





SCALE-UP OF HUMANITARIAN RESPONSE IN SOMALIA - 2022

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Preface

I am pleased to present the report of the Scale-up of Humanitarian Response by the United Nations Population Fund (UNFPA) Country Office in Somalia, which outlines our work in responding to the protracted drought and the resultant humanitarian crisis in the country.

UNFPA has been engaged in humanitarian operations in Somalia since 2011, and over the years, we have transitioned from mainstreaming to a more institutionalized and robust response program. Our approach to humanitarian response is primarily based on adapting our development-focused facilities and programs to provide humanitarian service provision, with a focus on the Development-Humanitarian nexus. Our focus has been to provide emergency life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) services and support to women and girls who are the most affected by the crisis.

The past year has been particularly challenging due to the massive displacements caused by the drought. Nonetheless, we managed to execute a three-month operational scale-up plan targeting 25 UNFPA-focused districts across the country. The plan focused on three areas service delivery, coordination, and capacity-building - with the aim of enhancing the accessibility and quality of services to the target population.

This report highlights our achievements in the past year, which include the provision of life-saving interventions such as emergency obstetric and newborn care, mobile outreach services, and the establishment of safe spaces and one-stop centers for GBV survivors. We have also strengthened our human resource system, improved our operations and logistics management, and assumed a central role in coordinating programs and partnerships in the multi-sectoral national response to the crisis.

I would like to express my gratitude to our partners and donors for their unprecedeted support, and faith in the CO, thereby making our work possible. Our collective efforts have contributed to saving lives and reducing the suffering of the most vulnerable populations in Somalia. However, the needs are still immense, and we must continue to work together to address them.

I hope this report provides insights into the UNFPA's work in Somalia and inspires renewed commitment towards supporting the people of Somalia in their journey towards a more prosperous and peaceful future.

Niyi Ojuolape Country Representative UNFPA, Somalia

Acknowledgment and Appreciation

UNFPA Somalia gratefully recognizes the enormous technical, financial, and management support as well as guidance provided by UNFPA Headquarters, the Arab States Regional Office (ASRO) and the Humanitarian Response Division (HRD). The sterling leadership of Dr. Natalia Kanem, Executive Director of UNFPA, (and OED) and Ms. Laila Baker, Regional Director ASRO, (and ASRO) as well as Ms. Shoko Arakaki, Director of UNFPA's Humanitarian Response Division (and HRD) is greatly appreciated.

We are also very appreciative of the strong partnerships and cordial relationship with the Government of Somalia, the Humanitarian Country Team (HCT), Implementing Partners, and all the stakeholders who were part of our journey to deliver life-saving services and support to displaced women and girls.

Without the financial commitments made by our donors—Finland, Switzerland, Sweden, UK, Ireland, Japan, Korea, Humanitarian Trust Fund, and Central Emergency Response Fund (CERF), it would not have been possible to reach the development milestones that were accomplished throughout the reporting time period.

The efforts of all the staff of UNFPA Somalia Country Office are hereby recognized and acknowledged for all the hard work and noticeably efficient and effective professionalism that they brought to bear on the humanitarian response, albeit at very short notice. personnel deployed on Surge as well as missions from other COs to assist the Somalia CO are greatly appreciated.

The production of this report was aided by the contributions from the Management and Staff of the UNFPA Somalia Office, which is herewith acknowledged.

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List of Abbreviations

AoR Area of Responsibility

AS Al-Shabab

AU/ATMIS African Union/African Transitional Mission in Somalia

BEMONC Basic Emergency Obstetric and Newborn Care

CEMONC Comprehensive Emergency Obstetric and Newborn Care

CO Country Office

CR Country Representative

FGM Female Genital Mutilation

FGS Federal Government of Somalia

FMS Federal Member States

FP Family Planning

GAM Global Acute Malnutrition

GBV Gender Based Violence

HCT Humanitarian Country Team

IDPs Internally Displaced Persons

IP Implementing Partners

MOH Ministry of Health

OCHA United Nations Office for the Coordination of Humanitarian Affairs

OSC One Stop Centre

PSEA Protection from Sexual Exploitation and Abuse

PSS Psycho-social Support

SRH Sexual and Reproductive Health

UNCT United Nations Country Team

UNFPA United Nations Population Fund

WGSS Women and Girls Safe Spaces

Foreword

The ongoing drought and conflict in Somalia disproportionately impacted women and girls in the year 2022, with limited or no access to essential reproductive health services and increased vulnerability to gender-based violence (GBV), especially among displaced people.

As a rights based, humanitarian organization, it was our responsibility to meet the needs of these vulnerable populations. In response to the growing number of women and girls in need of emergency humanitarian SRH and GBV services and support, UNFPA Somalia adopted proactive measures to provide immediate life-saving assistance to women and girls and prevent further deterioration of the human condition despite the limited funding available for humanitarian actions.

With our strategic, systematic, and direct synergies and integrated interventions with the government and key partners, we created a robust and visible presence inside Somalia's humanitarian infrastructure. Our quick prioritization, realignment, and actions have produced considerable results and accomplishments in a short period of time.

This report presents UNFPA Somalia's strategic approach to providing emergency humanitarian life-saving SRH and GBV services and support to the drought-affected population, particularly women and girls, in 2022. The report details the practical and proactive efforts made to position the CO as a key and visible humanitarian actor in the delivery of specific SRH and GBV interventions, as well as key milestones achieved, challenges and mitigation measures, promising practices, and a forecast for 2023.



Our Humanitarian action was borne out of expediency of an emergency nature. We therefore did not have the luxury of pausing to think or plan as necessary. We just jumped into it in faith. It was like starting to sail, while still building the ship.

The leap of faith paid off and it is humbling but heart-warming to see the results via the smiles on the faces of the women and girls that have been positively impacted by our actions

Niyi Ojuolape, Resident Representative, UNFPA Somalia

Executive Summary

Somalia faces one of the world's most complex and protracted humanitarian crises. Approximately 2.9 million persons are displaced, mainly due to famine and drought. The need to provide emergency humanitarian life-saving SRH and GBV services and support to this critical population has been on the priority list of the international community.

UNFPA CO has participated in Somalia's humanitarian operations since 2011. It moved from mainstreaming to a more institutionalized, robust humanitarian response program as the number of women and girls needing emergency humanitarian SRH and GBV services and support increased. A three-month operational scale-up began in October 2022, targeting 25 UNFPA-focused districts. The plan concentrated on interventions centred on three (3) areas (service delivery, coordination, and capacity-building) across the country in 25 UNFPAfocused districts. The service delivery intervention utilized prevailing programs to enhance support to existing service delivery points (CEmONC and BEmONC facilities; One Stop Centres (OSCs) and Women and Girls Safe Spaces (WGSS). The coordination-focused intervention aimed at strengthening the multi-sectoral GBV sub-cluster coordination mechanisms and SRH partners within the Health Cluster to ensure the availability of coordinated GBV and SRH responses and services. The capacitybuilding intervention centred on enhancing staff's technical knowledge from partner organizations and key stakeholders to increase the accessibility and quality of services to target populations.

Summary of Achievements

To efficiently and effectively execute the scale-up plan and secure a strong presence on the ground, the CO facilitated proactive and prompt actions to promote governance, management and coordination mechanisms. The measures included the following:



Intensive resource mobilization efforts including advocacy, partnership building, proposal/ concept note development and marketing to primary and new donors, and multi-agency humanitarian donor group field missions. This enabled the mobilization of financial resources to the tune of USD 13, 885,848.



Strengthened human resource system by accelerating the engagement of varied shortand long - term positions using different modalities to enhance in-house capabilities and expertise.



Improved operations and logistics management through Fast Track Procedures (FTP).



Assumed a central role in coordinating programmes and partnerships in the multi-sectoral national response to the crisis.



Designed and implemented a communications strategy for visibility, advocacy, and fundraising.



Facilitated an increase in high-level missions to the country by the UNFPA Executive and Regional Directors.

