

Key Data



6.9 M

People in need



1,587,000

Women of reproductive age



3,249,072

Adults



828,000

Adolescent girls (10-19 years old)



73,113

Live births in the next 12 months



219,342

Currently pregnant women



261,633

Adults living with a sexually transmitted infection



770,000

Projected number of people to be affected by the 2024 Gu floods

Situation Overview

The Somalia Humanitarian Response Plan (HRP) 2024 estimates that 6.9 million people are in need of humanitarian assistance¹. In recent years, floods caused by El Niño have affected 2.4 million people, displacing 1.27 million individuals and resulting in at least 118 deaths². Following these floods, Somalia experienced an Acute Watery Diarrhea (AWD) /Cholera outbreak in six states, including Banadir, Puntland, Somaliland, South West, Jubaland, and Hirshabelle, spanning 25 districts. Cumulatively, during week 11 of 2024³, 4,956 cases (of which 2,503, 51%, were female) and 60 deaths (with a CFR of 1.2%) were reported.

Women and girls are the most vulnerable groups affected by the floods, facing increased exposure to AWD/Cholera due to domestic roles, while pregnant and lactating mothers are particularly vulnerable due to physiological changes and increased risk of complications. The challenges posed by flooding and AWD/Cholera are exacerbated by long-standing sexual and reproductive health issues in Somalia. Women and girls have limited access to lifesaving, quality Sexual and Reproductive Health (SRH), and Gender-Based Violence (GBV) services. Somalia continues to report one of the highest rates of maternal mortality, with 692 deaths per 100,000 live births, infant mortality of 71 per 1,000 live births, and neonatal mortality of 36 per 1,000 live births. Unmet need for Family Planning (FP) is very high at 30%, with a very low Contraceptive Prevalence Rate (CPR) at 1%.

¹ [2024 Somalia HNRP](#)

² [OCHA: 2023 Deyr floods – Situation and response dashboard](#)

³ [AWD/Cholera Weekly Epidemiological report \[Epi week 11\]](#)

In addition to ongoing conflicts, insecurity, and cholera, the Gu flood presents high risks and is anticipated to have above-average humanitarian impact in 2024. Consequently, the Somalia humanitarian community is urged to strengthen planning for readiness and Anticipatory Action ahead of the 2024 Gu floods. Forecasts available as of early December 2023 suggest a 75% likelihood of above-average Gu rains and flooding. Based on a review of flood impact data over the past 20 years, it is expected that at least 770,000 people could be affected, particularly in March and April 2024, following which both El Niño and positive Indian Ocean Dipole conditions are expected to weaken.

Since October 2023, the Federal Government of Somalia has declared a state of emergency and appealed to the international community for humanitarian assistance. The Prime Minister of Somalia, accompanied by the UN Humanitarian Coordinator and heads of UN agencies, has visited the most affected areas. This week, the Humanitarian Country Team (HCT) has recommended the strategic positioning of boats in areas at risk in preparation for the upcoming Gu rains. These boats will play a crucial role in facilitating the transportation of essential supplies and individuals, with a particular focus on women and girls who may find themselves trapped in their homes.

UNFPA continues to monitor and analyze the humanitarian situations, including the impending Gu flood risk, the aftermath of El Niño, and the ongoing cholera outbreak, with a focus on the impact on women, especially pregnant and lactating mothers.



El Niño Anticipatory Action



UNFPA's Anticipatory Action in Flood-Affected Somalia: Hawo's story

KISMAYO, Somalia - Hawo Ali, a mother of five faced challenges after fleeing intimate partner violence amidst the El Niño floods in Jubaland. Seeking safety, she arrived at the Dalxiiska camp for internally displaced persons (IDPs) in Kismayo. Alone, sick, and struggling to provide for her children, Hawo's situation seemed dire.

As part of the El Niño anticipatory plan, UNFPA deployed outreach teams to the flood-prone areas to provide integrated Sexual Reproductive Health and Gender Based Violence services to women and adolescent girls.

