



Awaiting the arrival of Somali returnees in Berbera © IOM Somalia 2019

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.

To address overall migration challenges in Somalia, IOM works closely with the Federal Government of Somalia, regional

authorities, the UN, donor governments and civil society by implementing 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 delivered 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 operates from a newly constructed main office in Mogadishu and seven field offices, as well as the Nairobi Support Office in Kenya.

HUMANITARIAN SITUATION

Reports indicate that dry conditions are becoming worse throughout the country as a result of delays in expected rains, with the OCHA Somalia Humanitarian Dashboard for April referring to a “potentially complete failure of the Gu’ season” ([OCHA, April 2019](#)). Cyclone Idai hitting South-Western Africa has also had a negative impact on expected rainfall in Eastern Africa and agencies are becoming increasingly concerned that water availability is deteriorating, particularly in the north of the country, but also in central and southern regions. Many communities are already vulnerable due to the below average rainfall from October to December 2018.

A spike in drought-induced displacement continues as rural communities flee to urban areas, with almost 45,000 people having moved so far this year. Humanitarians are finalizing a Drought Response Plan to mobilize resources and boost response mechanisms in the most severely-affected areas between now and December, when the number of people in crisis (IPC phase 3) is likely to increase. An estimated 5.4 million Somalis are now projected to be food insecure by July; of which 2.2 million are likely to be acutely food insecure. (Source: [OCHA Humanitarian Dashboard April 2019](#))

HIGHLIGHTS (APRIL 2019)



CAMP COORDINATION AND CAMP MANAGEMENT

- 1,629 individual entered into IDP sites in Baidoa, Doolow, and Kismayo
- 355 complaints were received and responded to or referred to partners for services



WATER, SANITATION AND HYGIENE (WASH)

- 119,694 individuals received safe & clean water
- 37,842 individuals supported with emergency water trucking
- 34,140,000 litres of clean safe water provided to populations of concern in Somalia
- 89,478 individuals reached through hygiene and sanitation promotion activities



SHELTER AND NON-FOOD ITEM (S-NFI)

- 2,000 Individuals received S-NFI kits



DISPLACEMENT TRACKING MATRIX (DTM)

- 13,103 number of inflows and 33,399 number of outflows were monitored at 8 Flow Monitoring points



MIGRATION HEALTH DIVISION (MHD)

- 32 static health clinics (26 Primary Health Care Centres, 2, Mobile Medical Teams, 3 Transit Centres, 1 Migration Resource Centre) supported
- 2,309 individuals provided medical consultations by mobile teams
- 171 Somali returnees (6 from Libya, 165 from Yemen) received medical screening, care and support



RECOVERY AND DURABLE SOLUTIONS (RDS)

- 3 socio-economic infrastructures completed
- 4 ongoing socio-economic infrastructure projects
- 10,500 individuals supported through completed socio-economic infrastructures



MIGRANT PROTECTION AND ASSISTANCE (MPA)

- 115 Somali returnees and refugees were assisted through AVR



HUMANITARIAN RESPONSE

SAVE LIVES AND ALLEVIATE SUFFERING IN CRISIS-AFFECTED POPULATIONS



CAMP COORDINATION AND CAMP MANAGEMENT

IOM's CCCM teams improve the living conditions and protection of Internally Displaced Persons (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 April, the IOM team in Baidoa continued to monitor entry (1426) and exit (363) at checkpoints through Movement Trend Tracking (MTT). Entries were down in April when compared to March, while exits were five times as high. Most people who were interviewed indicated that they fled from the Bakool and Bay regions due to increased insecurity and drought.

Importantly, a training was held for 60 community leaders (26 females) on the roles and responsibilities of camp management, and the use of the complaints and feedback mechanism. The primary concern raised by camp residents in April was related to a lack of water and food security.

Baidoa relocation

IOM has been leading an effort to provide a more durable solution to displacement in Baidoa by planning to relocate some 24,000 IDPs at risk of eviction to public sites in coming months. One crucial early step: the South West State government has provided public land for the displaced. A taskforce was established by the government and is coordinated by the Camp Coordination and Camp Management Cluster to ensure efficient development and subsequent relocation of displaced families who are at risk of eviction. Humanitarian and development actors have been working together to ensure the readiness of basic services, police stations, and the site's connectivity to the urban centre.

