UNFPA RESPONSE IN SOMALIA

Situation Report

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FAST FACTS

Total people in need of humanitarian assistance in 2022

7.7M

Internally Displaced Persons

2.9M

Women of Reproductive Age (age 15-49, estimated)

1.8M

Pregnant Women (estimated)

380,983

Adolescents and Youth (Age 10-24)

2.0M
GENERAL OVERVIEW

Six areas across Somalia are facing the risk of localized famine if the April to June gu’ rains fail as projected. This is according to the latest Integrated Phase Classification (IPC) and Famine Risk analyses by the Food Security and Nutrition Analysis Unit and partners (FSNAU). Simultaneously, food prices continue to sharply increase, while humanitarian assistance inadequately scaled up to meet the increasing needs of the most vulnerable populations. According to FAO-SWALIM, scattered and light gu’ rains were reported in the southern parts of Somalia; however, the northern parts remain dry. Health partners are reporting a spike in suspected AWD/cholera and measles cases, due to contaminated water consumption, poor access to food, health facilities, and hygiene and sanitation services, specifically in Baidoa, Marka, and Afgooye districts.

The situation of vulnerable women and girls in the drought-affected areas is likely to further worsen, due to existing gaps in access to and availability of Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) services. There is a growing need for cash and voucher assistance across the country, as a result of people losing their livelihoods. The need similarly correlates with people’s inability to secure basic materials, such as menstrual hygiene and sanitary items, and respond to urgent protection needs. At the same time, it is critical to facilitate women and girls’ access to safe birth, Clinical Management of Rape (CRM) for GBV survivors, psychosocial support, safety and security, justice and legal aid and socio-economic support.
COVID-19 UPDATES

The COVID-19 pandemic continues to challenge the already ill-equipped health service delivery in Somalia. As of 3 May 2022, the number of confirmed COVID-19 cases in Somalia had reached 26,439, with 1,361 fatalities. The COVID-19 testing capacity across the country remains extremely limited, resulting in the true number of infections likely being underreported. The steady increase in number of infections reveals that the epidemiological situation in the country is continuously evolving and remains volatile, particularly in areas with high numbers of IDPs and limited access to health services.
FUNDING NEEDS

• Due to funding gaps, the situation of women and girls in Somalia is likely to deteriorate in the coming weeks. In 2022, and in light of worsening developments, UNFPA Somalia requires US$19.5 million to ensure access to SRH and GBV services for women and girls affected by the drought.

• The 2021 Humanitarian Response Plan (HRP) for Somalia was met with major funding shortfalls compared with previous years. Due to the increasingly severe humanitarian crisis in Somalia, vulnerable women, children and men are at risk of losing access to some, or all, of the lifesaving and protection services they desperately need. UNFPA and its partners are committed to scaling-up the response, however a lack of funds continues to challenge efforts. Urgent and more sustainable mid- to longer-term investment in reducing risk and vulnerability is required.

SUMMARY OF UNFPA RESPONSE

UNFPA Somalia has scaled-up the SRH and GBV response for the worst drought-affected locations in Somalia. The response activities target pregnant women, adolescent girls, men and boys in IDP camps and in hard-to-reach areas, and include the provision of quality lifesaving and age-appropriate SRH services through Basic Emergency Obstetric and Newborn Care (BEmONC) and integrated SRH/GBV outreach. UNFPA works closely with the Federal Government of Somalia and the Federal Member States (FMS), other UN agencies, and partners to ensure access to and the continuity of SRH and GBV services. UNFPA is engaged in the various coordination mechanisms, including the UN Country Team (UNCT) and Humanitarian Country Team (HCT), and supports the national COVID-19 preparedness and response plans, ensuring integration of SRH and GBV concerns.
# People reached with sexual/reproductive health services | 20,123
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# People reached with family planning services, information and counselling | 654
# Normal / assisted deliveries | 2,365
# C-Sections assisted | 132
# People reached with ante-natal care consultations | 7,649
# People reached with post-natal care consultations | 764
# People reached with SRH information and community awareness activities | 21,132
# People with disabilities reached through SRH services and information | 30

# People reached with GBV programming/services | 697
# People provided with GBV case management | 35
# People reached with GBV information and community awareness activities | 21,906
# People with disabilities reached through GBV services and information | 28

# Adolescents and young people reached with youth programming | 1910

# Personnel trained on SRH, including the Minimum Initial Service Package | 10
# Personnel trained on GBV in areas such as clinical management of rape | 11
# Personnel trained on COVID-19 prevention and control | 13
# Youth facilitators, peers and volunteers trained on SRH and GBV | 12
KEY HIGHLIGHTS OF UNFPA ACTIVITIES

SRH interventions, including protection of health workforce

- UNFPA Somalia has scaled up drought response activities, ensuring the continuity of and access to lifesaving SRH services and information during the COVID-19 pandemic. Such services include the provision of safe delivery, management of pregnancy related complications, referral, birth-spacing counseling and assistance for pregnant mothers, and Psychosocial Support (PS).

