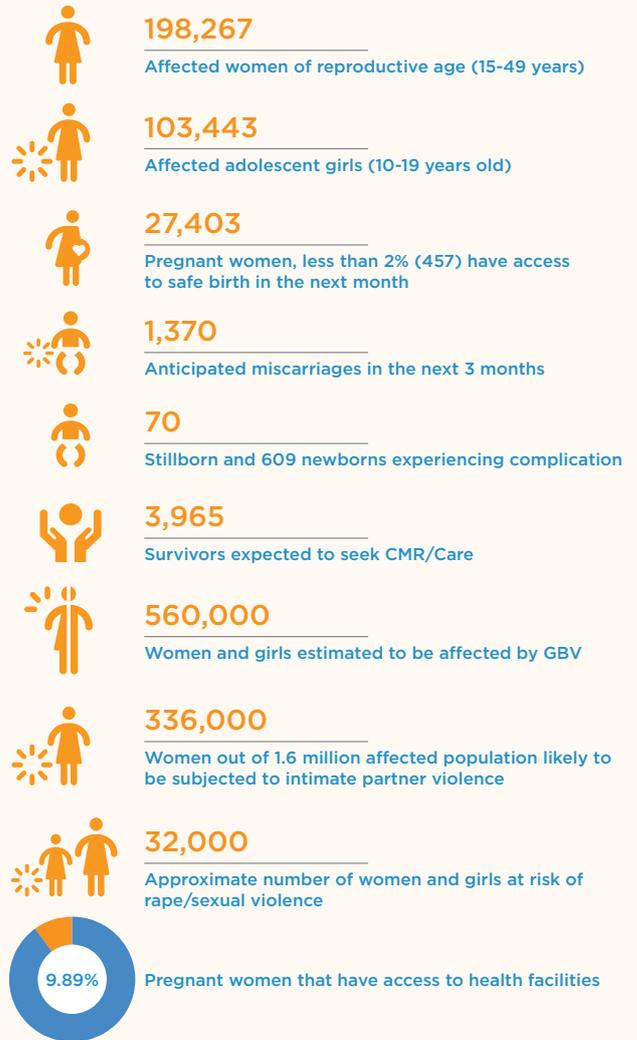
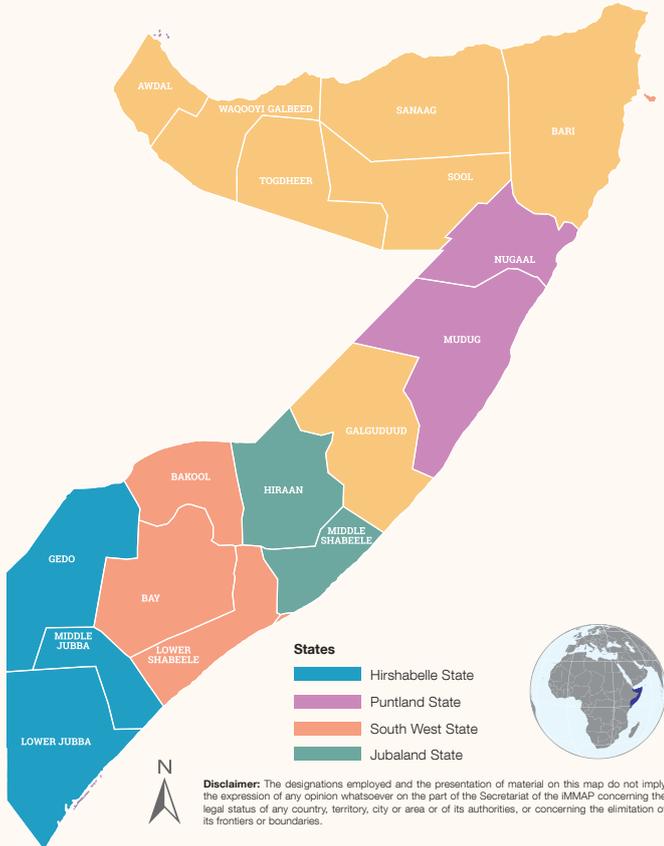


