



Medical staff process patient samples in an IOM supported health clinic. © Muse Mohamed / IOM Somalia 2018

SITUATION OVERVIEW

The humanitarian crisis in Somalia, characterized by both natural and man-made factors, is one of the most complex and longstanding emergencies in the world. Due to decades of poverty, marginalization, armed violence, insecurity, political instability, natural hazards and lack of development, the humanitarian situation remains critical in the country. Prolonged drought conditions have been devastating for Somali communities and continue to drive displacement, while ongoing conflict impacts protection and human rights, reduce resilience and hinder access to basic services.

Furthermore, Somalia is a key source, transit and, to some extent, destination country for irregular migratory flows due to porous borders, including one of the largest sea borders in Africa. This continues to represent a migration management challenge for recently federalized border authorities. Every year, the thousands of Somalis who make hazardous journeys along regional migration routes are exposed to severe protection risks.

To address overall migration challenges in Somalia, IOM closely works with the Federal Government of Somalia, regional authorities, the UN, donor governments and civil society by implementing the programmes through three pillars: (1) Preparedness and humanitarian response; (2) Long term recovery and durable solutions; and, (3) Migration governance and development.

Since 2006, IOM has set a strong record on delivery of frontline services to crisis-affected populations, while steadily developing models and partnerships for longer term recovery and migration governance. With over 350 staff, IOM Somalia comprises of a main office in Mogadishu and field offices in Kismayo, Baidoa, Hargeisa, Bossaso, Dhobley, Doolow and Garowe, as well as the Nairobi Support Office in Kenya. IOM Somalia is expanding its overall presence in Somalia with the ongoing construction of an office space in Mogadishu International Airport (MIA), which was launched in December 2018.

HUMANITARIAN SITUATION

On 21 January the Humanitarian Response Plan 2019 for Somalia was launched. The HRP presented the key figures of 4.2 million people in need of assistance and protection, while 3.4 million are targeted for humanitarian assistance. A total of 1.08 billion USD is needed in order to assist the targeted population. IOM Somalia appeals for around 40 million USD.

The latest figure of the Integrated Food Security Classification (IPC) show that 1.5 million people are in the crisis (IPC 3) and emergency (IPC 4) status, mainly due to the below average Deyr rain season last October to December. FSNAU and FEWSNET warn that without assistance the situation for many Somali currently in crisis phase can quickly deteriorate to emergency phase.

It is critical to remember that, despite well-performing Gu rains in 2018, overall humanitarian needs remain above the pre-crisis level of two years ago. In addition, the current water level of both the Shabelle and Juba rivers are below normal, mainly due to the aforementioned Deyr season. If this trend continues it will lead to another period of dry river beds, especially along the Shabelle – a historically perennial river. (Source: OCHA Humanitarian Dashboard January 2019)

HIGHLIGHTS (JANUARY 2019)

WATER, SANITATION AND HYGIENE (WASH)



122,686

individuals received safe and clean water



8,594,840 liters

of clean safe water were provided to populations of concern in Somalia.



73,882

individuals reached through hygiene and sanitation promotion activities.



320,000

individuals benefited from of sustainable water sources rehabilitated, upgraded supported in terms of operation and maintenance

HEALTH



28

Static Clinics



30,615

individuals received emergency primary healthcare services

RECOVERY AND DURABLE SOLUTIONS (RDS)



2

socio-economic infrastructure projects completed



7

ongoing socio-economic infrastructure projects



360

cash-for-work beneficiaries



HUMANITARIAN RESPONSE

SAVE LIVES AND ALLEVIATE SUFFERING IN CRISIS-AFFECTED POPULATIONS



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

IOM's CCCM teams improve the living conditions and protection of IDPs in sites and settlements and ensure equitable access to services and assistance of all persons in need in the regions of Kismayo, Doolow and Baidoa.

BAIDOA

In January, the IOM CCCM team kicked off a new relocation project to improve the living conditions and access to services for IDPs at risk of eviction, as part of the Baidoa Public Site Development. The sites were cleared and drainage lines and sanitary corridors were established.

Looking ahead at the pressing needs for 2019, stakeholders including government, humanitarian actors and community members identified major gaps in WASH quality standards for sanitation and a lack of dignity kits for women in most IDP sites. In a positive development, women and youth committees were established in three IDP sites in Baidoa.

A community mobilization activity was conducted jointly with Médecins Sans Frontières (MSF) which provided free eye treatment, drugs and glasses to around 200 IDPs in 8 information centres. Those with complicated eye ailments were referred for surgical operations.

Importantly, the Communicating with Communities (CwC) activities continued in January with 150 site committees trained on the community based complaint and feedback mechanism. The CCCM team also responded to 53 cases, with 47 closed in January.

