

**Sitrep #: 003**

<b>Country:</b>	<i>SOMALIA</i>
<b>Crisis:</b>	Long standing conflict /drought
<b>Covering period:</b>	<b>20<sup>th</sup> March to 3rd April 2017</b>
<b>Crisis Location:</b>	Countrywide
<b>Date issued:</b>	3rd April 2017
<b>Beneficiaries reached:</b>	About 500,000 in different locations – estimates
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**1. Situation overview including Security Issues**

The humanitarian situation in Somalia continues to deteriorate rapidly and famine is very likely in 2017. The number of people in need of assistance has increased from 5 million in September 2015 to 6.2 million in February 2017 and 444,000 people have been displaced since November 2016.

Many of the displaced people are moving into existing IDP settlements and others have established new settlements in some of the major towns. The deepening water shortages, together with the drought related displacements, poor hygiene and sanitation have also led to increased cases of acute watery diarrhea (AWD) and cholera. As of 29<sup>th</sup> March there were 18,819 AWD/cholera cases and 443 related deaths recorded since the beginning of 2017.

The devastating drought is threatening 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.

Displacements lead to increased protection concerns as families are separated and children and the elderly are left behind, while makeshift camps leave women and children particularly vulnerable to risks of sexual and gender-based violence. The Protection Cluster has reported an increase in incidents of rape and other forms of sexual and gender based violence among newly arriving IDPs; an average of five cases is reported per week. The number is likely to be higher due to under reporting.

The security situation remains the same with no significant events relevant to UN activities reported.

## 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 awareness
- Coordination of gender-based violence
- 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 and health aid
- Drought Operation Coordination Centres have been established in Mogadishu, Garowe and Baidoa with the cluster leads located in the centres. In Puntland, UNFPA is the co-lead agency with OCHA
- There are sub-national cluster structures established to coordinate the drought response in all the recognised emerging states including Jubbaland, Galmudud, ISWA, Somaliland and Puntland
- From January to March 2017, more than \$48 million has been channeled through the Somalia Humanitarian Fund (SHF) and the Central Emergency Response Fund (CERF). Donors have moved swiftly with pledges and contributions to allow aid agencies to step up assistance. Almost \$369 million has been made available, according to reports received by the OCHA-managed Financial Tracking System
- The Logistics Cluster has been mobilizing dedicated air assets to facilitate the airlift of 100 cubic meters of urgent cargo to locations across Somalia

## 4. Key activities implemented by UNFPA and Progress

- UNFPA is part of the UN Humanitarian Country team and heads the GBV sub-cluster and also sits on the Cluster Review Committee of both Health and Nutrition clusters
- The humanitarian coordinator in the country office is the focal point for UNFPA in the newly established Drought Operations Centre in Mogadishu.
- In Puntland, UNFPA is the co-lead agency in the second drought operations centre. The drought operations coordination center (DOCC) was opened in Garowe on 30 March by Vice President Abdihakim Abdilahi Omar Amay. UNFPA Representative Nikolai Botev represented the Humanitarian Coordinator at the launch and underlined that the DOCC will help to reinforce humanitarian response and enable rapid scale-up
- The country office humanitarian response team, Gender advisor and GBV specialist held a planning meeting in Somaliland that focused on the preparedness for drought response.

- UNFPA Somalia is part of the Health and Protection Cluster and has recently revised both humanitarian response plans to include the drought response
- UNFPA humanitarian response team is in continuous communication and consultation with sub-offices for updates and ASRO region office for advice and support
- UNFPA continues responding to the drought through the kits and supplies procured through the previous Emergency Fund Request and has recently procured 50 kit3 to assist 2,500 GBV survivors
- UNFPA Somalia has established a coordination team for the Minimum Preparedness Actions
- The continuation of the maternity waiting homes and GBV stop centers in the South– Central zone in providing life-saving maternal and newborn health
- Two outreach campaigns in Hiran and Mudug to provide services to hard to reach population of these two regions
- MISP implementation in Sool and Sanaag regions
- On 29<sup>th</sup> March, 2017 UNFPA representative met Vice President Abdihakim Haji Omar Amey on strengthened coordination on drought, reproductive health and gender
- UNFPA is planning to provide emergency obstetric and neonatal care services through four outreach campaigns

#### 5. Resource Mobilization and Finance:

- UNFPA has not received new funding for humanitarian response
- The country office recently updated the humanitarian response plans for Health and Protection to include pre-famine activities
- An Emergency Fund Request of US\$ 250,000 has been submitted to HFCB to continue response to the drought particularly in the two most affected regions of Bari and Bay by conducting four integrated reproductive health outreach campaigns service delivery through two maternity homes in Bay region and a request for deployment of 3 surge staff to support the country office drought response.
- There is US\$ 400,000 expected for the CERF rapid response for reproductive health under the Health Cluster.
- Submitted Emergency Fund Request (EFR) to UNFPA Humanitarian Response Branch
- The country office is planning five integrated reproductive health outreach campaigns in Sool in Somaliland, Bay and Hiran in southern regions with funding from Japan. There are also discussions ongoing with UNICEF Global Fund HIV program to include scale up of PMTCT and food distribution through WFP.

#### 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 social media through Twitter and Facebook.
- UNFPA Somali Quarterly Newsletter

#### 7. Other Issues:

- Nothing to report this period