Situation Overview

Situation overview of Women and adolescents girls in the flood affected South West, Puntland, Jubaland and Hirshabelle States of Somalia as of November 2023



The Deyr rainy season (October-December) has already begun in some parts of Somalia, leading to displacement, loss of life, and destruction. According to FAO, over 1.2 million people in flood-prone riverine areas face the risk of displacement. Approximately 1.5 million hectares of land could be inundated. Moderate to heavy rainfall has been reported in parts of Banadir, Galmudug, Hirshabelle, Jubaland, and South West states since early October. The Somali Disaster Management Agency (SoDMA) issued an early warning about the occurrence of El Niño in the country, which is likely to result in enhanced rainfall and flooding during the current Deyr rainy season. Somalia has declared an emergency in areas where torrential Deyr (October to December) rains have caused floods.

As of November 6th, partners and authorities estimate that over 706,100 people are temporarily affected, with more than 113,690 temporarily displaced from their homes¹.



The flash floods have caused significant damage to infrastructure and essential facilities, including the collapse of water and sanitation infrastructure such as boreholes, wells, and latrines. This is likely to result in an increase in water- and vector-borne diseases and reproductive health issues, such as urinary tract infections and complications during pregnancy. The destruction of structures, amenities, roads, and bridges hinders access to essential services, including health facilities. The disruption of humanitarian aid delivery is likely to increase as most affected areas are impassable due to muddy grounds. Humanitarian contexts such as floods disproportionately affect women and girls. About 70 percent of women and girls experience gender-based violence (GBV) in humanitarian contexts. In addition to the existing gender inequalities, the humanitarian crisis exacerbates different types of GBV, this includes sexual violence, intimate partner violence, child marriage and others².

According to the 2023 Somalia Humanitarian Needs Overview, approximately 8.25 million people require humanitarian assistance. This includes 1.5 million children under five years of age, 1.8 million girls aged five to 17 years, 1.8 million boys aged five to 17 years, 1.3 million women, 1.4 million men, and 412,000 elderly individuals. Among those in need, UNFPA estimates that up to 300,000 people in need of humanitarian assistance are women and girls of reproductive age (15-49 years). Among this group an estimated 18,000 are pregnant women in need of essential sexual reproductive health (SRH) services, including basic and comprehensive obstetric and neonatal care (B/CEmONC). It is expected that approximately 6,060 pregnant women will give birth in the next three months.

The displacement and secondary displacement of women and girls will increase their vulnerability and risks, including economic hardship, gender-based violence, and a lack of access to safe spaces.

Based on current statistics, the projected month-long flooding is expected to increase the number of miscarriages by up to 374 cases (in just this month), 57 stillbirths, and 499 pregnancy/newborn complications. There is also a need to ensure continued access to antenatal, delivery, and postnatal care as the number of affected individuals continues to rise.

Humanitarian Needs

SOUTH WEST STATE: Baidoa, Bay region, South West State of Somalia has experienced heavy rains, leading to flash floods in the town and in 386 displacement sites. An estimated 268,243 people, mostly in Baidoa district, are affected from an estimated IDP population of 650,000 people in the state³. Household items, food stocks, crops, and livestock have also been lost. This has increased protection risks, especially for women and girls. Moreover, the destruction of infrastructure, including bridges and houses, may lead to negative coping mechanisms and increase power imbalances, hence the potential risk of maximising gender-based violence, sexual exploitation, and abuse.



