention in Somalia
- The country office also contributes to the weekly OCHA SitRep
- Success stories on the country office drought response are continuously shared on the Somalia Country Office website including social media through Twitter and Facebook

7. Other Issues:

- UNFPA needs support in responding to drought in the following areas;
 - Operations: support is needed in operations particularly in the area of logistics
 - Gender Based Violence: a GBV specialist is needed to strengthen coordination of GBV response
 - Sexual Reproductive Health: an SRH in emergencies specialist