

SitRep #: 008

Country:	<i>SOMALIA</i>
Crisis:	Long standing conflict /drought
Covering period:	3rd May to 10th May 2017
Crisis Location:	Countrywide
Date issued:	10 th May 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.

Rainfall intensified in many part of the country over the past week and flash floods were reported in Bari, Nugaal and Bay regions. The rise in water levels is expected to continue in most parts of the country in the next seven days.

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 to receive aid. Up to **620,000 persons** have been internally displaced due to drought as of 3rd May 2017, since November 2016. Baidoa, which is one of the hardest-hit by the drought, has 85 new displacement settlements set up in 2017 alone. As at end of April 2017, more than **169,000** displaced persons live in and around Baidoa and out of these 136,000 are newly displaced persons due to the drought. Access to aid is the main reason for movement of the IDPs from their homes.

Measles cases: Cases of measles continue to rise across the country with a total of 5,689 cases having been reported as of 25th April 2017. Almost 44 percent of the cases reported are from the two regions of Togdheer at 1,075 and Benadir at 1,419. [This could spread through the displacement settlements which could be congested and not properly sanitized.

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 total number of cases recorded since the beginning of the year has reached **32,000** with **618** deaths reported.

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: With 620,000 people displaced from their homes due to the drought, serious concern is raised by humanitarian partners over increased reports of gender-based violence and other protection violations including abduction of children and other grave violations against children. Cases of gender-based violence are frequently reported to have been perpetrated while travelling or crossing illegal checkpoints to the cities in search of aid. The lack of protective shelter, 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. The influx, particularly in and around Mogadishu and Baidoa, is overwhelming providers of services for GBV victims or survivors and further scale up of services is urgently required.

Security: Humanitarian organizations and civilians continue to experience challenging access constraints, including safety and security concerns as well as road access challenges, particularly along major access roads in southern and central Somalia. With operations being scaled up significantly throughout the country, the number of violent incidents against humanitarian personnel and assets also increased last month. Rowdy crowds and looting during aid distributions have been on the increase.

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
- Most facilities need refurbishing/revamping, as they do not have the capacity of managing the increased number of internally displaced people

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 aid towards food, education, shelter, water-sanitation, protection and health

4. Key activities implemented by UNFPA and Progress

- UNFPA has drafted a drought response operations plan with support from headquarters and the ASRO Region office for nine months from April to December 2017 costed at US\$ 4.5 million. Funding received from EFR and CERF rapid response is already being used to implement some of the activities in the plan
- In Somaliland, UNFPA is planning to conduct a reproductive health integrated outreach campaign during the coming weeks in Gar-adag and Taleex districts targeting 6,000 people. The overall objective of the campaign is to provide emergency sexual, reproductive and maternal health services to the population severely affected by the drought
- UNFPA has started receiving reproductive health kits ordered through the Emergency Fund Request. These kits include kit 6A and 6B for BEmNOC and kit 11A and 11B for CEmONC facilities

5. Resource Mobilization and Finance:

- So far, donors have made US\$626 million available to scale up famine prevention activities in Somalia. An estimated US\$ 278 million or 46 percent 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 the end of May. The 2017 HRP has so far received US\$417 million of the total humanitarian funding or 48 percent 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 CERF rapid response proposal for US\$ 400,000 to OCHA has been approved. This funding will be used for drought response for a duration of six month. The funding has been programmed in ATLAS and Annual Work Plans for implementing partners have been developed and will be signed in the coming weeks.

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 field jackets and shirts for staff and IPs
 - Professional photographs of UNFPAs response to drought
 - Publication on UNFPA's drought response
 - Quarterly newsletter

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
 - Humanitarian coordination officer