268,243

Affected Population



61,696

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



32,189

Adolescent Girls



8,527

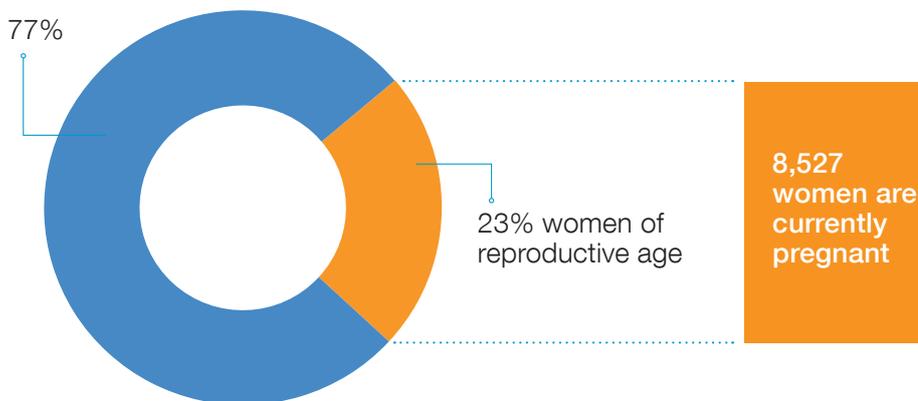
Pregnant Women



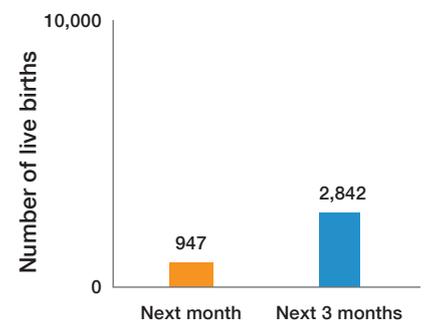
Based on MISP calculations, 61,696 women of reproductive age (15-49 years) are affected. It is estimated that 32,189 are adolescent girls (10-19 years old), and 8,527 women are currently pregnant, with 142 having access to or being able to deliver in a health facility (based on a 1-month projection). Furthermore, it is anticipated that in three months, 426 pregnancies may end in miscarriage or the pregnant woman may experience complications. There may

be 65 stillbirths, with 568 newborns experiencing complications in the next three months. In such a crisis, there may be a surge in gender-based violence cases, and it is estimated that 1,234 cases will seek CMR/care. A total of 64,378 women and girls are at increased risk of GBV and other protection-related risks, most commonly intimate partner violence, child marriage, and sexual violence, including rape.

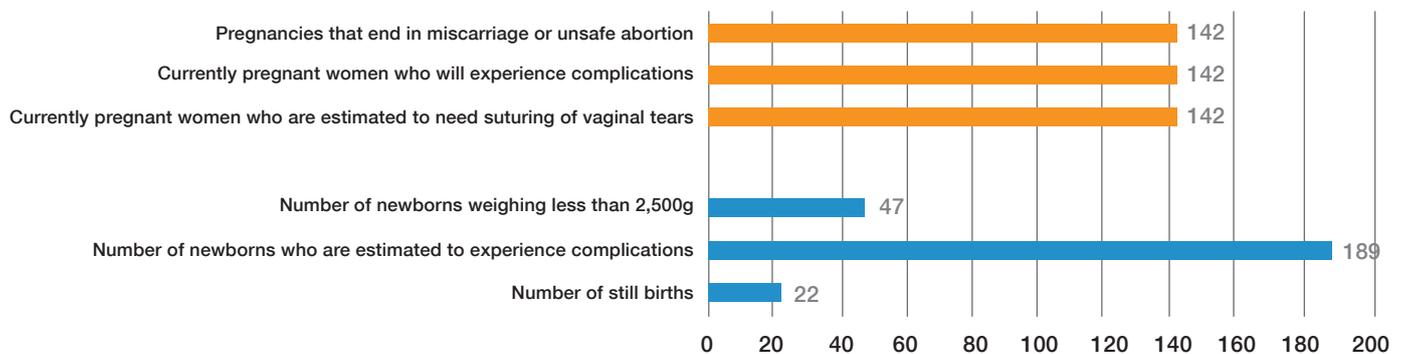
Women of reproductive age and women who are currently pregnant



Live births in the next month and in the next 3 months



Maternal and newborn health needs in the next month



JUBALAND STATE: The Gedo region of Jubaland State has experienced heavy rains, resulting in flooding. This has compounded pre-existing significant challenges due to severe drought and famine in the region, making the situation in Bardera, Dollow, and Luuq districts of Gedo particularly dire for women and girls. Partners and local communities estimate that 268,365 people have been affected. As a result, over 15,000 families (93,600 people) have been displaced. As of 3 November, the Juba River has surpassed the high-risk flood levels.



