Situation Overview

**Somalia Floods:** Moderate to heavy intensity rains are expected to continue throughout November in parts of Somalia, according to the FAO-managed Somalia Water and Land Information Management (SWALIM). Heavy rains of more than 100 mm are expected in Hiraan, Bay and Bakool regions while Lower Juba and Bari regions may receive little or no rains. So far,

Belet Weyne district in Hiraan is the worst affected, with much of Belet Weyne town submerged in water and virtually all residents displaced. According to UNOCHA 547,000 people have been impacted of whom 370,000 were displaced as of 5 November. In Belet Weyne district, an estimated 45,500 households (273,000 people) have fled their homes. Farmland, infrastructure and roads have been destroyed in some of the worst-hit areas in Hirshabelle, Jubaland and South West States. At least 17 deaths have been reported.

The UNHCR Protection Return Monitoring Network (PRMN) estimates that floods have also displaced 20,308 people in Middle Shabelle; 7,643 in Bay; 3,227 in Middle Juba; 2,923 in Banadir; and, 678 in Bakool region.

An initial assessment conducted by UNFPA and its implementing partners in the affected regions has identified damages and access challenges to the health facilities and GBV one-stop centers which support vulnerable women and girls including pregnant women, and survivors of gender based violence. Hence the need for SRH and GBV services to the affected populations.
**Reproductive Health:** Around 17,388 women among the affected population are estimated to be pregnant. As the floods have damaged health facilities, they may not be able to receive adequate and timely reproductive health care including emergency obstetric care. Somalia already has one of the highest maternal mortality ratios in the world with one out of every 22 women likely to die due to pregnancy or childbirth-related causes during her life course.

**Protection (Gender-Based Violence):** At least 20,340 women and girls are estimated to be at risk of gender-based violence as the displacement weakens traditional family and community protection mechanisms. Recurrent floods, drought, protracted conflict and armed attacks in Somalia have resulted in insecurity, major protection challenges, food insecurity and also extremely weakened basic socio-economic services.

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### Humanitarian needs

#### Sexual & Reproductive Health Support

- Scale up referral of complicated cases to provide emergency obstetric and neonatal care to flood affected populations
- Integrated reproductive health outreach campaigns targeting flood-affected populations who do not have access to basic health care services
- Supplies of emergency reproductive health (ERH) kits with life-saving essential medical supplies
- Enhance the capacity of health professionals and humanitarian staff on the implementation of the minimum initial service package (MISP) during emergencies.

#### Gender-Based Violence

- Provision of quality and confidential services for GBV survivors in the flood and conflict affected regions including clinical management of rape (CMR) and psycho-social support and safe referral pathways
- Provision of hygiene/dignity kits for vulnerable women and girls including GBV survivors and pregnant women
- Mobilizing and training for health professionals on CMR and psycho-social services for GBV survivors
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Somalia already has one of the highest maternal mortality rates in the world; **one out of every 22 women** is likely to die due to pregnancy or childbirth-related causes during her life course.
UNFPA Flood Response

UNFPA through its implementing partners on the ground has scaled up its emergency sexual and reproductive health services such as reproductive health information and counselling, including birth spacing counselling and support, ante/post-natal care, and emergency obstetric and neonatal care and referrals for complications in Hiraan, Middle Shabelle, Bay, Bakool and Gedo regions of Southern Central Somalia. UNFPA has also prepositioned and distributed emergency reproductive health kits composed of medical drugs, equipment and disposables to prevent excess maternal mortality and morbidity. UNFPA is also leading in ensuring the availability and access to gender-based violence (GBV) services including distribution of dignity and hygiene kits, provision of psychosocial support services, clinical management of rape (CMR)

PEOPLE REACHED

3,678
Affected population reached with dignity kits

9,317
Women reached with SRH services; including antenatal and postnatal care, emergency obstetric and newborn care services

15,17
Affected population reached with Adolescent SRH services, including information

183
Affected population reached with family planning services

1,863
GBV survivors reached with services

Services Delivered

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of safe spaces supported by UNFPA (includes spaces for women, girls and youth)</td>
<td>4</td>
</tr>
<tr>
<td>Number of mobile clinics supported by UNFPA</td>
<td>7</td>
</tr>
<tr>
<td>Number of functional health facilities that provide Emergency Obstetric Care (EmOC), supported by UNFPA</td>
<td>11</td>
</tr>
<tr>
<td>Number of health facilities that incorporate one-stop centers for GBV survivors, supported by UNFPA</td>
<td>6</td>
</tr>
</tbody>
</table>
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3 Government and UN and other stakeholders’ response:

On 21 October, the Federal Ministry of Humanitarian Affairs and Disaster Management, in a statement, called on humanitarian partners to intensify their efforts to respond to the humanitarian situation. To expedite the response, Prime Minister Hassan Ali Khayre appointed an inter-ministerial committee to coordinate the flood response with state authorities. In Hirshabelle and South-West State authorities established a flood emergency committee to oversee humanitarian response in the state and to coordinate with the national inter-ministerial committee.

4 Resource Mobilization

UNFPA has used its programme resources to scale up its flood response. The agency is also working with the protection and health cluster as well as the inter-cluster coordination group to prioritize SRH and GBV services in any appeals.

5 Coordination

UNFPA is leading the national and sub-national GBV sub-cluster under the protection cluster and reproductive health working group under the health cluster. UNFPA is actively participating in the disaster operation center (DOC), inter-cluster coordination group (ICCG), humanitarian country team (HCT) and other coordination forums led by the government.