These measures facilitated the execution of essential life-saving interventions as follows:

- Service delivery through ongoing programme adaptation and activation of twenty-six (26) of the CO's sixty-nine (69) health facilities to provide emergency obstetric and newborn care (EmONC) in twenty-five (25) of the worst-affected regions; Seventeen (17) provide critical emergency obstetric and newborn care (BEmONC), and 9 provide comprehensive treatment (CEmONC).
- Support of 12 integrated mobile outreach services to complement its static facilities, including BEMONC, CEMONC, and GBV Stop Centres, to bridge geographical gaps, increase access and utilization, and lower the cost of life-saving SRH and GBV services.
- Support of 18 Emergency Obstetric and Newborn Care ambulances to enhance secondary-level referrals.
- Facilitation of two significant emergency reproductive health kits shipments during the scaleup response.
- Introduction of mobile maternity clinics (MMC) for the first time in Somalia. The MMCs will
 provide 24-hour access to for EmONC services; safe deliveries, pregnancy complications
 management, and 7-signal functions.
- Expansion of district SRH/GBV services to areas with more displaced people. The CO provided SRH and GBV services to affected communities alongside forty-five (45) NGOs/INGO and twenty-one (21) government partners.
- O Support of five (5) women and girls' safe spaces and twenty-three (23) GBV one-stop centres and shelters to offer specialized services to GBV survivors in IDP sites.
- Support of other 33 women and girls' safe spaces (WGSS), GBV one-stop centres (OSC), and shelters to offer specialized services for GBV across the country.
- Training and deployment of 190 individuals (124 females and 66 males), including psychosocial support (PSS) counsellors and social workers, to provide post-rape services and treat physical injuries resulting from intimate partner violence (IPV) for women and girls.
- Purchase and distribution of 23,837 menstrual hygiene kits (MHM) and 27,705 dignity kits (DK) to vulnerable women and girls who have experienced a large influx of IDPs due to drought and pre-famine.

Key Results

As expected, the actions undertaken by the CO within the three (3) months period harvested key results. These include:

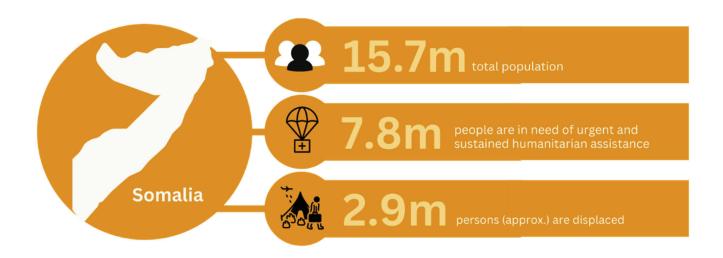
- One hundred and ninety-five thousand, eight hundred and fifteen (195,815) women were reached with services, including skilled birth deliveries, pregnancy management, family planning, and referrals.
- Seventy-five thousand, two-hundred and twenty (75,220) women, girls, and new-borns accessed life-saving services at the EmONC facilities.
- Ten thousand, five hundred and eighty-seven (10,587) women and girls reached with FP commodities and thereby preventing 1,077 unintended pregnancies and 446 unsafe abortions, providing an estimated 4,784 couple years' protection (CYP), and yielding economic savings of GBP 42,407.
- One hundred and eighteen thousand, one hundred and twenty-one (118,121) women, girls, boys and men accessed outpatient GBV/SRH services, information and referrals.
- Sixty-seven thousand and eighty-two (67,082) patients reached with SRH/GBV outpatient consultation.
- Forty-two thousand, eight hundred and ninety-five (42,895) women and girls accessed GBV/
 SRH awareness and risk communication.
- Eight thousand, one hundred and forty-four (8,144) pregnant women were referred to secondary level health facilities through the use of ambulances.
- Twenty-eight thousand, four hundred and thirty (28,430) women and girls accessed GBV information and services.
- Two thousand, seven hundred and seventy-three (2,773) individuals received clinical rape and intimate partner violence services.
- Four thousand, two hundred and ninety-two (4,292) survivors of GBV, including girls, women, men, and boys, accessed case management and essential emotional support
- O Awareness of 19,333 individuals increased on referral pathways.
- Eight hundred and forty (840) women and girls provided with safe shelters; 66 vulnerable women accessed safe shelters.
- Three hundred and twenty-seven (327) women and girls visited and accessed GBV One Stop Centres (OSC)
- Four hundred and forty-seven (447) vulnerable women and girls visited and accessed Women and Girl Safe Spaces (WGSS).

The CO plans to consolidate and strengthen current strategies and interventions and sustain resource mobilization, partnerships, and communications mechanisms to build on the results that this foundation will engender.



1.1. Introduction

The Federal Republic of Somalia (Somalia) is an African country with a land area of about 637,657 square kilometres and an estimated total population of 15.7 million people. It is part of the eight countries that make up the Horn of Africa and is bounded by the Gulf of Aden and the Indian Ocean on its north-eastern shores. It is a federation of five or six states - the uncertainty brought about by differing ideologies on whether the sixth state, Somaliland, is a state on its own or a part of Somalia. The other five are Puntland, Jubbaland, Hirshabelle, Galmudug and South-West States.



Somalia faces one of the most complex and protracted humanitarian crises in the world. Nearly 50% of the population - 7.8 million people are in need of urgent and sustained humanitarian assistance. Approximately 2.9 million¹ persons are displaced; most of whom are displaced due to the current famine and drought. The displaced are primarily women and children. In addition, population growth that outstrips economic growth, acute poverty, and political instability contribute to a fragile national economy.

¹Humanitarian Needs Overview 2021-22

1.2. Security Situation

For more than 30 years, Somalia's security situation has deteriorated in the face of persistent conflicts. There is a risk of violence at all levels – local, regional and national. This volatile and fragile context hinders federal, state, and national development efforts. At the forefront of the security threats is the Al-Shabab (AS) (literally meaning "the youth") – an Islamic insurgent group based in Somalia. They have besieged and continue to control large territories of Somalia. The AS-controlled territories prohibit access even to humanitarian assistance. The UN and the federal government have noted that many of those areas are amongst the most vulnerable regions of Somalia.

In the course of year 2022, more than 600 security incidents were perpetrated by AS. The active insurgency, volatile and evolving security situation, prevalent lack of distrust in the government, high poverty level, unemployment, corruption, poor institutional mechanisms, and related issues, along with the natural and humanitarian disasters and crises, have culminated in the current multitude of crises in Somalia.

1.3. Political Situation

1.3.1 Historical Background

Somalia has remained a chronically fragile state on the political front. The disintegration of the central authority in 1991 resulted in the formation of a new state, Somaliland, with local factions filling the power vacuum. Over two decades later, in August 2012, a constitutional provision reformed Somalia as a federation, comprised of regions that all claim independence but are viewed as part of a loose

federal structure and established a central government in Mogadishu. Since then, there have been two presidential elections and four interim regional administrations, but the underlying governance and security issues persist.

1.3.2 Current Developments

The most recent parliamentary and presidential polls occurred between April and May 2022, which led to the emergence of a new government under the leadership of President Hassan Sheikh Mohamud. The government has proposed a list of priorities that includes reconciliation on both the domestic and international levels, state reconciliation and reconstruction based on inclusive consensus, and a war on terrorism to combat insurgents and violent extremists to bring peace, safety, and prosperity to the Somali people. The government has also prioritized addressing and effectively responding to the devastating drought and associated famine, demonstrating sensitivity and recognition of the risks and dangers, such as overall health risks and malnutrition, an increase in gender-based violence, and a further increase in extreme poverty among the vulnerable populations and affected areas, particularly in the southern and central regions.

1.4. Developmental Situation

The ongoing drought and conflict in Somalia in 2022 has disproportionately impacted women. Girls with limited access to essential reproductive health services face increased vulnerability to gender-based violence (GBV), especially those displaced. According to the 2022 Humanitarian Need Overview (HNO), 1.65 million women of reproductive age require reproductive health services, including antenatal care, emergency obstetric and newborn care, postnatal care, and family planning.



Somalia's maternal mortality rate is one of the highest in the world (at 692 deaths per 100,000 live births).² Experienced medical professionals assist less than one-third (32%) of births. Postpartum haemorrhage, pre-eclampsia/eclampsia, obstructed labour, and sepsis continue to be the leading causes of maternal mortality in the country.³ With an estimated 300,000 women expected to deliver in 2023, 45,776 will require life-saving emergency obstetric and newborn care. Of the 400,000 newly displaced, only 39% of pregnant women have access to antenatal care services, and 86% reported facing barriers in accessing health services, with the lack of functional health facilities within a one-hour distance being the most common barrier.