The UNFPA mobile outreach teams provided Hawo with integrated health services including psychosocial support instead of SRH and GBV, and offered follow-up treatment. "UNFPA gave me hope when I had none," expressed Hawo gratefully. "Now, I'm on the path to recovery, focusing on restoring my dignity."

The outreach team is now in regular contact with Hawo and she is thankful for their ongoing support. She is one of the beneficiaries of the UNFPA's El Niño anticipatory action intervention, which has helped to reduce vulnerability to the flooding that endanger the health and well-being of women and girls in the region. UNFPA anticipatory activities include prepositioning of dignity kits, erection of temporary shelters for integrated SRH and GBV services, training and deployment of midwives and outreach teams, and stationing of Mobile Maternity Clinics (MMC) in high-risk areas.

Hawo's recovery highlights the positive impact of the anticipatory activities, as well as the effectiveness of the outreach campaigns. Through collaborative efforts, UNFPA aims to restore dignity to displaced women and girls, ensuring they have access to the care and support needed to rebuild their lives.



Humanitarian Impact and Needs

As humanitarian crises worsen and aid diminishes, women and girls are increasingly vulnerable to gender-based violence, unplanned pregnancies, sexual exploitation and abuse, and restricted access to family planning and sexual reproductive health services. They remain the most vulnerable groups affected by the humanitarian situation in Somalia. Women and girls with disabilities or from minority communities are especially disadvantaged. In addition, they face risk of maternal malnutrition, complications during pregnancy and childbirth. Access to healthcare, particularly quality reproductive health services, remains a concern.

In remote and underserved areas, many women are giving birth without access to essential and lifesaving maternal health services, such as the presence of skilled birth attendants. In these hard-to-reach contexts, vital GBV services and referral pathways to provide medical care and psychosocial support to survivors are limited. UNFPA has identified an urgent need for safe, confidential, hygienic, well-staffed, survivor-centered care for women and girls, with robust referral systems to ensure comprehensive support for affected populations.

Efforts are being made by UNFPA to strengthen the capacity of partner organizations to support the delivery of SRH and GBV services and respond to increased needs in Somalia, including in hard-to-reach areas. This includes

providing maternal and newborn healthcare, birth-spacing options, comprehensive menstrual hygiene management, safe spaces, and one-stop centers for mental health and psychosocial support. However, the lack of adequate funding continues to present challenges. Urgent investment in sustainable mid to longer-term strategies is essential to reduce risk and vulnerability and effectively address these ongoing issues.



UNFPA Response Strategy

UNFPA is appealing for US\$ 55 million to implement the 2024 response plan aligned with the annual country office Appeal (January - December).

UNFPA's Priorities to meet the most life-saving needs include:

1. Provision of lifesaving SRH medicines, supplies, and equipment to hospitals.
2. Distribution of individual clean delivery kits to pregnant women to enable more hygienic birth conditions.
3. Supporting access to the minimum package of sexual and reproductive health services (MISP).
4. Provision of dignity kits to help displaced women and girls of reproductive age maintain proper hygiene and meet their menstrual health needs.
5. Cash assistance to GBV survivors and other vulnerable women and girls (including pregnant and lactating women) to manage their most essential needs.
6. Deployment of skilled midwives to provide quality SRH and GBV services in affected locations.



Operations to Date

UNFPA has implemented anticipatory activities to prepare for the potential Gu flooding. Recognizing the devastating effects of floods on communities, UNFPA has taken proactive measures to mitigate the impact on vulnerable populations in flood-prone areas. The infographics below captures our operations and the reach of our interventions.



27,546

Beneficiaries reached with GBV prevention, mitigation, and response messages.



12,784

Beneficiaries reached through integrated SRH and GBV services.



3,556

Dignity kits and 718 MHM kits prepositioned.



3

Mobile Maternity Clinics (MMCs) in operation.



47

IDP camps targeted with integrated SRH and GBV services in Baidoa, Hudur, Kismayo, Dolow, Bardheere, and Baletweyne.



