

UNFPA Humanitarian Response in Somalia

Situation Report No. 11

30 November 2021





Total people in need of humanitarian assistance in 2021

5.9M



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



Confirmed COVID-19 cases In Somalia

22,837



Reported Fatalities

1,313



OVERVIEW & NEEDS

he drought conditions in Somalia have worsened, following three consecutively failed rainy seasons and poor rains during the 2021 Deyr rainy season (October-December), as reported in FAO's Somalia Water and Land Information Management (FAO SWALIM) November update. Local authorities and humanitarian actors across the country have reported severe water shortages, affecting more than 2.6 million people in 66 districts across the country. This has led to reduced availability of food and pasture, triggering significant pastoral migrations. So far in 2021, nearly 113,000 people are newly displaced by drought, especially in the central and southern areas. Around 1.8 million women of reproductive age are currently facing challenges related to access to Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) services. In addition, the COVID-19 pandemic continues to challenge the already illequipped health service delivery in Somalia. As of 3 December 2021, the number of COVID-19 cases in Somalia had reached 22,837 with 1,313 fatalities.

UNFPA Somalia prioritizes the continuity of essential and life-saving health and GBV services, targeting vulnerable women and girls, Internally Displaced Persons (IDPs) and persons with disabilities (PWDs). UNFPA and its partners reached **57,194** people with SRH services during the month of November; **22,171** people with GBV prevention and response services, including mental health and psychosocial support (MHPSS) for women and girls. UNFPA reached an additional **2,752** young people through youth-related activities.

The capacity of UNFPA partners is strengthened to support the delivery of SRH and GBV services. Health facilities and mobile clinics are providing services to support maternal and newborn health, birth-spacing options and the clinical management of rape (CMR), responding to increasing needs. Safe spaces for women, girls and young people, as well as one-stop centers for survivors of GBV, are offering MHPSS services.

Summary of UNFPA Response

UNFPA Somalia continues to support the delivery of life-saving SRH and GBV services to vulnerable communities across Somalia. The UN agency works closely with the Federal Government and the Federal Member States, other UN agencies, and partners to ensure access to and continuity of SRH and GBV services. UNFPA is engaged in the various coordination mechanisms, including the UN Country Team (UNCT) and Humanitarian Coordination Team (HCT) and supports the national COVID-19 preparedness and response plans, ensuring the integration of SRH and GBV concerns.

UNFPA Somalia is ensuring that implementing partners (IPs) adhere to precautionary and preventive measures against COVID-19, by using personal protection equipment (PPE), including hand gloves and masks. Similarly, UNFPA is ensuring that the environment in which services are delivered is adequately protected and sanitized. UNFPA continues to coordinate with the Ministry of Health (MoH) and other key line Ministries, and actively advocates for efforts to provide SRH services during the COVID-19 pandemic. UNFPA response includes providing maternal and reproductive



health services for pregnant and lactating women, supporting GBV one-stop centers, operating safe spaces for women and girls, distributing SRH and dignity kits, community awareness-raising and ensuring referrals to both reproductive health (RH) and GBV services. In addition, UNFPA engages young people as partners and key agents of change, and has been working hand-in-hand with IPs to support young people empowering them to play vital roles in their communities during the COVID-19 pandemic.



Data from UNFPA Supported Service		ces Since Novemer 202	
Sexual/Reproductive Health			
# People reached with sexual/reproductive health services		20,124	
# People reached with family planning services, information	and counselling	796	
# Normal / assisted deliveries		2,741	
# C-Sections assisted		113	
# People reached with ante-natal care consultations		9,586	
# People reached with post-natal care consultations		703	
# People reached with SRH information and community awa	reness activities	23,086	
# People with disabilities reached through SRH services and	information	45	
Gender-Based Violence			
# People reached with GBV programming/services		675	
# People provided with GBV case management		33	
# People reached with GBV information and community awa	areness activities	21,431	
# People with disabilities reached through GBV services and	Information	32	
Youth Services			
# Adolescents and young people reached with youth progra	mming	2,684	
Capacity Strengthening			
# Personnel trained on SRH, including the Minimum Initial S	ervice Package	33	
# Personnel trained on GBV in areas such as clinical manage	ement of rape	8	
# Personnel trained on COVID-19 prevention and control		34	
# Youth facilitators, peers and volunteers trained on SRH an	d GBV	68	

Services Delivered

29

Health facilities that provide Emergency Obstetric Care (EmOC)

6

Adolescent and youthfriendly spaces supported by UNFPA 26

GBV one-stop centers supported by UNFPA

8

Mobile clinics supported by UNFPA

7

Women and girls safe spaces supported by UNFPA

16

Health facilities that provide specialized GBV services (including CMR)



Humanitarian 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 have the needed personal protective
 equipment to ensure their safety amidst the COVID-19 response and the drought situation in Somalia.
- UNFPA actively participated in inter-agency missions to the Qansax-Dheere Bay region of South West State and Buurdhuubo Gedo region of Jubbaland State. The missions focused on assessing the overall humanitarian needs, including challenges faced by women and girls in accessing RH services, and protection and response to GBV.

