

SitRep #: 010

Country:	<i>SOMALIA</i>
Crisis:	Long standing conflict /drought
Covering period:	18th May to 24th May 2017
Crisis Location:	Countrywide
Date issued:	24 th May 2017
Beneficiaries reached:	About 500,000 in different locations – estimates
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1. Situation overview including Security Issues

The humanitarian situation has deteriorated further and an elevated risk of famine in 2017 persists in some parts of the country. The number of people in need of humanitarian assistance has increased from 6.2 million up to 6.7 million, according to the latest projections by the Food Security and Nutrition Analysis Unit (FSNAU). A total of 3.2 million people are expected to be facing Crisis and Emergency and are in the Integrated Phase Classification (IPC) three and four levels of food security.

Rainfall Update: The Gu rainfall, which started two weeks late, has been below average in all areas, except in the northeast where rainfall has been near average. Pasture and water resources are slowly beginning to improve and it is expected that livestock body conditions and value will slowly increase during the month of June. The cumulative rainfall of the week ending 21st May shows light to moderate in parts of Somaliland, Puntland and coastal areas of southern Somalia including the Ethiopian highlands.

Displacements: Drought-related displacement still continues throughout the country with most of the displaced people moving from rural to urban areas or other rural areas where they anticipate receiving aid. Up to **683,000 persons** have been internally displaced due to drought since November 2016 as of 19th May 2017. According to the latest UNHCR-led Protection and Return Monitoring Network Report, an estimated 131,000 people were displaced in April 2017 alone, out of these, 55,000 people arrived in Baidoa.

Measles cases: A total of 7,964 cases have been reported in 2017.

AWD/Cholera: Overall, some 37,930 suspected cases of AWD/Cholera and 697 related deaths have been recorded in 52 districts across 14 regions since the beginning of 2017. Cholera alerts have been reported in Gedo, Galgadud, Togdheer, Bakool and Middle Juba but verification of these alerts is a major challenge due to insecurity.

Reproductive Health: The drought situation continues to pose a threat to women during pregnancy or delivery. 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: There continues to be a need for the protection of vulnerable groups. Gender-Based Violence (GBV), child protection concerns and other human right violations are driving protection needs in Somalia. At least two million people are in need of protection support services to date.

Security: Humanitarian organizations and civilians continue to experience access constraints, including safety and security concerns as well as road access challenges, particularly along major access roads in southern and central Somalia. Insecurity is also limiting humanitarian partners to deliver life-saving assistance to some of the drought-affected populations.

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, GBV and birth spacing
- Most facilities need refurbishing or revamping as they do not have the capacity of managing the increased number of internally displaced people

Protection

- Dignity kits
- GBV integration in site management and increased GBV awareness
- Strengthen coordination of GBV response
- Safe referral pathways

Nutrition

- Nutrition screening and provision of iron and folic acid

3. Government and UN and other stakeholders' response:

- Humanitarian partners in collaboration with federal and local authorities continue to massively scale up response and are reaching millions of people with life-saving food, water, nutritional and health services as well as shelter, non-food items, protection services and livelihood support throughout the country
- The London Somalia conference held this month has called for strong partnerships and additional funding for further scale-up of the humanitarian response in Somalia
- The Drought Operation Coordination Centers in Mogadishu, Baidoa and Garowe continue to provide support to humanitarian partners to respond to the drought

4. Key activities implemented by UNFPA and Progress

- UNFPA has finalized the drought response operations plan for nine months, from April to December 2017, with support from headquarters and the ASRO Region office. Funding received from EFR and CERF rapid response is already being used to implement some of the activities in the plan

- UNFPA is planning to support CEmNOC services in Boroma, Awdal region of Somaliland. This will be done through Somaliland Nursing and Midwifery Association in Boroma Hospital. These services are targeted to reach at least 5,000 women
- UNFPA is in the processes of disbursing funds to implementing partners to provide emergency obstetric and neonatal care through the existing maternity homes and four integrated reproductive health campaigns in Baidoa and Galkayo. The scale up of medical and psychosocial support services to GBV survivors will be done through integrating these services in the maternity homes. This will be done through the CERF rapid response funding

5. Resource Mobilization and Finance:

- The revised Humanitarian Response Plan that is seeking US\$1.5 billion to reach 5.5 million people with life-saving assistance has been launched
- UNFPA has an HRP 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

6. Communication and Advocacy

- 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
- Funding from the EFR and CERF rapid response will be used for the following activities;
 - Production of branded materials for staff and IPs to increase UNFPA visibility in the drought response
 - Professional photographs of UNFPA's response to the drought
 - Publications on UNFPA's drought response including in the quarterly newsletter for the country office

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: Three GBV specialists are needed to strengthen coordination of GBV Response
 - Sexual Reproductive Health (SRH): An SRH in emergencies specialist
 - Data in emergencies: Programme Specialist