WOOOOY AWDAI BARI TOGDHEER NUGAAL **GALGADUUD** BAKOOL MUDUG HIRAAN **GEDO** MIDDLE SHABELLE BANADIR LOWER SHABELLE Operational priority 1 MIDDLE JUBA Operational priority 2 Operational priority 3 LOWER JUBA

Teenage pregnancy is also a heightened concern for vulnerable groups, where limited access to contraception, health care and malnutrition can lead to further complications during pregnancy or childbirth. The youth bulge in Somalia is a major cause for concern, as 50% of the young population is illiterate, and 75% is unemployed, a figure that is even more startling when one considers that over 45% of the population is under the age of 35.

The breakdown of clan community protections systems, migration of men in search of pasture for livestock, poor living conditions in internally displaced persons (IDPs) camps, and long risky treks to water points, markets, schools, distribution centres etc., are significant GBV risks for women and girls. This includes increasing rape, sexual violence, intimate partner violence, sexual exploitation, early forced marriage and FGM. Women from minority clans, female-headed households, widows, adolescents, and those with disabilities are impacted the most.

1.5. Humanitarian Situation

The humanitarian crises that have befallen Somalia are characterized by drought, famine, and loss of life. The lack of available drinking water has contributed to increased disease outbreaks, including cholera and diarrhoea. The water shortage has also contributed to a decline in hygiene conditions. More than fifty per cent of the population is currently threatened by water scarcity. The World Food Programme estimates that over 1.5 million children under the age of five are suffering from acute malnutrition, of which 386,000 face a high risk of disease and death. Children residing in rural sites for IDPs are especially vulnerable.

Over 3 million livestock have died since 2021, causing income and livelihood loss for pastoralist communities. Since mid-2021, a third of all livestock has perished in the most drought-stricken areas, decimating the livelihoods of rural and nomadic populations that rely heavily on agricultural economic lifestyles, leading to an increase in population mobility. The hike in regional migration has increased pressure on the available infrastructure services and access to services by IDPs and migrants in their host communities.

²Directorate of National Statistics, Federal Government of Somalia. The Somali Health and Demographic Survey 2020

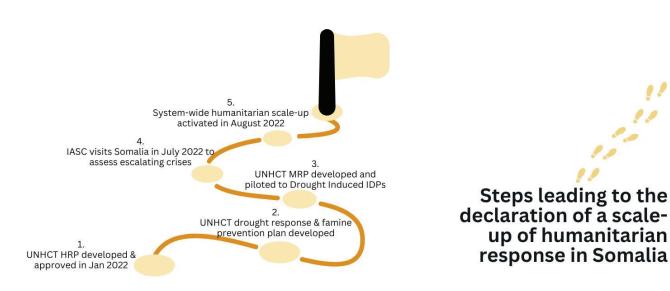
³UNFPA Annual Reports 2018-2021.

Data from the UN Office for the Coordination of Humanitarian Affairs (UNOCHA) confirm that nearly half of the total population of the Somali people are displaced from their original regions, cities and rural areas to urban settings and locations due to the recent drought crisis and lack of food and nutrition. About 7.8 million people are affected by severe drought, with Bakool, Bay, Gedo and Mudug being the most affected regions. Approximately 2.9 million persons are displaced within Somalia; most IDPs are living in 3,374 IDPs camps and similar settings throughout the country. According to the Humanitarian Country Team's (HCT) rapid assessments,

estimates, and on-the-ground data collection, 80% of IDPs, particularly new arrivals, are women, girls, and young people. Between 2019 and 2021, 74% of survivors who accessed GBV services and/or CMR were IDPs; 99% of whom were females.⁴

Access for humanitarian workers continues to be a significant problem because of the ongoing conflict and insecurity, which limits their ability to assist those in need. Since 900,000 people are thought to reside in areas controlled by armed non-state groups, access to humanitarian actors and organizations is severely hampered.

1.5.1. Antecedents to the Declaration of a Scale-Up of Humanitarian Response



Approximately 263 humanitarian actors, including 201 national non-governmental organizations, remain present in 72 of 74 districts across all regions and states. They continue to provide life-saving assistance to the most vulnerable people, including those displaced by drought, suffering from famine, or living in areas besieged and under the control of non-state armed groups. In line with planning requirements, the HCT partnered with other humanitarian actors, particularly the Somali government, partners, and donors, to develop a Humanitarian Response Plan (HRP) in late 2021. The plan aimed to advocate for a humanitarian funding pool in 2022.

According to UNOCHA, during the first six months of 2022, about 673,000 IDPs were displaced across Somalia, representing nine times more than the same period in 2021.

In June 2022, 112,448 people were displaced by drought, representing a 23.1% increase compared to May 2021.5 A fifth poor rainy season forecasted was anticipated to worsen food insecurity and water scarcity by September 2022. Given the rapidly escalating crises, the HCT collaborated with partners from different sides to develop a specialized Drought Response and Famine Prevention Plan (DRP). The DRP mainly focused on the humanitarian aspects of the consequences and impacts of the drought and the approaches to mitigate the impacts. The DRP, guided by the strategic objectives of the approved 2022 Humanitarian Response Plan (HRP), identified a five-pronged approach to drought response and famine prevention that was centred on prioritization, strengthened operational coordination, a rapid response, an integrated response, and response monitoring. In addition, the HCT developed and piloted a



⁴Somalia GBV Sub Cluster Annual Report 2021.

Minimum Response Package (MRP) for Drought-induced IDPs to address the growing number of drought-related urban displacements. The pilot intervention enabled the delivery of timely life-saving multi-sectorial interventions, including protection services to 15,000 newly displaced IDPs in Baidoa and Benadir Regional Administration (BRA) through a coordinated area-based approach. The deteriorating drought necessitated intensified and wellcoordinated life-saving interventions for the affected population. The responsiveness of the international community was drawn to the need to prioritize attention to Somalia. With the increasing number of displaced people, increased migratory movement, and worsening indicators emanating from the drought situation, the Inter-Agency Standing Committee (IASC), in July 2022, assessed the prevailing humanitarian crises and consequently proposed a declaration of famine in Somalia. The Government of Somalia responded by officially declaring famine in Southwest and Central Somalia.

In August 2022, under the leadership of the Humanitarian Coordinator (HC), the HCT activated the IASC's declaration of a system-wide humanitarian scale-up of operations to support the country's ongoing drought response and famine interventions for six months. Four hubs (Baidoa, Kismayo, Dollow, and Beletweyne) were designated by HC as critical operational areas for strengthened, coordinated and coherent delivery of urgent priority lifesaving interventions by the UN System and partners. The Emergency Relief Coordinator released ten million dollars (USD 10 million) from the Central Emergency Response Fund (CERF) to increase emergency aid in Somalia. His Excellency, Hassan Sheikh Mohamud, the newly elected president, demonstrated his commitment to prioritizing the response to the crises by appointing an Envoy to provide leadership in coordinating the drought response.

This is a final warning to all of us. The situation and trends resemble those seen in 2010-2011, in that crisis. Except now they are worse. The unprecedented failure of four consecutive rainy seasons, decades of conflict, mass displacement, and severe economic issues are pushing many people to the brink of famine. And these conditions are likely to last through to at least March 2023

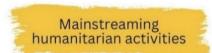
Mark Griffiths – Emergency Relief Coordinator



UNFPA Humanitarian Response Scale-Up

The UNFPA CO has been involved in humanitarian operations in Somalia since 2011. The Country Programme focuses on development programming and indicators aimed at improving women's quality of life and well-being, adolescents and youth, and the most vulnerable populations. Thus, humanitarian activities are mainstreamed into the Country Programme's thematic development pillars.

With the increasing number of women and girls in need of emergency humanitarian lifesaving SRH and GBV services and support, the need for the CO to transition from a humanitarian mainstreaming strategy to a more institutionalized robust humanitarian response programme emerged. Advocacy activities were engaged to position the Somalia CO as a key and visible humanitarian actor. Urgent decisions and actions (including the mobilization of resources from the HQ Emergency Fund and reprogramming of development funds) were undertaken between May and September 2022 to proactively provide immediate life-saving assistance to women and girls and prevent further deterioration of the human condition.









Institutionalized robust humanitarian response programme

UNFPA developed an operational scale-up plan in September 2022, based on the findings of a rapid assessment conducted in August 2022, to strengthen its presence in the humanitarian system-wide scale-up, particularly its leadership in SRH and GBV response.