268,365

Affected Population



61,724

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



32,204

Adolescent Girls



8,531

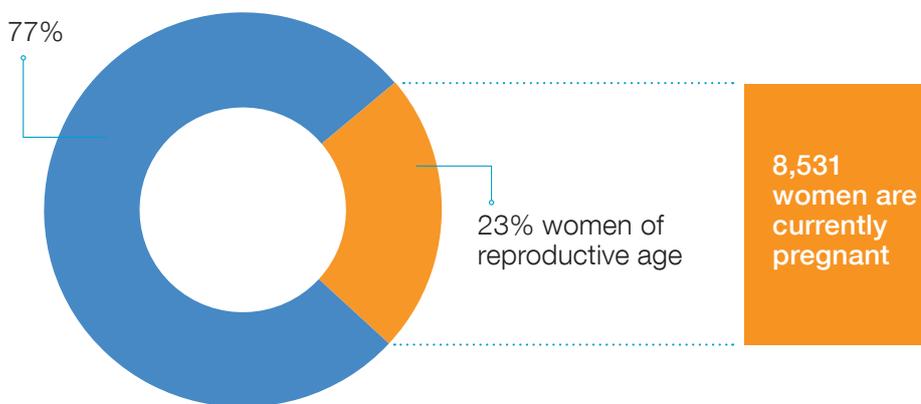
Pregnant Women



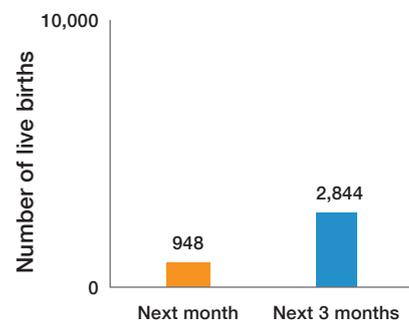
At least 2,000 families in Ceel Waaq, 2,500 in Afmadhow, and 600 families in Jamame district have been affected by flash floods. Out of this population, 61,724 are women of reproductive age (15-49 years). Among them, 32,204 are estimated to be adolescent girls (10-19 years old). There are also 8,531 pregnant women, with 427 having access to or being able to deliver in a health facility in the next three months. Additionally, it is estimated that in the next month,

142 pregnancies may end in a miscarriage or the pregnant women may experience complications. There may be 22 stillbirths, with 190 newborns experiencing complications. Approximately 1,234 survivors are likely to seek clinical management of rape care (CMR/care). A total of 64,408 women and girls are at risk of GBV and other protection-related risks, most commonly intimate partner violence, child marriage, and sexual violence, including rape.

Women of reproductive age and women who are currently pregnant



Live births in the next month and in the next 3 months



Maternal and newborn health needs in the next month



Immediate humanitarian needs include access to reproductive and general health services, protection assistance (particularly for women and girls), food, shelter, and WASH facilities. Impact on Health Services: Significant funding gaps pose a challenge in ensuring the sustainability of existing facilities. Additionally, the limited availability of crucial resources such as Post-Exposure Prophylaxis (PEP), SRH supplies, and Dignity and MHM kits in stock is a pressing concern, hindering the provision of essential services in the midst of the ongoing crisis.



