

UNFPA Somalia Country Office

Humanitarian Response 2012

“The reproductive health working group in Lower Jubba facilitated better coordination of services and capacity building for health care providers amid humanitarian emergencies in the region”

Abdi Gedi, Programme Coordinator, DIAL Africa.



The United Nations Population Fund: Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



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Despite the progress made since famine was declared in parts of Somalia last year, the number of people in crisis still remain very high. The humanitarian situation in Somalia remains critical and must remain on the global agenda to avoid the risk of reversing the gains made.

In the second half of 2012, humanitarian actors are prioritizing lifesaving responses, as well as interventions aimed at rebuilding livelihoods and resilience to reduce the effects of hazards.

Hundreds of thousands of displaced women are currently living in camps where protection concerns are very high, notably on gender based violence.

The newly arrived internally displaced persons (IDPs) based in the new camps are undergoing very hardship condition; they are based in open camps with no shelter, no clean water, and no health care and above all inadequate clothing and hygiene supplies.

Adolescent girls, pregnant and lactating women are the beneficiary of UNFPA dignity kits, enabling them to live with dignity even in humanitarian crisis. Dignity entails more than physical well-being; it speaks for the respect of the whole person, comprising the values and beliefs of the individual and respect for human rights.

The distribution is an integral part of UNFPA's humanitarian intervention in the context of acute and protracted conflict to prevent and protect women and girls from risks of violation of their fundamental rights, particularly from the risk of gender based violence.

The target areas were selected based on the needs and the extents of vulnerability of the newly arrived IDPs were most vulnerable in Lower and Middle Shabelle and in Banadir.

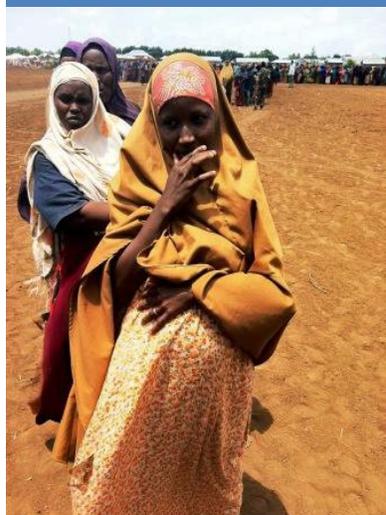
UNFPA Somalia contracted three local NGOs in those regions to provide 2,650 Dignity kits. The distribution, that took place in the second week of August.

The content of the Dignity Kit was improved with the inclusion of a torch and a whistle. These two items were strongly recommended by the Protection Cluster, as they contribute in the prevention of gender based violence. In a context where insecurity is at its highest level, these daily life tools raise attention on the potential victim in a situation of extreme emergency, saving the life of girls and women.



“The supplies we received from UNFPA enabled us to provide quality obstetrics care services when the community needed most”

Abdiaziz A. Omar, HDC Executive director in Gedo.





"The RHWG meeting in Mogadishu is having more stakeholder on board which will be a boost to maternal care services at the grass root"
 Dr Naima Abdikadir,

Ministry of Health.



"The supplies received from UNFPA have greatly contributed in saving lives of many pregnant women and support of reproductive health activities including fistula repair in Mogadishu"

Eric Otieno, Health Coordinator, WAHA International.



Establishment of 24 Maternity Waiting Homes in South Central Zone

Emergency Preparedness and response to child birth related complications, pregnant women in IDP settlements is among number of projects funded by the UNFPA. 24 Maternity Waiting Homes have been established in Mudug, Banadir, Lower Shabelle and Middle Shabelle region of South Central Zone, since the autumn of 2011.

The project is aimed to reduce maternal mortality and morbidity rates within the IDP pregnant mothers through comprehensive reproductive health services and referral for the complicated cases. It provides obstetric facilities close to every community living in IDP settlements.

Each Maternity Waiting Home is run by a trained skilled midwife who received two Basic Emergency Obstetric Care trainings before starting the work, and the midwife is assisted by a traditional birth attendant whose role is to mobilize and register pregnant woman at the IDP camps and refer them to the nearest Maternity Waiting Home.

Importantly, three doctors, trained for one month on Comprehensive Emergency Obstetric Care supervise the work of the midwives, and refer the complicated cases to the referral hospitals.



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