2.1. Overview of UNFPA's Humanitarian Response Scale-Up Plan (October -December 2022)

The operational scale-up plan, which commenced in October 2022, covered a 3-month duration and was aimed at strategically providing GBV and SRH services to persons affected by the drought, particularly women and girls. It also envisioned active participation by UNFPA in the Rapid Response Mechanism (RRM), which serves as a critical component of the humanitarian response in Somalia for front-liners.

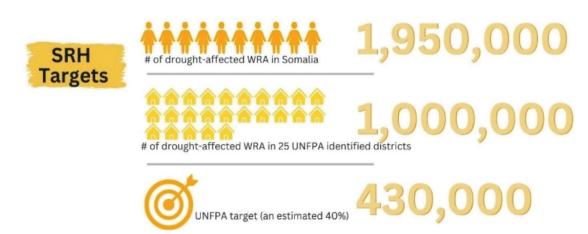
Guided by the operational priority areas for the systemwide scale-up agreed upon by the HCT in Somalia, the plan outlined continued operation across the country in

26 facilities within the HCT-identified high priority 25 districts. Specifically, the plan adopted a three-pronged strategy that addressed service delivery, coordination and capacity building. The service delivery strategy utilized the existing program to enhance support to existing service delivery points (CEmONC and BEmONC facilities; One Stop Centres (OSCs) and Women and Girls Safe Spaces (WGSS). The objective of the coordination strategy was to strengthen the multi-sectoral GBV sub-cluster coordination mechanisms and SRH partners within the Health Cluster to ensure the availability of coordinated GBV and SRH responses and services. The capacitybuilding strategy focuses on strengthening the technical expertise of personnel of partner organizations and key stakeholders in order to expand the reach and quality of services to the ultimate target populations.

2.2. Key Objectives of UNFPA's Humanitarian Response Scale-Up Plan (October -December 2022)

The response plan was designed to reach a combined target population of 666,000 comprising women, girls, young people and other vulnerable populations within three (3) months. UNFPA, with an estimated budget of USD 5,635,297, prescribed specific interventions that are life-saving, gendered and customized to the evolving humanitarian crisis in Somalia, with the following specific objectives:

- a) To improve access and utilization of SRH services to serve a target population of 430,000 Women of Reproductive Age (WRA) in the most drought-affected areas
- b) To scale up GBV services to serve a target population of 216, 000 in the most drought-affected areas





Estimated # of currently pregnant women

55,000



Estimated # of currently pregnant women who may experience life-threatening complications

2,700



Estimated # of women who will deliver in the next 3 months

18,440





720,000



216,000



The RRM strategy focused on the distribution of essential kits on a no-regrets basis to newly displaced women and girls who arrive in the targeted districts within 72 hours, after the trigger.



20,000



UNFPA's Humanitarian Response Scale-Up: Governance, Management and Coordination Mechanisms

To efficiently and effectively execute the scale-up plan for the humanitarian response and secure a strong presence on the ground, the CO facilitated proactive and prompt actions to promote governance, management, and coordination mechanisms.

3.1. Resource Mobilization

Intense resource mobilization efforts by the CO through advocacy, partnership building, proposal/concept note development and marketing to primary and new donors, and multi-agency humanitarian donor group field missions resulted in securing a commitment of USD 13,885,848 between June and September 2022. The initial resources committed included:

- a) the HQ Emergency Fund (USD 462,000) which was approved and deployed to the CO for the humanitarian crisis response and associated risk mitigation;
- b) USD 1.5 million of program earmarked funds of the CO were also committed to humanitarian activities. The establishment of this pool of funding sources enabled the CO to prioritize and address the needs of the most vulnerable populations within the IDP camps and other settings. Table 1 presents the total resources committed or approved, following the resource mobilization drive.

Table 1: Total Resources Committed by Donors / UNFPA

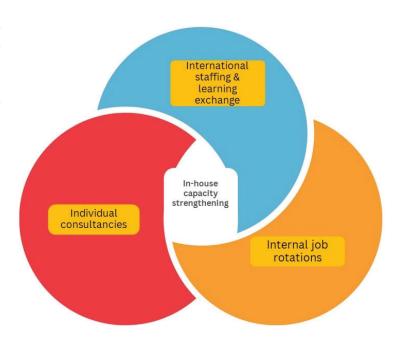
DONOR	AMOUNT APPROVED/COMMITTED
FCDO	\$3,500,000
CERF	\$2,000,000
FINLAND	\$1,500,000
UNFPA - HO	\$2,386,374
UNFPA - ASRO	\$1,718,206
JAPAN	\$1,165,157
SWITZERLAND	\$1,111, 111
KOREA	\$ 125,000
IRELAND	\$ 1,380,000
TOTAL	\$ 14, 885,848

The total resources received in support of the CO's humanitarian scale -up activities at the end of December 2022 was USD 6,092,391.67.6 The CO continues to engage with donors to sustain their interest in supporting the humanitarian response scale-up.

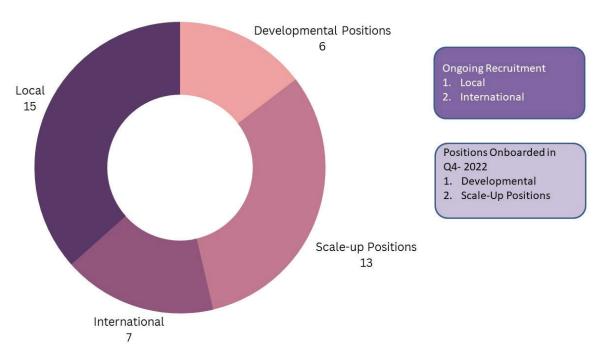
⁶NB: Details on funds received are provided in section 8 of this report.

3.2. Human Resources Strengthening

Activating a scale-up of the CO's humanitarian response implied a review of the existing human resources capacity and effecting a robust recruitment drive. The CO successfully accelerated the engagement of varied short- and long-term positions using different modalities to strengthen in-house capabilities and expertise. Four (4) personnel (comprising 1 International Humanitarian Coordinator and 3 GBV Coordinators) through SURGE modalities were engaged to support the humanitarian action and portfolio at the national and sub-cluster levels. Internal job rotations were applied for four (4) officers from the Garowe, Hargeisa and Nairobi sub-offices to support quality assurance, logistics, operations and GBV coordination activities in Kismayo and Dollow. The CO also obtained horizontal, in-kind support from four (4) colleagues on mission from the Ghana CO to support areas of SRH programming and operational functions. Under the Individual Consultant (IC) modality, nine (9) professionals supported resource mobilization, communications, GBV and operations activities under the humanitarian response.



The recruitment drive increased the CO staff strength from 71 to 88 between July and December 2022. Additionally, the CO received approval and support to create five (5) international posts, eight (8) fixed-term posts and three (3) IC posts for which recruitment is ongoing under fast-track procedures. The CO is also exploring with UNDP to recruit an International Security Specialist jointly. With these additional functions and capacities, the CO is well-positioned to speed up implementation and deliver on its plans for humanitarian operations.



Overall CO staff recruitment drive using fast track procedures since Q4 of 2022

3.3. Operations and Logistics Management

Fast Track Procedures (FTP) were utilized to provide prudent operational support during the system-wide scale-up for humanitarian aid activation. In finance, the CO increased petty cash for the Mogadishu, Garowe, and Hargeisa offices from USD 600 to USD 2,000 to facilitate the settlement of immediate miscellaneous activities that required cash payment per the petty cash policy. The CO also utilized existing Implementing Partners (IPs), consisting primarily of national and international NGOs operating in drought areas, for immediate interventions in response to the crisis. After reviewing their portfolio and capacity, the selected IPs received additional funding, training, and guidance on UNFPA policy and procedures to mitigate financial risks. Funds were raised to provide staff with project cash advances to support the humanitarian response, including the organization of various training

and workshops to build the IP's capacity to respond to the crisis on the front lines.

The CO revised the procurement plan to reflect the humanitarian response's requirements. By utilizing expedited procedures, the CO acquired and distributed 14,700 dignity kits (consisting of soaps/shampoos, other hygiene materials, and essential clothing) and 21,000 reusable sanitary pads (MHM) to women and girls for a total cost of USD 1,097,760.00. Coordination with the logistics cluster enabled the cost-free shipment of several dignity kits to several field offices. To reduce logistical requirements, including shipping costs to field offices, procuring dignity and menstrual hygiene kits were also routed through selected IPs. The CO also acquired IARH kits and the majority of RH supplies valued at \$120,000.00, through the Supply Chain Management Unit (SCMU).





