

SitRep #: 013

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

The drought conditions continue to affect most parts of Somalia. As indicated in the post Gu rainy season assessment in June, the risk of famine still persists and the most areas are expected to face emergency (IPC Phase 4) food insecurity until January 2018.

Displacements: Although the latest FAO-managed Food Security and Nutrition Analysis (FSNAU) assessment shows a decrease of the number of people in need of humanitarian assistance from **6.7 to 6.2 million**, the scaled-up humanitarian response is still needed today as much as it was in the beginning of this crisis. There are nearly **895,000** internally displaced people due to drought and conflict, on top of the already existing 1.1 million IDPs that rely exclusive on assistance for basic services and life support.

Measles cases: A total of 16,591 cases of suspected measles have been reported in 2017.

AWD/Cholera: More than **77,000 Acute Watery Diarrhea/cholera cases** and **1,318 deaths** have been recorded from 37 districts across 14 regions since the beginning of 2017.

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 rights violations are perpetuating protection needs in Somalia. At least two million people are in need of protection support services to date. More than 90,000 people have been directly affected by evictions since January. These forced evictions heighten protection risks for IDPs.



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. Some 25 humanitarian workers have been abducted between January and August; clan elders released 19 of whom following successful negotiations. Six remain in detention.

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

There is need to support CEmONC services in all hospitals

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

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

Capacity building on CMR and psychosocial support

Capacity building of GBV case workers

Strengthen coordination of GBV response

GBV awareness at Bossaso Reception Centre

Most facilities need refurbishing or revamping as they do not have the capacity to manage the increased number of internally displaced people

Nutrition

Nutrition screening and provision of iron and folic acid

3. Government and UN and other stakeholders' response:

Humanitarian partners continue to massively scale up response, which has led to some decrease in the number of people in need from 6.7 to 6.2 million.

The protection-sector member organizations reached 121,348 beneficiaries (58.3 percent children and 41.6 percent adults) with direct service provision. Some 145 metric tons of humanitarian aid has been airlifted on behalf of the government and 198 metric tonnes on behalf of humanitarian agencies throughout the country.

Food security partners reached nearly 2,458,127 people out of 3,262,280 targeted for unconditional assistance, achieving 75 percent of the target. In addition, 187,134 people out of



1,761,118 targeted were supported with conditional transfers (accounting for 11 per cent of the target).

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

Emergency Reproductive health kits (four kit 11A, 11B and 3) have been ordered targeting CEmONC facilities with an aim of scaling up integration of GBV into CEmNOC services.

Integrated Reproductive Health outreach: With funding from the CERF and the Emergency Fund Request; conducted 9 integrated reproductive health outreach campaigns in Somaliland, Puntland and South Central Somalia. The outreach campaigns are targeting about 20,000 IDPs. Somalia Red Crescent Society (SRCS) are planning to conduct four outreach campaigns in Puntland as follows;

Galkayo

Goldogob MCH (villages - Allale IDP, Xerajalle, Darasala and Qansaxle);

Nugaal

Hala Boqad MCH (villages - Furat, Donyale, Danwadag, Waaya Arad) Dangoroyo MCH (villages - Haji Khayr, Budun Buto, Ceel Buh);

Jalam MCH (villages – Higla Necaw, Caleley, Hayanle, Biricad).

Scaling up of activities in Baidoa: Baidoa is one of the hardest hit regions with more than 220,000 new IDPs. The country office recently received an additional US\$ 40,000 to scale up activities in Baidoa through Salama Medical Agency (SAMA), one of UNFPA's implementing partners. These funds will be used to scale up both GBV and reproductive health response in Baidoa through four Maternity Homes and for GBV stop centers.

Minimum Initial Service Package (MISP) training has been planned targeting partners from South Central Somalia. This training is scheduled to take place from 18th to 22nd September 2017.

WFP and UNFPA agree that sexual and reproductive health and nutrition are complementary to improving the nutritional status of mothers and children and reducing maternal mortality. WFP and UNFPA are planning to expand and link between food distribution from WFP to maternity homes supported by UNFPA and its partners

Strengthen capacity of community health and nutrition workers in targeted communities to promote sexual and reproductive health and nutritional health of women

Improve referral of women with moderate acute malnutrition

Pilot mother-led Mid-Upper Arm Circumference (MUAC) nutrition assessment

Achieve better sexual and reproductive health and nutritional health seeking behavior through Behavior Change Communications (BCC)

5. Resource Mobilization and Finance:

The process of developing the Humanitarian Needs Overview leading to the Humanitarian Response Plan of 2018.



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

Success stories on the country office drought response are continuously shared on the Somalia Country Office website including on social media through Twitter and Facebook

The country office, with funding from the EFR and CERF rapid response is in implementing the following to increase visibility;

- 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
- The UNFPA Newsletter for August has been released

7. Other Issues:

UNFPA needs support in responding to the drought in the following areas:

- o Gender Based Violence: The surge staff deployed for Baidoa finished the assignment but there is still need for staff
- O Sexual Reproductive Health (SRH): One surge staff is in place but soon completing the assignment. There is still a need to have an SRH surge staff in place
- o Data in emergencies: Not yet reported
- The country office has had two humanitarian officers resign in Mogadishu and Garowe and there is a need to recruit replacements