HIRSHABELLE STATE: In Hirshabelle, at least 145,800 people are reportedly affected, with 11,700 displaced following heavy rains on 5 November. Beletweyne, Hiran region, Hirshabelle State, Somalia: Heavy rainfall has caused flash floods and affected 6,714 families (38,359 people) in Belet Weyne, and more than 2,500 families (15,000 people) with 1,500 families (9,000 people) displaced in Jowhar. The most affected IDP sites are Bada Cas, Alla Suge, Jolyale, and the host communities in Guulwadaha, Aboolo, Faanole, and Buri. Of this population, it is estimated that 33,534 are women of reproductive age (15-49 years). Among them, 17,496 are estimated to be adolescent girls (10-19 years old). There are also 4,635 pregnant women, with 232 having access to or being able to deliver in a health facility in the next three months. Additionally, it is estimated that in the next month, 77 pregnancies may end in a miscarriage or the pregnant women may experience complications. There may be 12 stillbirths, with 103 newborns experiencing complications. The risk of 738 cases is likely to seek CMR/care. Currently, displaced residents are seeking refuge in higher elevated areas, primarily in Ceel Jale and Ceelgal. A significant portion of the town remains accessible,



145,800

Affected Population



33,534

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



17,496

Adolescent Girls

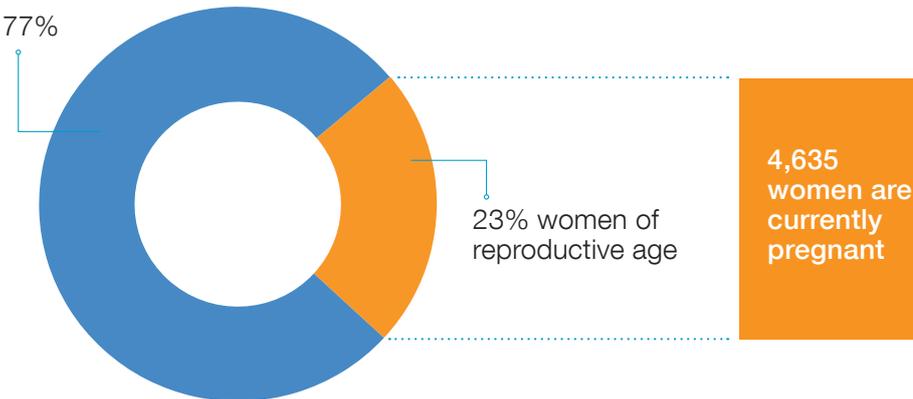


4,635

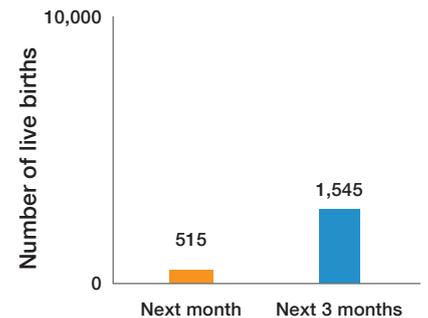
Pregnant Women

but a localized section, specifically around Koshin and Xaawo Tako, remains submerged. Despite the challenging conditions, key facilities such as health centers continue to operate. However, contingency plans are being put in place to facilitate a temporary relocation to higher ground should the situation deteriorate. A total of 34,992 women and girls are at risk of GBV and other protection-related risks, most commonly intimate partner violence, child marriage, and sexual violence, including rape.