21,000

reusable sanitary pads acquired and distributed

To increase the capacity of IPs to provide maternal health services to a larger population, the CO, through SCMU, has initiated the purchase of five mobile maternity clinics, which are nearing deployment. It took some time to ship ready-made units to the CO, due to the unique circumstances in Somalia.

It is essential to ensure the safety of UNFPA personnel to facilitate effective monitoring of the ground implementation of assistance in numerous inaccessible, remote, and volatile regions. Given the deployment of personnel to UNOCHA-designated hubs, the CO deemed it necessary to equip the respective personnel with armoured vehicles and procured four armoured vehicles with funding from the Office of Security and Coordination (OSC).

3.4. Programme Coordination and Partnerships

UNFPA Somalia is active in the HCT and the Inter-Cluster Coordination Group (ICCG). It is the lead agency coordinating the GBV Area of Responsibility (AoR) under the Protection Cluster and the SRH Working Group (SRHWG) of the Health Cluster. UNFPA closely coordinates with other clusters and UN agencies including WHO, UNDP, UNICEF, and UNOCHA on the provision of humanitarian services, particularly in Health and GBV. These roles enable UNFPA to identify and address gaps in services to meet the needs of the most vulnerable communities while ensuring synergy and complementarity with other stakeholders.

3.4.1 GBV AoR Coordination

The GBV AoR aims to improve the effectiveness and accountability of humanitarian response for GBV prevention, risk mitigation, and response. Since 2016, UNFPA has served as the lead UN agency for GBV and chair of the GBV AoR in Somalia. The Ministry of Women and Human Rights Development co-chairs the GBV AoR, which has 80 members, including UNICEF, IOM, UN Women, UNHCR, OCHA, WFP, national and international NGOs, and academia. UNFPA is responsible for supporting service delivery, informing strategic decision-making, planning and strategy development, monitoring and reporting, advocacy, and contingency planning/preparedness as chair of the GBV AoR. UNFPA's tasks include developing a mechanism to address GBV needs following the IASC

GBV Guidelines; establishing a multi-sector coordination mechanism with partners holding specific responsibilities based on mandates, capacities, and geographical coverage; liaising with other sectors and sub-Clusters (e.g., Child Protection) to ensure that GBV issues are integrated across all relevant humanitarian response efforts; and providing a forum for information sharing on activities. The GBV AoR Strategic Advisory Group (SAG) has been reconstituted to provide strategic direction, technical support, spearhead advocacy, capacity building, and resource mobilization.

The deployment of four (4) SURGE personnel to coordinate the GBV AoR at the national and sub-national levels (Hargeisa and Garowe) increased UNFPA's visibility and ability to execute those functions effectively. Coordination staff improved GBV AoR platform functionality. UNFPA-led monthly national and sub-national GBV AoR coordination meetings improved data platform use and dashboard

reporting. The platform now features standardized reporting. The UNFPA's dependable coordination leadership is widely acknowledged by the government and stakeholders, and it continues to garner the interest of donors.

Leadership within the GBV AoR facilitated the timely dissemination of quarterly bulletins and ensured the timely updating and dissemination of GBV referral pathways and standard operating procedures. The training needs of frontline GBV service providers and other stakeholders were met. UNFPA was also in charge of overseeing humanitarian needs, monitoring OCHA's pooled funds, and developing the 2023 humanitarian response plan. With the establishment of a substantive GBV AoR Coordinator position, the CO will be able to maintain a strong presence and leadership on multi-sectoral GBV sub-cluster coordination mechanisms. As GBV AoR Lead, UNFPA undertook the following:

Capacity Building, Service Delivery and Coordination

- Conducted trainings & orientations for coordinators on coordination essentials/guidelines
- · Organized TOT on CMR and Case Management
- Conducted trainings on PSS & PSEA
- Developed and disseminated guidelines for service provision and coordination
- Routinely updated integrated referral pathways for improved access to services

Informed Strategic Decision Making

- Provided financial and technical support to Joint Multi-Cluster Assessments (3 were conducted in 2022)
- Organized first qualitative GBV Assessment titled 'VOICES'
- Developed HNO and HRP processes
- Developed GBV annual and quarterly briefs on the impact of GBV on women and girls within the context of the drought

Planning and Development Strategy

- Reviewed and finalized the GBV AoR Strategy and development of GBV AoR National Workplan for 2023.
- Undertook actions to ensure GBV response was integrated into the Drought Minimum Response Plans
- Represented the GBV AoR at Strategic Planning Meetings with the UNCT.

Data and Information Management

- Undertook routine training on data gathering for GBV AoR Partners.
- Undertook GBV data collection, analysis and dissemination.
- Collated and analyzed information from the 5Ws from Partners.

Contingency Planning/Preparedness

- Developed and disseminated a Minimum Response Package for GBV within the drought
- Developed and disseminated a GBV Drought Integration Strategy

Recruited and deployed 4 Coordinators

 Financially and technically supported human resources for the GBV AoR (Coordinators, IMS and IMO roles in Mogadishu, Somaliland and Puntland, Kismayo, Biadoa and Doolow)

Advocacy

- · Presented briefings to Donors to show GBV situation, impact and the need for more investment in funding.
- Supported advocacy for SOB to achieve stronger legislative frameworks for protection of Women and Girls from GBV.
- Developed maps to show partner presence and location of GBV Centers to show level of response and advocate for improving scope.

3.4.2 SRH Working Group Coordination

UNFPA's SRH programme and portfolio co-chairs and co-leads SRH at the national and UN agencies working group in close coordination with the Ministry of Health in Somalia. UNFPA supports federal and state-level SRH coordination in seven (7) locations, i.e., Jowhar (HS), Baidoa (SW), Kismayo (JL), Dhusomareeb (GM), Mogadishu (FGS), Garowe and Hargeisa.

The CO supported seven (7) reproductive health working groups across the states in the Federal Government of Somalia (FGS) and Somaliland by convening monthly and quarterly meetings and joint field visits to discuss their engagement in SRH activities. The working group also prepared and reviewed national protocols/guidelines in SRH to harmonize essential and universal SRH services across the country. This is the sole coordination forum where stakeholders gather to identify SRH gaps and collectively address challenges. During the scale-up, UNFPA instituted bi-weekly SRH partners meetings at the federal level to review updates, identify gaps in the response and collectively explore measures to augment synergies in addressing those gaps. UNFPA will continue to strengthen coordination among SRH partners within the Health Cluster and to ensure that coordinated responses and services are available.

3.4.3 CO Representation on Other Coordination Structures

UNFPA Somalia was initially fairly represented in high and middle-level coordinating structures such as the UN Country Team (UNCT), HCT, ICCG, Child Protection AoR, Global Protection Cluster and the Inter-Agency Coordination Working Group, among others. Representation on the varied UN platforms and forums was minimal as the sole CO staff dedicated to humanitarian affairs needed to be better placed to participate in all coordination meetings. The CO was thus not visible within the UN structure, and GBV and SRH issues should have been prioritized in the humanitarian architecture.

To offset the representation issues, the CO strategically assigned five (5) additional staff members to participate in multiple coordination forums meaningfully. The strategic inputs provided by staff at these forums shifted the stakeholders' paradigms while increasing the CO's visibility and operations. UNFPA's justification for and inclusion of GBV as a priority life-saving protection service and support under the humanitarian system-wide scale-up response is a notable success. Consequently, the Senior Management promoted UNFPA's SRH and GBV mandate at UNCT and HCT meetings and positively influenced decision-making (including on CERF funds allocation for GBV activities) on matters about UNFPA's life-saving humanitarian activities.

The CO has established a solid and visible presence in Somalia through its systematic and direct synergies and integrated interventions with other HCT partner agencies and organizations such as WHO, WFP, FAO, and UNHCR. As a result, it is recognized as a formidable and significant humanitarian organization.

3.5. Communications

The primary strategy for raising UNFPA's visibility was producing media content. Several information and advocacy products were created and distributed to share practical field-based learnings and knowledge. These products also assisted in articulating and promoting UNFPA's strategy for meeting humanitarian needs, securing funding, and publicizing critical areas of need during emergencies.