KISMAYO

According to a recent needs identification exercise, IDPs in Kismayo need improved water and sanitation, livelihoods, shelter, education and health. The IOM CCCM team will continue to identify gaps in services and follow-up with relevant partners.

In January, a detailed site assessment in Kismayo, verified 133 sites with a total of 9,843. A total of 193 individuals moved into IDP sites citing increased insecurity while 34 individuals exited to manage their farms. Meanwhile, an eviction risk mapping exercise was done in 92 sites under the IOM camp management in Kismayo. Several sites were identified as high risk areas for eviction. The issue was raised with the Jubaland Refugee and IDP agency in order to arrange a meeting with land owners to extend the agreement dates and to explore safer locations.

The CCCM team trained 150 individuals during community committee sessions. With a separate session held on good governance, leadership and the role of women in leadership that was held for 180 people (80 female). A cleaning campaign in the IDP sites in Kismayo was organized, a total of 25 volunteers from the community participated in the campaign.

During January, a total of 648 individuals entered IDP camps and 7 individuals exited. The main reason for moving into the IDP site was increased insecurity. Those who exited the IDP sites cited the need to manage their farms. The CCCM cluster reports a total of 391 IDP sites, hosting 47,873 households and 329,191 individuals assessed and mapped. This is an increase of 20 sites and 5,841 households from the previous site verification exercise.

Gender-based violence (GBV) awareness activities reached 240 females in Hanano 2 and Kormani IDP sites, which provided participants with information on GBV prevention, discussion of topics such as rape, domestic violence and physical assault. The GBV referral services continued in 300 IDP sites in Baidoa with three GBV cases referred to the protection cluster and GBV partners.

Of concern, was the report of cases of night-time violence and attacks in Buulefuley, Halaby and Bargadley IDP site, during the last week of January. The attackers were reported armed with knives and sticks and targeted women and girls. In response to this attack a series of sensitization campaigns were launched in order to increase security and to inform the inhabitants of the sites about the various channels to report these cases.



WATER, SANITATION AND HYGIENE SERVICES (WASH)

Adequate access to WASH is essential to prevent dehydration and reduce the risk of water-related diseases. Moreover, good hygiene practices reduce the risk of diarrhoea, cholera, and other disease outbreaks. The provision of WASH interventions is usually one of the highest priorities following the onset of any crisis, whether sudden or protracted, following a natural disaster or complex situation. IOM Somalia's WASH emergency programmes are focused on the immediate provision of water, sanitation, and hygiene services to affected populations across Somalia.

In January, over 320,000 individuals benefited from the construction/rehabilitation and maintenance of water points in Somalia by the IOM Water, Sanitation and Hygiene (WASH) team.

Additionally, 122,686 individuals (76,472 female, 46,214 male) had access to safe clean water from IOM constructed/rehabilitated sustainable water sources that provided 8,594,840 liters of water.

The WASH team conducted hygiene and sanitation promotion activities that reached 73,882 individuals (44,101 female, 29,781 male), that included mobile migrant populations of concern, IDPs, and affected host communities. They were educated on the risks regarding the spread and prevention of water and sanitation related diseases as well as appropriate water handling techniques and sanitation management. As part of the hygiene promotion activities; the WASH Unit distributed 2,000 standardized hygiene kits (jerrycans, soap and aquatabs) to 2,000 individuals vulnerable to acute waterborne diseases (AWD) affected in Baidoa.

Technical training was provided by the WASH team on the safe operations and maintenance of water infrastructure and supply systems to 15 committees (10 male and 5 female) in Baidoa. The committees will support the day to day operations of the IOM drilled borehole and its infrastructure. The newly installed water supply systems constructed prevented over 6,000 families in Baidoa IDP sites from fetching unsafe water from polluted water sources.



HEALTH

The Migration Health Division (MHD) delivers and promotes comprehensive, preventive and curative health programmes which are beneficial, accessible, and equitable for migrants and mobile populations. Bridging the needs of both migrants and IOM member states, MHD, in close collaboration with partners, contributes towards the physical, mental and social well-being of migrants, enabling them and host communities to achieve social and economic development. IOM Somalia aims to deliver basic health care services for migrants and mobile populations who face many obstacles in accessing essential health care services due to a number of factors including the reoccurring drought and continuous conflict.

Primary healthcare service provision continued across 28 static clinics (24 Primary Health Care Centres, 2 Transit Centres, 1 Migration Resource Centre) reaching displaced populations across the country, including Hargiesa, Bebera, Bossaso, Sanaag, Mudug, Gedo, Lower Juba, and Benadir. IOM also continued its nutrition work, operating three outpatient therapeutic centres for Severe Acute Malnutrition (SAM) in Kismayo and Garowe health facilities, as well as the screening and referral of malnourished children from all static and mobile primary healthcare units.