COVID-19 Prevention and Control Interventions

SRH interventions, including protection of health workforce

- UNFPA continuously works to strengthen the continuity of and access to quality life-saving essentials, SRH information and services for women, adolescents and youth during the COVID-19 pandemic.
- UNFPA has supported the launch of Hirshabelle Health and Demographic Survey Report with the State Ministry of Health, Ministry of Planning and Somalia National Bureau of Statistics (SNBS).



- UNFPA has conducted a three-day technical consultation workshop for the development of National BEMONC Training Package in Mogadishu. Key national and international experts in maternal and RH participated in the workshop and provided tangible inputs and recommendations.
- UNFPA and its partners have concluded a two-day workshop focusing on the development of FP2030 and corresponding commitments.
- UNFPA and its partners have completed a five-day workshop for government officials, MDAs, research institutions and universities in Puntland. The objective of the workshop was to understand and promote the dissemination and usage of Puntland Health and Demographic Survey Data (PLHDS 2020).

Gender Based Violence

- UNFPA remains committed to ensure the continuity of and access to life-saving 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 focuses on enhancing the capacity of partners for the implementation of Cash and Voucher Assistance (CVA) through GBV case management. Female beneficiaries testified to have gained increased levels of self-esteem and autonomy with regards to personal and family needs as a result of this modality.



- UNFPA observed the 16 days of activism against GBV by advocating for its elimination. UNFPA staff dressed in orange shirts with advocacy messages calling for the end to GBV against women and girls.
- UNFPA continues to strengthen GBV onestop centers across the country, including the integration of care for survivors of GBV with RH services.



• UNFPA and its partners conducted gender empowerment sessions with target beneficiaries and their relatives, using an mutually developed schedule consisting of topics related to women's empowerment, decision making and shared parenting within families.

Youth Program Activities

• In Somaliland, UNFPA has played an active role in a consultative meeting on the development of the UN youth strategy 2022 - 2026.



- UNFPA supported a country-wide consultative meeting with youth representatives to discuss the
 development of UN Somalia youth strategy. The strategy aims to equip the youth with necessary
 tools for peace and economic prosperity.
- The UNFPA-supported Gebiley Youth Center concluded a Henna Beautification skills training for 25 female youth and adolescents IDPs.

Risk communication and community engagement

- UNFPA continues to support data collection and analysis to identify COVID-19 hot-spots, including disaggregated data on specifically vulnerable groups, as well as informing targeted interventions aimed at addressing the pandemic.
- UNFPA continues to support joint awareness-raising efforts on the risks of Female Genital Mutilation (FGM) and GBV. The UN agency is providing SRH education and activism with a wide range of partners, including communities, targeting women of reproductive age, youth, elderly men, female health workers and IDPs.
- UNFPA continuous to be engaged in the Risk Communication and Community Engagement (RCCE) working groups at the national and sub-national levels in the COVID-19 taskforce pillars.

Funding and Partnership

- The worsened drought conditions in Somalia is already affecting vulnerable women and girls, men and boys in IDP settings and in hard-to-reach locations, as well as their access to life-saving SRH and GBV services and information. UNFPA and its partners are committed to scaling up the response, however the lack of funds continues to challenge much needed efforts. Urgent and more sustainable mid- to longer-term investment in reducing risk and vulnerability is required.
- UNFPA continues to expand the number of its IPs across the country, including in hard-to-reach and
 insecure areas, for further programme implementation. More than half of UNFPAs partnerships are with
 local/national NGOs with access to communities in need and ability to provide much-needed health care
 and GBV services in conflict-prone areas. UNFPA is represented in the humanitarian coordination forums,
 such as the Humanitarian Country Team (HCT), the UN Country Team (UNCT), and other cluster-based
 platforms (health and protection), serving to support the identification of needs and response coordination.



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