The CO designed and implemented a communications strategy for visibility, advocacy, and fundraising. The plan included producing and distributing monthly humanitarian situation reports, donor-driven advocacy concept papers, GBV and SRH emergency briefs, human interest stories, fact sheets, and photo facts. Constant updates on social and mainstream media and press releases also formed part of the strategy. Additionally, the communications team provided extensive support to the Senior Management

by producing information packages and presentations, facilitating media interviews and providing support for journalist and donor field visits. Communications focal points at the UNFPA CO, ASRO and HQ levels and the UN Communications Group (UNCG) collaborated intensely to deploy the communication agenda. The CO's public relations machinery was reinforced following the identification and appointment of an agency to increase global and regional coverage. Continuous capacity building and guidance on humanitarian communications and reporting for staff and partners anchored the communications plan.

3.6. Missions - Visits by the UNFPA Executive Director and Regional Directors

UNFPA Somalia's advocacy and resilient humanitarian response attracted and promoted high-level missions to the country.

ASRO Regional Director Laila Baker and the Director of Humanitarian Office visited Somalia on a fact-finding mission in September 2022 to appreciate first-hand experience from the IDP camps.



Glimpses: Laila Baker, Regional Director ASRO, and Shoko Arakaki, Director Humanitarian Response Division's visit to the IDP camp in Kismayo

In November 2022, the UNFPA Executive Director, Dr. Natalia Kanem led a delegation comprising the ASRO Regional Director, the Humanitarian Director, the Chief of Staff and the Special Assistant to the ED on a mission to Somalia. The ED participated in high-level meetings with the Prime Minister, Federal Ministers (of Health, Planning, Women and Youth and Sports) federal government states, donors, heads of agencies and UNFPA partners. The delegation's visit to the IDP Sites and interaction with beneficiaries (i.e., Drought-Displaced Vulnerable Women and Girls) and IPs attracted attention from the

UNFPA ASRO and HQ. It deepened their support for the CO's advocacy and resource mobilization initiatives. The ED also engaged with national and international media, highlighted the needs on the ground, and made an urgent appeal for resources. Her engagement with USAID created a pathway to mobilize \$2.5m, as regards which a proposal has been approved, and is pending agreement. The highlevel missions, boosting visibility to the CO and reach to the donors, have helped to position UNFPA Somalia for more opportunities.



UNFPA Executive Director Dr Natalia Kanem at the Kabassa Health Centre in Dollow



UNFPA Executive Director Natalia Kanem interacts with young girls and women outside a UNFPA supported health centre in the Dollow IDP camp.



UNFPA's Humanitarian Response Scale-Up: Key Milestones

4.1. Key Milestones at a Glance





118,121 girls & women (incl. pregnant women) accessed integrated SRH/GBV mobile outreach services



23,837 menstrual hygiene kits...





28,430



girls and women reached with services for the prevention and treatment of GBV

	Specific Activity	Milestones as at December 2022
1	Strengthen presence and services in 26 EmONC facilities in the 25 most affected districts that are in urgent need of funding for service continuation	26 EmONC facilities are fully functional and operational
2	Continue to support 41 other health facilities across the country	Support provided to 43 other health facilities across the country
3	Procure and deploy 5 Mobile Clinic Systems	Process on track for the procurement process of 5 Mobile Clinics through SCMU
4	Reactivate free-of-charge Referrals to SRH services (24/7 Ambulance)	Referrals activated at 17 locations using rented ambulances to refer patients from the community to the EmONC facilities
5	Strengthen presence and services in 16 OSC and 5 WGSS in the most drought-affected districts that are in urgent need of funding for service continuation	16 OSC functioning; 5 WGSS are providing services
6	Continue to support 33 other OSC facilities across the country	Support provided to 34 other OSC facilities across the country
7	Establish and operationalize 15 new OSC/WGSS Structures in IDP Sites	7 new OSC/WGSS are operational

	Specific Activity	Milestones as at December 2022
8	Deploy staffing to ensure proper presence and coordination with all the stakeholders including sectors at Federal (Mogadishu) level and state levels (Kismayo, Baidoa, Dollow).	Staff deployment commenced and ongoing
9	Establishment and proper functioning of operational presence in Baidoa, Kismayo, and Dollow.	Ongoing
10	Scale-up GBV AOR/SRHWG coordination presence at federal and state levels.	GBV AOR coordination presence established and ongoing following deployment of 4 GBV AOR Coordinators. SRHWG federal and state coordination ongoing in 7 locations.

4.2. UNFPA's Strategic Response Scale-Up

The UNFPA's strategic response for scaling up is to improve access and utilization of SRH services, as well as to scale up GBV services to women and girls in the 25 most drought-affected areas by:

- O Service delivery through ongoing program adaptation
- Service delivery through facilities at IDP Camps
- Expansion of services through mobile systems to IDP Sites
- Integration of SRH and GBV Services; and
- Coordination and Capacity / Expertise building

The CO established a presence in three (3) of the (four) 4 UNOCHA-designated hubs—Baidoa, Kismayo, and Dollow—and supported other partners in implementing crucial SRH and GBV services in Beletweyne. Twenty-six (26) of the CO's sixty-nine (69) health institutions provide emergency obstetric and newborn care (EmONC) in twenty-five (25) of the worst-affected regions. Seventeen (17) of these facilities provide critical emergency obstetric and newborn care (BEmONC) services, and 9 provide comprehensive treatment (CEmONC). UNFPA supports five (5) women and girls' safe spaces and 23 GBV onestop centres and shelters to offer specialized services to GBV survivors. The sites were determined by the severity of needs, access to services, flow of freshly displaced people, and presence of other UN agencies, clusters, and local partners for service complementarity. The CO expanded district SRH/GBV services to areas with more displaced people. Its services will expand in 2023. The CO provides SRH and GBV services to affected communities alongside forty-five (45) NGOs/INGOs and twenty-one (21) government partners.

4.2.1. SRH

The CO reached 195,815 women with services including skilled birth deliveries, pregnancy management, family planning, and referrals.

Support was provided to 26 Emergency Obstetric and Newborn Care facilities in Somalia's 25 most affected districts (with IPC 4 classification). Baidoa and Burhakaba districts have been designated famine-affected (IPC5). The facilities are open 24 hours a day, seven days a week, and offer all necessary Emergency Obstetric and Newborn Care services. This assistance enabled 75,220 women, girls, and new-borns to receive life-saving services.



Table 2: Number of women, girls and new-borns reached with lifesaving services at the 26 EMONC facilities

Description	
Normal deliveries assisted by skilled birth attendants in the targeted EmONC centres.	29,277
C/Sections in the CEmONC centres.	3,234
Pregnancy complications managed in the referral hospitals and BEmONC antenatal care services	22,410
Complications managed and provided lifesaving resuscitation intervention for the newborn	9,712
Patients receiving human right based family planning services	10,587
Total	75,220

Using the Marie Stopes International Impact Calculator Model, which is designed to help the health and development sectors estimate the impact of reproductive health interventions, a total of 10,587 women and girls reached with FP commodities had the potential to prevent 1,077 unintended pregnancies, 446 unsafe abortions, provide an estimated 4,784 couple years' protection (CYP), and yield economic savings of GBP 42,407.

4.2.2. Mobile Outreach and Referrals

The CO supported twelve (12) integrated mobile outreach services to complement its static facilities, including BEmONC, CEmONC, and GBV Stop Centres, to bridge geographical gaps, increase access and utilization, and lower the cost of lifesaving SRH and GBV services. Consequently, 118,121 women, girls, boys, and men received outpatient GBV/SRH services, information, and referrals.

The CO also supported 18 Emergency Obstetric and Newborn Care ambulances to enhance secondary-level referrals. Table 3 summarizes the results of the mobile outreach and referrals.

Table 3: Integrated SRH/GBV Mobile Outreach Services and Referrals

Description	
Patients reached with SRH/GBV outpatient consultation	67,082
Women & Girls reached with GBV/SRH Awareness and Risk communication	42,895
Pregnant women referred through the use of ambulances	8,144
Total	118,121

4.2.3. Emergency Reproductive Health Kits

The country received two significant shipments of emergency reproductive health kits during the scale-up response. Table 4 details the distribution of the kits.