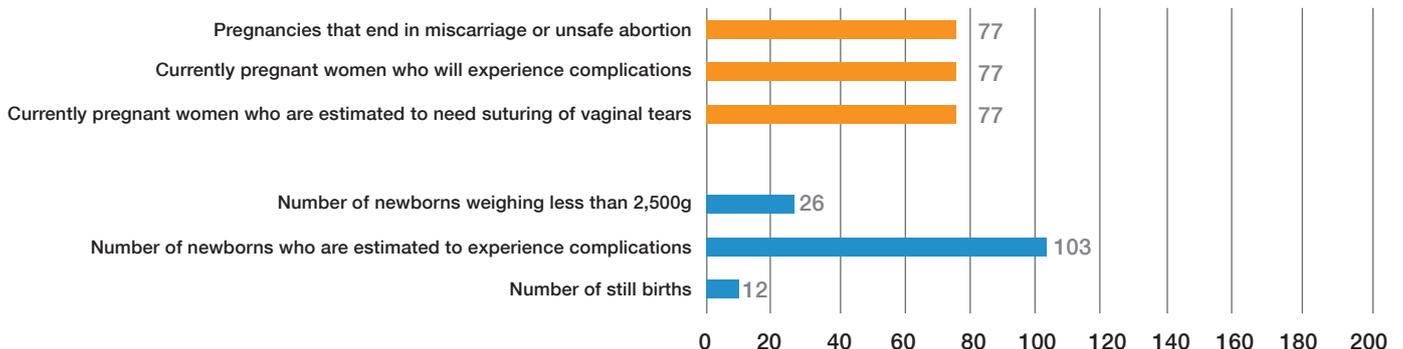
Women of reproductive age and women who are currently pregnant



Live births in the next month and in the next 3 months



Maternal and newborn health needs in the next month





PUNTLAND STATE: At least 179,621 people have been affected by heavy rains and floods in Puntland, with 29,936 households displaced from their homes. Preliminary information indicates that 239 shelters have been destroyed and 222 latrines damaged in 14 sites. Of this population, it is estimated that 41,313 are women of reproductive age (15-49 years). Among them, 21,555 are estimated to be adolescent girls (10-19 years old). There are also 5,710 pregnant women, with 285 having access to or being able to deliver in a health facility in the next three months. Additionally, it is estimated that in the next month, 95 pregnancies may end in a miscarriage or the pregnant women may experience complications. There may be 15 stillbirths, with 127 newborns experiencing complications. Approximately 826 survivors are likely to seek CMR/care.. A total of 43,109 women and girls are at risk of GBV and other protection-related risks, most commonly intimate partner violence, child marriage, and sexual violence, including rape.



179,621

Affected Population



41,313

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



21,555

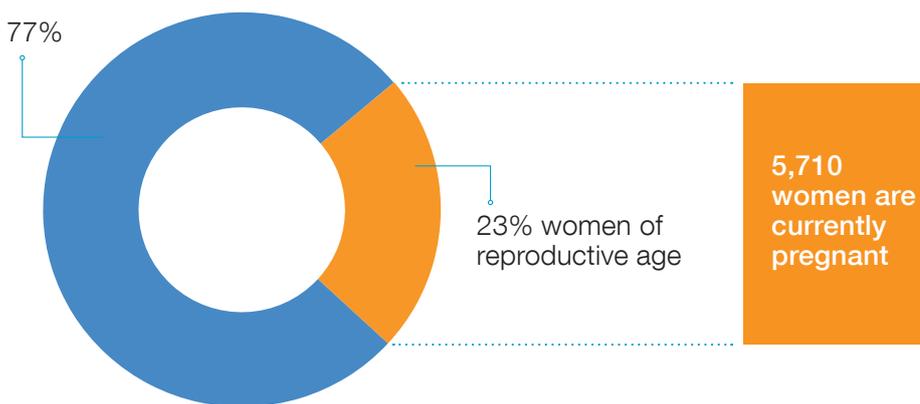
Adolescent Girls



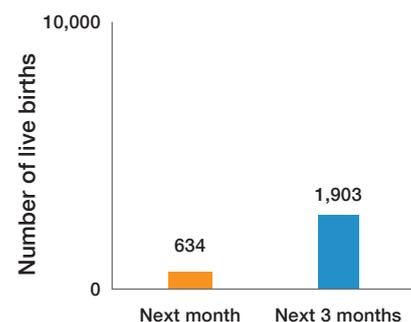
5,710

Pregnant Women

Women of reproductive age and women who are currently pregnant



Live births in the next month and in the next 3 months



Maternal and newborn health needs in the next month



Affected Areas	People Affected	Women and girls in need of assistance	Women of Reproductive Age	Women giving birth in the next month	Women and girls at increased risk of different forms of GBV
South West State	268,243	126,310	61,696	947	64,378
Jubaland State	268,365	126,368	61,724	948	64,408
Hirshabelle State	145,800	68,654	33,534	515	34,992
Puntland Sate	179,621	84,580	41,313	634	43,109
Total	862,029	405,912	198,267	3044	206,887



