Somalia’s Bay region is projected to face famine (IPC Phase 5) during October to December if multi-sectoral humanitarian assistance does not urgently reach the people in most need, according to the results of the Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC). Although the levels of acute malnutrition among children and the rate of hunger-related deaths have not yet met the IPC’s technical definition of famine (IPC Phase 5), the thresholds could be reached in the coming months. The famine is projected to occur in Baidoa and Burkhakaba districts and among the newly arrived internally displaced people (IDPs) in Baidoa settlements. The Bay region was one of the areas affected by famine in 2011, and it was also the epicentre of the 2017 drought-related humanitarian crisis. Over the past two years, the region has experienced a large-scale loss of food and incomes, primarily due to the impact of drought, resulting in a sharp increase in the number of people who have limited access to food and have lost their livelihoods. Malnutrition levels are high (critical) in the region, with the main referral hospital reporting an increase in the number of children admitted with complications related to severe acute malnutrition.
In November, UNFPA’s Executive Director, Dr. Natalia Kanem, visited Somalia. The ED’s mission highlighted the dire humanitarian situation in Somalia and the challenges faced by women and girls affected by the worst drought conditions in decades. During the mission, Dr. Natalia met the Prime Minister of the Federal Government of Somalia, the Line-Ministries of UNFPA programme activities, head of UN agencies in Somalia, the humanitarian donor group, UNFPA implementing partners, and beneficiaries situated in Kabasa IDP camp in Dolow.

UNFPA Somalia prioritises the continuity of essential and life-saving SRH and GBV services during humanitarian crises, targeting vulnerable women and girls, Internally Displaced Persons (IDPs), and persons with disabilities. In November 2022, UNFPA and its partners reached 65,579 people with SRH services and 20,708 people with prevention and response to GBV, including Mental Health and Psychosocial Support (MHPSS) for women and girls. In addition, UNFPA reached 1,600 young people through youth-related activities.

The capacity of UNFPA partners is further strengthened to support the delivery of SRH and GBV services, and to respond to increasing needs. Health facilities and mobile clinics are providing services to support maternal and newborn health, birth-spacing options, and Clinical Management of Rape (CMR). MHPSS services are offered to survivors of GBV in safe spaces for women, girls, and young people, and in one-stop centers.
FUNDING NEEDS

- UNFPA Somalia CO has mobilised additional resources to scale up response capacity in priority humanitarian hubs in the country. UNFPA and its implementing partners focused on ensuring access to life-saving gender-based violence and sexual and reproductive health services for vulnerable women and girls in high-priority locations.

- To urgently address the worsening needs of women and girls in Somalia, UNFPA requires at least USD 18 million until March 2023. Urgent and more sustainable mid- to long-term investment in reducing risk and vulnerability will be key to averting the worst humanitarian crises in Somalia.

UNFPA RESPONSE: SUMMARY

UNFPA Somalia has developed an operational plan to adapt the UN-wide humanitarian scale-up activation in Somalia. The plan focuses on ensuring access to and availability of life-saving SRH and GBV services in the worst-affected regions and locations. UNFPA response activities target women of reproductive age, pregnant women, adolescent girls, boys, and men in IDP camps and 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).

Services Delivered by UNFPA

<table>
<thead>
<tr>
<th>69</th>
<th>61</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health facilities supported to provide Emergency Obstetric Care (EmOC)</td>
<td>GBV Centres supported</td>
</tr>
<tr>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Adolescent and youth-friendly spaces supported</td>
<td>Mobile Outreach Services supported</td>
</tr>
</tbody>
</table>
**KEY HIGHLIGHTS OF UNFPA ACTIVITIES**

**SRH interventions, including protection of the health workforce**

In response to the current UN-wide humanitarian scale-up, UNFPA focuses on strengthening the capacity to ensure continuity of quality life-saving essentials, SRH information, and services for women, adolescents, and youth affected by the drought situation across the country.

- UNFPA is currently supporting 69 EmoNC facilities and providing the following services, which include services for drought-affected people with a focus on women and girls in IDP camps.

- UNFPA conducted a stakeholder workshop on family planning and reproductive health commodity services. The 3-day workshop brought together RH and supply chain managers and focused on the sustainability readiness assessment tool.

- 136 midwives from UNFPA-supported schools graduated, and a new curriculum was also launched. Qualified midwives provide critical quality maternal health care before, after, and during pregnancy and save the lives of women and children in humanitarian settings.
Gender-Based Violence (GBV)

UNFPA continues to ensure the access to and continuity of lifesaving GBV prevention and response services, such as the provision of clinical care, Psychosocial Support (PS), legal aid, and material support to survivors of GBV, especially women, adolescents, and youth.

- UNFPA funds six fully operational WGSSs staffed with caseworkers and PSS counselors. PSS counsellors received orientation and are now deployed to provide services in camps and host communities. One-on-one counselling and group PSS services have been provided for 235 beneficiaries.

- UNFPA and partners support six temporary One-Stop Centers (OSC) which have been established and are functional with staff. The centres have case workers who provide case management and other referrals to 83 individuals. 117 beneficiaries received psychosocial support (PSS), 14 cases (4 girls and 10 women) received PEP kits, and 30 beneficiaries (30 women) were provided with cash support through case management for referrals and basic services.

- Through OSC and WGSS, 509 Dignity Kits were distributed to 356 women and 153 girls. The distribution of dignity kits was intended to reduce their vulnerability to violence in IDP camps. Also, 463 menstrual hygiene kits were distributed to 181 women and 282 girls.
Adolescents and Youth Activities

- In partnership with national partners, UNFPA carried out SRH information and community awareness campaigns on the harmful effects of FGM and child marriage in Jubaland. An estimated 3000 people were reached during the outreach campaign held in IDP camps and in Kismayo.

- At the youth training, UNFPA provided vocational skills training for 120 youth, including tailoring and a beauty salon. This skills training is designed to give young people the tools they need to live independently and succeed in their lives. Among the target groups reached were young people from IDPs.

- UNFPA conducted youth-led peacebuilding campaigns in Kismayo’s Dalhisska, Faanole, Farjano, Marina, Galbet, Madina, Midinimo, and Laba Suul IDP camps in collaboration with local partners. The campaign involved youth representatives, community leaders, and government officials to highlight the important role young people play in the peacebuilding process. The outreach campaign reached an estimated 4000 people across all the target locations, including those in IDP camps.
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 RH commodities is maintained and that midwives and other health personnel are equipped well to address the needs of vulnerable people affected by the drought.

• 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.