Table 4: Emergency Reproductive Kits Received

Description		
Block 1	Kit No.2A Clean Delivery, Individual	10 Kits
	Kit No.2B Clean Delivery , Birth Attendants	10 Kits
	Kit No.3 Post-Rape Treatment	20 Kits
Block 2	Kit No.4 Oral and Injectable Contraception	8 Kits
	Kit No.6A Clinical Delivery Assistance - Midwifery Supplies Reusable Equipment	6 Kits
	Kit No.6B Clinical Delivery Assistance - Midwifery Supplies, Drugs and Disposable	60 Kits
Block 3	Kit No.11A Obstetric Surgery and Severe Obstetric Complications, Reusable Equipment	7 Kits
	Kit No.11B Obstetric Surgery and Severe Obstetric Complications, Drugs and Disposable Equipment	4 Kits
	Kit No.12 Blood Transfusion	4 Kits

4.2.4. Mobile Maternity Clinics

As part of the humanitarian response in Somalia, the CO is introducing Mobile Maternity Clinics (MMCs) for the first time, providing 24-hour access to EmONC services, including safe deliveries, pregnancy complication management, and 7-signal functions. The MMCs will be relocated to different IDP sites as needed, based on the populations to be served and the lack of life-saving SRH services. Starting in the second quarter of 2023, the MMCs will be deployed to Dollow, Kismayo, Baidoa, Beletweyne, and Mogadishu, enabling better access to maternal healthcare for women in need.

4.2.5. Distribution of Dignity Kits

The CO purchased and distributed 23,837 menstrual hygiene kits (MHM) and 27,705 dignity kits (DK) to vulnerable women and girls in Baidoa, Dollow, Kismayo, Beletweyne, Mogadishu, Kahda, Daynile, and Gallkacyo, which have experienced a large influx of IDPs as a result of drought and pre-famine. Four hundred eighty-two (482) women and girls with disability are among those who benefited from this package. The kits assisted them in maintaining proper hygiene within a displaced population setting and served as a point of contact for screening women for GBV (rape and intimate partner violence) and pregnancy-related conditions, allowing for timely lifesaving SRH/GBV management and referrals as needed.



Distribution setup for dignity kits



Women and girls displaying Dignity kits and Menstrual hygiene kits received

4.2.6. GBV Services

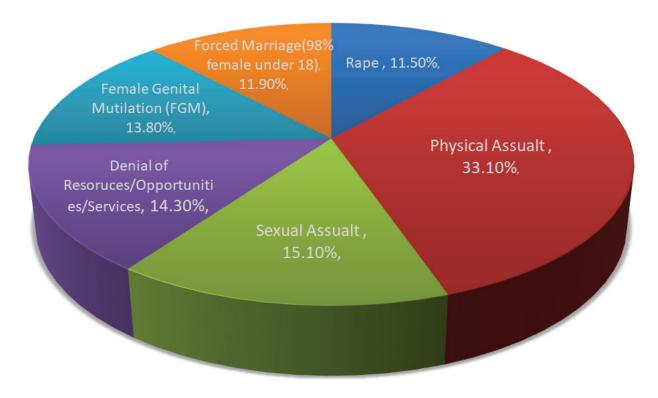
UNFPA provided specialized services for GBV, 33 women and girls' safe spaces (WGSS), GBV one-stop centres (OSC), and shelters. Survivors received professional, highly confidential, and non-judgmental services for clinical management of rape and intimate partner violence, psychological and social support, and financial aid through case management. Twenty-eight thousand four hundred thirty (28,430) women and girls accessed GBV information and services (Table 5) during the reporting period.

Table 5: Services for the Prevention and treatment of GBV

Description	
Clinical Management of Rape & Intimate Partner Violence	2,773
Psychosocial Support and case management	4,292
Cash assistance through case management	1,002
Training/Orientation of Service Providers on CMR/PSS	190
GBV community mobilization – awareness and sensitization	19,333
GBV Shelter service provision	840
Total	28,430

4.2.7. Case Management

UNFPA and partners provided comprehensive case management and psychosocial support (PSS) to 4,292 GBV survivors during the reporting period. The figure below summarises the survivors' gender and types of GBV experienced by them.



The Typologies of GBV

4.2.8. Clinical Management of Rape

UNFPA provided technical guidance, including training on the clinical management of rape (CMR) and mentoring for personnel involved in case management and PSS. A total of 190 individuals (124 females and 66 males), including PSS counsellors and social workers, have been trained and deployed to provide post-rape services and treat physical injuries resulting from intimate partner violence (IPV) for women and girls. During the reporting period, 2,773 individuals received clinical rape and intimate partner violence services.



Capacity building of PSS Counselors and Social Workers

4.2.9. Psychosocial Support (PSS)

Four thousand two hundred ninety-two (4,292) survivors of GBV, including girls, women, men, and boys, received case management and basic emotional support from UNFPA through its implementing partners. Direct services, individual action plans for immediate medical and emotional assistance, and safety plans were all provided per international standards. All survivors took part in psychosocial support to speed their recovery and improve their capacity to handle their circumstances. Additionally, caseworkers received biweekly psychosocial mentoring sessions to help them identify at-risk children, offer emotional support, and spot abuse symptoms.

4.2.10. Referral Services

The current National Referral Pathway guides and facilitates primary duty bearers and actors with information on how to respond to GBV cases and guides survivors of GBV on where to seek assistance and what services are available at different referral points. UNFPA's implementing partners also participated in location-specific mobilization to support women and girls' access to services. Social mobilization and awareness activities continued at established centres. Through sensitization outreach sessions, 9 teams reached a total of 19,333 individuals to increase awareness and with information on updated referral pathways.



Community in Ishaq IDP camp in Galkayo informed on the available GBV referral pathway

4.2.11. Unconditional Cash Voucher Assistance

UNFPA provided unconditional cash vouchers to 1002 GBV survivors through its partners, using case management. UNFPA worked with local authorities and camp management to identify target beneficiaries and collaborated with WFP and FAO to establish selection criteria for vulnerable women and girls.

4.2.12. One Stop Centres and Women and Girls Safe Spaces

The CO provided 840 women and girls safe shelters; 66 vulnerable women accessed safe shelters, 327 women and girls visited and accessed GBV One Stop Centres (OSC), and 447 vulnerable women and girls visited and accessed Women and Girl Safe Spaces (WGSS).

4.2.13. Renovation of Sites

Four of the ten site locations were rehabilitated during the reporting period. This includes 1 WGSS in Beletweyne, 2 OSC and 1 WGSS rehabilitated in Baidoa. Construction of new infrastructure for remaining locations (3 WGSS and 3 OSC) has also commenced.





Good/Promising Practices

Innovation was needed to change and challenge the CO's scale-up response during the humanitarian crisis to reach more beneficiaries. The various units took on the challenge and came up with creative ways to implement activities and expand the reach of programs. Key among them included:



5.1 Operations

The operations office streamlined the cumbersome procurement procedure while ensuring compliance with the guidelines.



5.2 Maternal and Reproductive Health

The MRH unit's creative mobile outreach concept made it possible to bridge geographical gaps, increase reach of the target population and guarantee that quality services were delivered to the end user. This innovation is notable for its integration with GBV, which ensures that women and girls receive a comprehensive continuum of care and service in both SRH and GBV contexts.



5.3 GBV

Participation and engagement of opinion leaders and religious leaders in their programming aided in overcoming challenges with Somalia's community leadership system. Involving key opinion leaders, such as religious leaders to end all types of GBV is an effective community-based methodology that can help dismantle cultural and religious misconceptions, leading to community negative perception change.



5.4 Communications

Creating a database of communications focal points for implementing partners strengthened coordination between the CO and implementing partners on humanitarian communications and reporting. This, coupled with the proactive internal communications strategy and public relations machinery made the CO visible and vocal in the country's humanitarian spaces.



Challenges and Mitigation Measures

	CHALLENGES	MITIGATION MEASURES
Coordination	 GBV AoR funding gap of 62% Access restrictions due to armed actors, especially in remote areas (for instance, in Baidoa) The limited capacity of service providers Data granularity - reporting has not yet transitioned to the sub-district/operational zone levels Barriers to accessing services - issues of clan discrimination, hostility from host communities, fear of retaliation/stigmatization etc. Inadequate coordination affects coherence, consistency and information flow. Need for better integration so that clusters reach the same populations with multi-cluster services (and integrated referral pathways) 	 Resource mobilization activities are ongoing. Training conducted for service providers as required. Engagement of GBV AOR members on the monthly reporting requirements ongoing. GBV AOR coordinators to continuously engage clusters to avoid duplication of activities
Human Resources	 The unpreparedness of staff for scale-up. i.e., insufficient staff capacity and expertise Instances of 'corporate bullying' of newly deployed staff, as some existing staff were uncomfortable and threatened by the new engagement 	 The CO provided regular updates and continuous guidance, including through learning afternoon sessions to staff. Existing staff received continuous assurance that their job posts were secured.
Programme	 The situation remains critical: Famine is projected to occur in southern Somali regions between April and June 2023 if current humanitarian aid is not maintained. Regions at risk are Baidoa and Burhakaba districts in Bay Region, IDP settlements in Baidoa and Mogadishu. Low reporting of sexual exploitation and abuse, such as a lack of trust and confidence in available reporting lines. Staff attrition among partners. Improving field-level data to enhance response and inform the expansion plans for GBVIMS, resulting in valid program data. The increase in armed conflicts in central and southern parts of the country continues to add to humanitarian needs and burden and implementation challenges. 	 Mobilize further resources to address the SRH/GBV needs of women and girls, especially those made vulnerable by the drought. Engagement with the PSEA coordinator on developing robust safeguards for survivors and safe and confidential community reporting mechanisms. Continuous training of key service providers to apply a survivor-centred approach and uphold the "do not harm" principle.