Ongoing Response

The humanitarian partners are working closely with the government through the SoDMA at the federal and state levels, in collaboration with the Ministries of Health and the Ministries of Women & Human Rights Development, on emergency preparedness and response. Communities in affected areas have been advised to remain vigilant and move to higher, safer ground. The governments of the affected states

have set up a task force to coordinate the response in collaboration with OCHA and different UN agencies at the cluster and multi-cluster levels. Emergency preparedness and flood response coordination meetings continue to be held under the leadership of the SoDMA and the state Ministry of Humanitarian Affairs and Disaster Management across the country.

UNFPA Initial Response

UNFPA Somalia actively participates in the Inter-Cluster Coordination Group (ICCG), leading the GBV Sub-Cluster and the Sexual and Reproductive Health Working Groups (SRHWG) at the national and state levels. For example, in Jubaland, UNFPA works with 20 active reproductive health (RH) partners and 30 active GBV sub-cluster partners, offering standalone and integrated SRH/GBV services.

For the initial flood response, UNFPA, through its partners, has conducted anticipatory actions such as community mobilization and education sessions on SRH and GBV prevention, mitigation, and response. Populations impacted have received Dignity Kits and Menstrual Hygiene Management (MHM) Kits to restore and support their dignity. Multiple coordination and response engagements have been conducted with partners, including governments, to ensure a rapid response. An example of this is the District Flash Floods Emergency Response Meeting held in Luuq on October 22, 2023, organized by the Ministry of Humanitarian Affairs and facilitated by UNFPA.

Additionally, health facility assessments have been conducted in the various states mapped out to be impacted by El Nino as an anticipatory action to assess the functionality of the facilities to respond to



emergencies and identify gaps in staffing, equipment, and supplies. Efforts are focused on ensuring the continuity and access to lifesaving sexual and reproductive health and GBV services in the affected communities.

UNFPA has repositioned 6,500 SRH and 10,000 GBV kits in South West, Hirshabelle, Puntland, and Jubaland states, which are highly affected by the El Nino floods

UNFPA Response Strategy & Priorities

UNFPA is closely collaborating with local authorities and implementing partners in the field, along with humanitarian aid workers, to provide critical life-saving interventions. UNFPA is expanding its presence, with a primary emphasis on a life-saving humanitarian response to address immediate and acute needs, actively engaging and involving the affected populations. UNFPA's response plan is founded on established inter-agency partnerships, cooperation with national and local authorities, and the enduring presence of partner organizations.



SEXUAL AND REPRODUCTIVE HEALTH

- 1. Supporting the functionality of existing Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities**, including those in affected IDP sites, to continue providing life-saving integrated SRH/GBV services and information, all in alignment with Somalia's Essential Package of Health Services.
- 2. Deployment of Midwives and Community Health Workers (CHWs)** to identify high-risk pregnancies, provide reproductive health (RH)-related information, education, and counseling, and distribute clean delivery supplies for visibly pregnant women in IDP sites and host communities that have been critically impacted by the disaster.
- 3. Procurement and distribution of Dignity Kits, MMH kits, life-saving Inter-agency Reproductive Health Kits, medicines, and supplies, including for safe and clean deliveries**, management of pregnancy complications and childbirth, caesarean sections, and blood transfusion, and responding to the health needs of survivors of GBV /Clinical management of rape.
- 4. Deployment of mobile medical teams to conduct outreach services to hard-to-reach/remote areas** – Obstetricians/ gynecologists, pediatricians, general practitioners, nurses, and midwives to provide BEmONC services, Ante-Natal Care, Post-Natal Care, referrals to CEmONC/GBV centers, and to access other RH services.
- 5. Supporting the active referral of obstetric emergencies and other reproductive health emergencies** by equipping and supporting ambulances and covering transportation and treatment costs through cash-based interventions for visibly pregnant women in need of assistance.
- 6. Refresher training on lifesaving obstetric care and Minimum Initial Service Package** on Reproductive Health (MISP) in Emergencies, focusing on midwives and first-line healthcare providers.