32

UNFPA supported Integrated SRH and GBV facilities.

South-West State:

- UNFPA conducted community mobilization and education sessions to raise awareness about the prevention, mitigation, and response to GBV, targeting both men and women, reaching a total of 6,370 individuals.
- 1,200 dignity kits and 400 Menstrual Hygiene Management (MHM) kits prepositioned in anticipation of potential displacements due to floods. The dignity kits contain essential hygiene and personal care items, while MHM kits provide menstrual health management supplies.
- 30,200 individuals across 12 IDP camps in flood-prone areas participated in GBV prevention sessions. These individuals include 18,120 women, 3,322 men, 4,530 girls, and 4,228 boys, focusing on raising awareness to prevent and mitigate GBV incidents.
- 314 deliveries facilitated by skilled birth attendants and 512 individuals provided with family planning services in the Baidoa North IDP camps.





Jubaland:

- UNFPA provided integrated SRH services to 3,897 beneficiaries in Kismayo, Bardheere, and Dolow. These services include 711 deliveries by skilled birth attendants, the management of 147 cases of obstetric complications, the provision of 307 family planning services, and 3,522 antenatal care visits.
- 165 individuals provided with psychosocial support.
- UNFPA conducted integrated SRH and GBV outreach campaigns in Kismayo, Bardheere, and Dolow, reaching out to 7,240 beneficiaries.
- 1,550 dignity kits and 318 MHM kits prepositioned in Kismayo and Dolow.
- UNFPA provided support to the Jubaland state Ministry of Humanitarian and Disaster Management to strengthen humanitarian coordination across the state.



Puntland:

- UNFPA, in partnership with TAAKULO, provided integrated SRH and GBV services in response to areas affected by the cholera outbreak, aiming to address the specific needs of pregnant and lactating women, as well as women and girls at risk of GBV.
- UNFPA supported two GBV one-stop centers in Bossaso District, reaching a total of 340 individuals, including 122 girls and 218 women.
- 1,536 individuals (884 women and 652 girls) reached through community mobilization and awareness sessions conducted in 16 IDP camps. These sessions targeted women and girls at risk of GBV.
- 503 women and girls benefited from skill training programs designed for GBV survivors and those at risk of GBV. These programs included training in areas such as beauty salon skills, tailoring, numeracy, and literacy.
- 1,807 beneficiaries were reached with life-saving SRH services. 400 deliveries were attended by skilled birth attendants, 1,403 pregnant women and girls received combined antenatal care and postnatal care services, 54 life-saving cesarean sections were performed, and 350 family planning services were delivered to women and girls.





Hirshabelle:

- 7,321 beneficiaries reached through integrated mobile outreach campaigns targeting women and girls in displaced camps in Baletweyne.
- 69 safe deliveries were conducted in the temporary facilities established for displaced individuals in Baletweyne.
- 1,506 dignity kits distributed to women and girls affected by the floods, aiming to improve their dignity and raise awareness about GBV/and SRH services.
- 12,400 beneficiaries, including women, girls, men, and boys, reached with SRH/GBV information.



Coordination Leadership

UNFPA leads the national GBV Area of Responsibility (AoR) and the sub-national GBV sub-cluster. UNFPA co-leads the SRH Working Group with the Ministry of Health. UNFPA ensure the continuous supply of reproductive health commodities and trains midwives and healthcare personnel on Minimum Initial Service Package (MISP) to effectively address the needs of vulnerable populations affected by drought.

UNFPA advocates for funding and mobilizes resources to provide integrated GBV and SRH services to disaster affected population in Somalia. Collaborating with other UN agencies, NGOs, Clusters, and the Federal Government, UNFPA works to prioritize GBV response and risk mitigation activities through strengthened national policies, legal normative and accountability frameworks.

Key coordination mechanisms include:

- The GBV AoR operates at both the national and sub-national levels, with 22 GBV AoR coordination mechanisms in Somalia.
- The SRH Working Group functions at both the national and sub-national levels, with 7 SRH coordination mechanisms in Somalia.

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