During the month of January, a total of 30,615 beneficiaries were provided with emergency primary health care across the country. 12,209 vaccinations were provided to children and 4,891 antenatal care visits were made to health facilities, while 312 mothers delivered babies at health facilities.

MHD continued its innovative mobile vaccination team (MVT) pilot at entry points to IDP settlements, in collaboration with IOM's CCCM team and the CCCM cluster. At CCCM registration points for IDPs entering Kismayo and Dollow settlements,

MHD has set up a mobile vaccination team of two nurses at each major entry/registration point to deliver vaccinations

and link children to the health facility nearest where they are going for follow-up immunization doses. The mobile vaccination team also screens for acute malnutrition among children under 5 and links them to therapeutic feeding centers. These are under-vaccinated and malnourished children who would otherwise be likely to not receive vaccinations or therapeutic services.

MHD continued its work extending into remote, hard-to-reach and newly liberated areas where no other international actors are reaching and providing comprehensive primary healthcare services, including Badhaade (Lower Juba), Bardhere (Gedo), Bullagadud (Kismayo), Sanaag (Puntland and Somaliland).

IOM is working on establishing clinical capacity building systems and monitoring tools to build clinical capacity of seconded Ministry of Health staff at health facilities, a crucial component of what makes IOM's medical service delivery model effective and sustainable. These will be field tested on 1 March.



SHELTERS-NFI

The Shelter team continues to consult with internally displaced people and local authorities on the provision of shelter and nonfood items (NFI) to vulnerable populations. Depending on the affected community's vulnerabilities, assets, capacities, and preferences, identified populations might be provided with transitional shelters or more permanent structures where appropriate.

In January, the IOM Shelter-NFI team welcomed Steve Millbank as the new SNFI Programme Manager. The coming months will be focused on the development of the SNFI pipeline. The pipeline materials arrived at the Mogadishu port and were delivered to the IOM compound in Mogadishu. Construction will begin on the national SNFI pipeline warehouse in Mogadishu.



IOM distributed S-NFI kits to IDPs in Baidoa © IOM Somalia 2019



RECOVERY AND DURABLE SOLUTIONS

Establish foundations for long-term recovery and durable solutions

IOM supports the Somalia Stabilization Initiative (SSI) funded by USAID/Office of Transition Initiatives. The aim is to provide stabilization assistance to communities living in areas recently recovered from non-state actor control and aims to reduce the risks of destabilizing factors.



RDS

The IOM RDS Unit works to bridge humanitarian, development and peace/state building efforts and operationalize a paradigm shift from aid-agency driven modalities to one where the government and community co-design and lead their nationally aligned and owned programming. The RDS Unit activities promote: durable solutions for returnees and IDPs; increased social cohesion; improved government capacities to lead on durable solutions at FMS and district levels in urban and peri-urban areas. Currently, IOM RDS programming is operational in Jubaland, South West State, and Hirshabelle.

The RDS team held a Community Based Planning (CBP) refresher training/workshop in Mogadishu 22-24 January for all IOM RDS staff, UN Habitat staff that work on Midnimo project, and six Core Facilitation Team (CFT) members (4 from Balad, 1 from Kismayo, 1 from Baidoa). The first two days of the session focused on CBP processes while the third day was a consultation with field teams and CFT to improve efficiency, impact and relevance.

The Danwadaag Partners' workshop took place in Mogadishu 28-29 January for IOM, Concern, NRC and REDSS staff. The session provided updates on consultations, revised logframes and workplans, and updates and introduction to monitoring and evaluation, and reporting tools.

Meanwhile, IOM field staff travelled to Adale and Mataban districts (Hirshabelle State) to put into practice the skills developed during the CBP training and finalize Community Action Plans (CAPs), and to undertake the preparatory works for the CAP launches planned for early February.

IOM RDS hired a consulting group to conduct feasibility studies of solar energy projects in Wanlaweyne and Mataban, and contracted two companies for infrastructure projects in the recently liberated area of Bulagudud, in Southwest State.

Finally, two rehabilitation projects were completed in Dolow, Jubaland: Rehabilitation of Dolow district administration and police station center, and rehabilitation of Dolow orientation center.



MIGRATION GOVERNANCE & DEVELOPMENT

ADVANCE THE WELLBEING OF SOCIETY AND MIGRANTS THROUGH STRONGER MIGRATION GOVERNANCE AND DEVELOPMENT



LHD

The Labour Mobility and Human Development (LHD) programme focuses its interventions on promoting pathways of labour migration, enhancing coordination for diaspora engagement, strengthening institutional capacity and, mitigating the drivers of irregular migration.