GENDER-BASED VIOLENCE

- 1. Coordinate the GBV response:** As the chair of the GBV working group in the flood-affected areas, coordinate the response to GBV, implement safety audits to identify GBV risk factors and measures to mitigate them, create GBV service maps, and distribute updated GBV referral guides for GBV survivors. Provide a GBV pocket guide intended for individuals not specialized in GBV issues, provide training on GBV in emergencies to create emergency response plans for the affected areas, and integrate GBV concerns into other humanitarian clusters to proactively prevent GBV.
- 2. Distribute Dignity Kits (DK) – as part of GBV risk mitigation efforts – to affected women and adolescent girls of reproductive age**, combined with raising awareness on GBV, PSEA, and available response services. Sensitize them on menstrual hygiene and management. Individual DK distribution is carried out by mobile social worker teams and through the WGSS as part of group-based and individual PSS counseling.



3. Provide timely, appropriate, and age-gender-specific GBV information on available services and referral pathways, and risk mitigation mechanisms in place.
4. **Enhance the effectiveness and capabilities of community-based protection networks in IDP sites and other affected areas.** This involves enabling them to deliver psychological first aid and referrals. Simultaneously, establish a community awareness plan targeting GBV prevention, reducing stigmatization, and enhancing service accessibility.
5. **Deploy mobile social worker teams to provide Psycho-Social Support (PSS) counseling and training to women and girls in IDP settlements and disaster-affected areas.** The mobile teams are the first point of reference for women to request assistance and get support, counseling, and referral to WGSS and specialized care. The PSS workers are trained in psychosocial first aid to provide comprehensive PSS counseling as well as identifying services required by the survivor and making referrals.
6. **Set up temporary and semi-permanent Safe Spaces for Women and Girls (WGSS) in areas hosting IDPs, and maintain ongoing assistance for existing WGSSs.** These spaces are used to provide GBV prevention and response services, such as case management, individual and group-based psychosocial support, referrals, hotline services, and information related to GBV. The WGSS also provides life skills sessions for disadvantaged women and adolescent girls, including tailoring skills, makeup sessions, tie and dye, numeracy, and literacy skills.
7. **Provide refresher training to GBV first-line responders to provide GBV case management** to ensure GBV survivors have continued access to services despite physical services being interrupted by the disaster.
8. **Prevention of Sexual Exploitation and Abuse (PSEA):** Conduct community outreach raising awareness on GBV and PSEA, access to life-saving and time-sensitive services, and SEA reporting mechanisms, including training partners on risk factors and consequences of PSEA on agency staff contractual continuation.

Financial Needs:



Total Estimated Need

USD 12,500,000



Duration

November 2023 – March 2024

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REFERENCES:

- ¹SOMALIA: Deyr rainy season 2023 | Flash Update No. 5. 06th November 2023 | United Nations Office for the Coordination of Humanitarian Affairs www.unocha.org/somalia
- ²Gender and Gender-Based Violence in Humanitarian Action | Global Humanitarian Overview (unocha.org)
- ³OCHA situation report 4
- El-NINO: El-Nino Flood Risk and Response Implication (October 2023) by Health Cluster, WHO, Posted 19 Oct 2023
- Situation Report Source FAO Posted 19 Oct 2023 verified by the CCCM cluster and local authority
- MISP calculation



Better Data
Better Decisions
Better Outcomes