	CHALLENGES	MITIGATION MEASURES
Operations	 High financial and operations risk due to the volume of cash or additional resources to IPs to procure and distribute dignity and menstrual hygiene management kits, among others. 	 Continuous training and guidance of staff on standard policies and procedures. Undertake consistent HACT assurance activities.
Communications	 Need help accessing verified and accurate data from IPs and the field. Difficulty in getting reports on time and meeting deadlines 	 Use a database of IP communications focal points to obtain accurate, reliable and timely data and reports.

Future Plans - Outlook for 2023

	CHALLENGES
Consolidate and Strengthen Current Strategies and Interventions	 Integration of SRH and GBV services in UNFPA facilities Deployment of mobile systems to scale-up reach (to procure 20 mobile clinics) Introduce and implement the new midwives' strategic scheme Increase footprints in priority areas and establish presence in new areas Engage in the stabilization efforts of the Government and the Humanitarian Community Consolidate ongoing engagement/collaboration with other UN Agencies Increase engagement with local communities and authorities as a programme criticality measure
Sustained Resource Mobilization, Partnerships and Communications	Engage with Development Partners through Evidence and ActionProactively publicize the work of UNFPA on the field
Human Resources Alignment	O Align Staffing: Humanitarian – Development Nexus



Summary Financial Report - Income & Expenditure

In 2022, the total funds received to implement the scale-up plan was \$6,092,391.67. During the period under review, a total of \$4,903,077.29 was spent. The funds were primarily used to enhance the efficient operation of RH facilities/OSC/WGSS in critical need, specifically for: service sustainability, referrals, acquisition of EmONC units and dignity kits (for RRM). A summary of the income and expenditure statement for the expansion of the humanitarian response is provided below

Table 6: Summary Financial Report

Donor/Fund Code	Funds Received	Expenditure at the End of December 2022	Project Budget Remaining (Not utilized)
Humanitarian Trust Fund (3006E)	140,000.00	140,000.00	0.00
United Kingdom (UKB66)	1,497,539.65	1,497,539.65	0.00
CERF (UOI33)	1,499,801.00	978,596.90	521,204.10
Humanitarian Trust Fund (ZZT07)	1,082,753.00	414,643.13	668,109.87
UNFPA (FPA90)	1,718,206.00	1,718,206.00	0.00
UNFPA (USA86)	91,435.35	91,435.35	0.00
UNFPA (DKA56)	62,656.67	62,656.26	0.41
Total	6,092,391.67	4,903,077.29	1,189,314.38

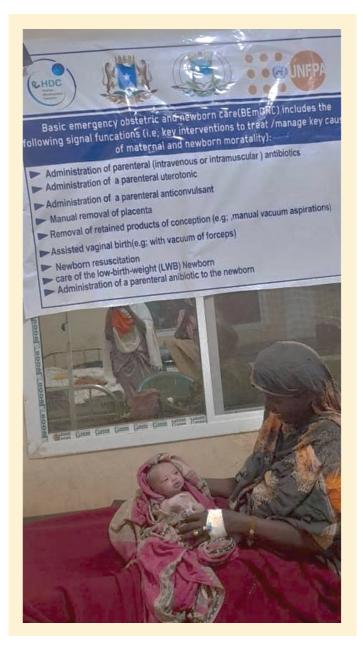


9.1. Human Interest Stories

Amina's Story: A New Beginning in the Midst of Difficulty

Amina is a 35-year-old mother who was forced to leave her hometown of Dinsoor in the Bakool region due to drought. She now lives with her extended family, including her elderly parents, at the Kabasa IDP settlement. Despite the difficulties, Amina and her husband, who works as a carpenter, do their best to support their family through manual labor. During her ninth pregnancy, Amina visits the Kabasa health facility just days before her expected delivery date. This is her first time experiencing a facilitybased delivery and being attended to by a trained skilled birth attendant. Despite her reservations, she almost seems excited about the opportunity to give birth in a safe and secure environment, in the presence of a trained professional. Amina has a tragic history of childbirths. She has given birth to eight children, three of whom have died during delivery. This is why it was crucial for her to have a skilled birth attendant during her ninth pregnancy.

Two weeks later, Amina returns to the Kabasa health centre in labor and gives birth to a healthy baby girl with the help of a trained delivery attendant. Her husband is visibly moved, saying, "I've never imagined there can be such treatment and care that my wife received. I am very grateful to the health care workers."



Amina and her newborn

Ifrah's Journey: Women's Health and Hygiene in Crisis

Ifrah is a 28-year-old widow from the town of Bulobarde in the Hiran region of Somalia. Over the last six months, she and her five children have struggled to survive the effects of a severe drought, living day to day on what little they could find. The recent armed conflict in Bulobarde has made their situation even more dire. Women in the region, including Ifrah, are no longer safe going out to search for food and water for their families. One night, fearing an attack from Al-Shabaab, Ifrah was forced to flee her home with nothing but her five children. When she arrived at the Doomey IDP camp in Beletweyne town with no belongings or resources, she relied on the food rations and temporary shelter provided by the camp. During her menstrual cycle, Ifrah was reduced to scavenging for old clothes to use as makeshift pads and trying to hide her shame. It was a demeaning, uncomfortable, and unsanitary experience, but she had no other options.

When a UNFPA partner organization in the settlement provided her with a few extra sets of clothing and a dignity and hygiene kit, complete with essentials for her menstrual health, it helped Ifrah by removing the stress of maintaining her dignity, and provided her the ability to move about even during her period.

This simple basic provision brought a smile to Ifrah's face. "When I arrived here, I had nothing," she said. "I had no money to buy basic supplies for myself or my children. I would wash my clothes at night and have to stay naked because I had no clean clothes to change into. But now, thanks to the help of this organization, I have extra clothes and this important kit to restore my dignity."

Ifrah was also grateful that her children received medical care from the organization's mobile outreach team. Two of her children that were unwell received medication, and are now feeling better.



Ifrah showing the dignity kit she received

9.2. Selected Media Articles/Publications





ituation Report





ated SRH and GBV Minimum Services Package





UNFPASomalia @ @UNFPA_SOMALIA · Dec 30, 2022 Midwives provide critical life-saving services. It is crucial to raise awareness for their services in humanitarian settings. With our support, @SomaliMidwives is running integrated community SRH outreach campaigns in Raamaadey and Hawlwaak IDP settlements in Baidoa.



continue to raise awareness and promote the elimination of FGM, and to support the communities and partners who are working towards this end.

#EndFGM #BreakingTheSilence

UNFPASomalia @ @UNFPA_SOMALIA · Jan 23

We distributed over 900 dignity kits and 3300 menstrual hygiene kits to the floods and GBV survivors, during a 4day exercise in the flood-affected region of Qardho through our partner ASAL NGO.



References:

tuation Repo

- Overview of Gender Based Violence Situation in Somaliahttps://somalia.unfpa.org/en/publications/overview-gender-based-violence-situation-somalia-advocacybrief-2022
- 2. Community Knowledge and Practices, Puntlandhttps://somalia.unfpa.org/en/publications/community-knowledge-attitudes-and-practices-Fgmpuntland
- 3. https://somalia.unfpa.org/en/publications/unfpa-somalia-humanitarian-situation-report-may-2022- Integrated SRH and GBV Minimum Service Package: UNFPA Humanitarian Response in Somalia
- 4. Link to all UNFPA Somalia publications: https://somalia.unfpa.org/en/publications.



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