- Through UN-CERF resources, UNFPA has scaled-up the SRH and GBV response services for people affected by the drought in Jubaland and South-West and Galmudug states.

- UNFPA concluded a fourday workshop on Reproductive Health Commodity Security and LMIS, held in Garowe. The objective of the workshop was to familiarize our Implementing Partners (IPs) and LMIS staff with UNFPA’s Global Partnership COMPACT agreement and to set the commitments for the FP2030 for Somalia.
Gender-Based Violence (GBV)

- Through the GBV AoR, UNFPA strongly advocates for funds and resources to respond to the ongoing drought in Somalia. UNFPA is working with UN agencies, NGOs, clusters and the Federal Government to ensure that GBV response and risk mitigation activities are prioritized.

- UNFPA remains committed to ensuring the continuity of and access to lifesaving GBV prevention and response services, such as the provision of clinical care, psychosocial support, legal aid and material support to survivors of GBV, especially for women, adolescents and youth.

- UNFPA continues to strengthen GBV one-stop centers across the country, integrating care for survivors of GBV with reproductive health services.

- In the worst drought-affected districts in Jubbaland, Galmudug and Southwest, UNFPA is implementing GBV activities through UN-CERF resources.

- In response to the ongoing drought, UNFPA and its partners distributed a total of 900 dignity kits to GBV survivors, pregnant and lactating women in the three hardest hit locations in Puntland districts of Eyl, Eldahir and Jariban. Kits provide dignity to women and young girls and promote women’s right for privacy in emergencies.

Adolescent and Youth Activities

- UNFPA organized awareness campaigns for 80 youth at Abdiaziz Youth Centre in Mogadishu on SRH information and community awareness on Female Genital Mutilation (FGM); child spacing; forceful marriage; drug abuse; domestic violence; sexually transmitted diseases; and early marriages, and their corresponding challenges and health complications.

- Through UNFPA support, 60 young people graduated from a basic computer literacy course conducted at Abdiaziz Youth Centre in Mogadishu. The training provided a foundation for the youth by equipping them with much needed tools for future success in today’s technology driven world.

- UNFPA organized menstrual hygiene education campaigns targeting some 100 adolescent girls’ in Banadir region with the aim to provide adequate and important information on menstruation. Due to traditional cultural barriers, it is difficult to discuss menstruations openly in Somalia, which limits girls and women’s access to vital information.
• In collaboration with one of UNPA’s national partners, an employability skills training for 100 out of job youth in Kismayu was conducted to strengthen the skills of young people to lead and contribute to the labor market in Somalia.

• UNFPA organized integrated SRH services and information delivery to 150 adolescents and youth in Mogadishu, specifically targeting communities without youth centers in Deynile and Kahda districts in Bandar region.

• Together with partners, UNFPA organized HIV awareness sessions in schools and communities in Mogadishu, and developed communication campaigns on HIV prevention. An estimated 1,500 IEC materials were distributed in IDP camps, schools, and youth centers.

• UNFPA and its partners successfully concluded various skills development programs for over 400 young people at Hiraal Youth Center in Hargeisa.

• UNFPA and its partners completed a two-day financial literacy training for 40 young women and men in Bosaso.

• UNFPA conducted a three-phase design thinking bootcamp workshop in Bosaso district for a total of 120 young people.
COORDINATION LEADERSHIP

UNFPA continues to co-lead the national and sub-national GBV sub-cluster and the Reproductive Health Working Group (RH-WG). UNFPA is leading the efforts to ensure that the supply of reproductive health commodities is maintained and that midwives and other health personnel have the Personal Protection Equipment (PPE) needed to stay safe amidst COVID-19 response and the drought in Somalia.

Through the GBV AoR, UNFPA strongly advocates for funds and resources to respond to the severe drought in Somalia. UNFPA is working with other UN agencies, NGOs, Clusters and the Federal Government to ensure that GBV response and risk mitigation activities are prioritized.