As part of the SIDA MIDA cost extension, seven participants have received an extension of their contract to continue supporting their host institutions. In addition, eight new participants have been recruited. Currently, nine institutions are supported by the SIDA MIDA Project.

On 13 January the IOM LHD team organized a workshop on Health in All Policies (HiAP) and Non-Communicable Diseases (NCD) as part of the MIDA FINNSOM Health project Phase IV. Read more about the event [here](#).



IMMIGRATION AND BORDER MANAGEMENT (IBM)

IOM's Immigration and Border Management (IBM) programme supports the Government of Somalia in promoting safe and orderly migration, securing borders and building the capacity of immigration officials.

In January, the review of the Immigration Act and its relevant laws in Somalia was finalized by the Immigration Law Expert and presented to the Director General of the Immigration and Naturalization Directorate (IND). The goal of reviewing the Immigration Law in Somalia is to bolster immigration management and by extension, security, through a clearer legal framework; which has become one of the critical challenges for Somalia with the country experiencing an increase in migrants crossing its border posts.

From 26 to 28 January the Regional Quarterly coordination meeting was organized in Baidoa, hosted by the Immigration and Naturalization Directorate (IND). The objective of these meetings is to improve immigration legislation and cooperation among the different immigration departments; and to improve their border management capacity in Somalia to increase stability and reduce irregular migration. This meeting brings together the directors of Immigration from the Federal Government of Somalia.

The Human Resource Information Management System (HRMIS) was finalized on 24 January. The purpose of this system was to develop a standardized process of managing Human Resources at the IND. The HRMIS is expected to

standardize and automatize the whole process of acquisition of new staff, management of staff, their roles and payrolls. Training for selected immigration officers on the operation and use of the HRMIS has also been conducted and included data entry of the staff files at the immigration headquarters in Mogadishu.

The IBM team held a six day workshop at the Dhobley border post. The participants comprised of IND immigration officers and their volunteers, law enforcement agencies, customs officials and partner agencies including the District Commissioner's office and community representatives derived from community peace committees, women and youth groups. The aim of the workshop was to develop an early warning mechanism for communication with border officials and law enforcement agencies when irregular migration is detected; in addition to developing community messages for an information campaign to be disseminated through bill boards, social media, posters, t-shirts, brochures and audio and visual messages in the form of Somali oral poems to be disseminated through radio talks and YouTube videos.

HUMAN INTEREST STORY

ADALE COMMUNITY ACTION PLAN LAUNCH

Khadija Muhyidiin, is a 25-year-old nurse. She was born in Adale and has spent most of her life there. After completing secondary school, she joined a University in Mogadishu and is now a fully trained nurse. She returned home with the hope of helping her community and is currently serving as a health worker.

As a local community worker, she always believed that solutions for problems should come from the community, since they are more aware of their primary needs and priorities. When she heard about the Community Action Plan (CAP), she explained that: 'having lived in Adale for all those years, this is the first time I've seen efforts to consult local communities about their needs. I was hopeful this will deliver community-driven solutions for Adale and I got involved in bringing people together around the consultations.' She further expressed that, 'I focused on ensuring the mobilization of the community particularly women and other community groups that are often forgotten.'

The CAP is the result of an inclusive consultative process from different groups of the community together with local authorities and government officials. CAPs reflect the community priorities for stabilization and early recovery, and

reflect the outcome of a five-day inclusive process/workshop with a diverse group of individuals. Projects included in the CAP are aimed at government-led inclusive access to basic services, conflict reduction and peacebuilding.

Her biggest challenge came from a number of community members who did not fully trust in the consultation initiative. They were involved in other consultative initiatives in the past, but which did not bear the expected results. She explains that: 'now, everyone is delighted about the Community Action Plan launch. After all the consultations, the community identified projects are finally being implemented. We are hopeful this will go a long way in helping people's needs which are now addressed by those infrastructure projects.'

As a trained nurse, she hopes that by repairing Adale hospital, this will lead to improved health services in the district. She further added that: 'this hospital is in a poor situation. Dozens of villages surrounding Adale depend on it, yet it does not have appropriate facilities to meet the demands of the community. I hope the repairs will be followed by assistance to equip the hospital. With that, as a trained nurse, I will be able to play my role in helping my community.'

This project is led by the Government of Somalia with support from the European Union and is jointly implemented by IOM and UNHABITAT.



Khadija Muhyidiin participating in the Adale Community Action Plan Launch © IOM Somalia 2019



IOM staff in Mogadishu © Muse Mohamed / IOM Somalia 2018

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