The IOM team was busy in April, pushing ahead with many necessary details to ensure smooth relocation in Baidoa,

including land clearing (59 hectares); bush clearing and road construction (1 km) connecting two police stations; demarcation of 29 blocks; construction of one school; and the completion of 492 latrines. The construction of water facilities and the police station is ongoing.

Meanwhile, preparations are underway for the relocation of residents from 15 IDP sites in Baidoa to the new public site. The IOM team, with partners and government representatives, organized a visit for 30 community representatives from these sites to the new public site where they were able to show them the available services. Learn more about the relocation efforts in the following [press release](#).

Doolow

The IOM team in Doolow continued to monitor the movement of individuals entering (148) and exiting (13) IDP camps in April, constituting a slight increase in movements over those recorded in March. The majority (85%) of new arrivals were from Ethiopia who cited insecurity and tribal clashes as their reasons to move, while others (15%) were internally displaced within Somalia.

Water shortages continue to cause concern in Doolow, especially at the Kabasa site, where IOM coordinated with humanitarian partners to strengthen the water supply system. Meanwhile, the water shortage in Qansaxley was temporarily resolved through water trucking, although the IOM team continues to seek a long term solution.



Visit of community representatives to the new public site in Baidoa © IOM Somalia 2019

Kismayo

In April, IOM monitored the entry (591) and exit (58) of individuals in Kismayo, finding an increase in entries over March but almost half as many exits. The majority of people entering came from locations in Lower Juba, citing insecurity and food shortages as their reason for leaving.

A clean-up campaign was organized in April, alongside information outreach sessions with camp residents about the importance of taking care of the environment and keeping clean living conditions. A total of 575 volunteers participated (475 females). Meanwhile, IOM continues to receive complaints and feedback from camp residents, with shelter needs most reported in April.

Continued eviction of IDPs (122 in April) remains a concern in Kismayo. IOM carried out an eviction mapping exercise and

discussed the land occupancy agreement with the community leaders, identifying opportunities for the extension of the land agreement and, with the support of the JRIA, they requested that the landlord provide an extension agreement.



WATER, SANITATION AND HYGIENE (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.

Emergency Response

The IOM team continued to respond to the increasing humanitarian needs of drought affected populations in April. This included deploying water trucks to 35 IDP sites in Baidoa (37,842 individuals) where 8,514,450 litres of water were provided to IDP communities in Baidoa in April. IOM also supported drought affected regions in the north of Somalia with 5,987,520 litres of water provided to 6,336 households as part of the emergency response in Sool. A further 24,636 individuals in Puntland and 13,380 individuals in Somaliland were also assisted.



Emergency water trucking. © IOM Somalia 2019

General

In addition to the provision of emergency response, IOM also provided access to sustainable clean water for 119,694 people in Gedo, Banadir, Hiiraan, Middle and Lower Shabelle regions, with a total of 34,140,000 litres of water delivered in April. The IOM WASH team continues to support the victims of K13 camp evictions in Kaxda, Mogadishu by providing water, and facilitating a community mobilization and awareness session on good hygiene practices which benefited 116 households (696 individuals).

Meanwhile, in Baidoa, a hybrid solar panel was installed at the Bayhaw borehole which currently serves 700 IDPs in the surrounding area and will also supply water to over 6,000 IDPs who will be relocated to the area soon.

Finally, IOM supported the operation and maintenance of 70 water schemes, 44 mini water supply systems and 26 boreholes throughout Somalia.



The IOM WASH team visited Doolow to assess drought affected areas. © IOM Somalia 2019



MIGRATION HEALTH DIVISION (MHD)

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.



The opening of the health centre in Deg-Elema © IOM Somalia 2019

The IOM health team (MHD) continues to provide emergency primary healthcare and nutrition services at 32 health clinics (26 Primary Health Care centres, three transit centres, two mobile medical teams, one Migration Resource Centre) across the country. These facilities reach many areas including Somaliland, Puntland, Benadir (Mogadishu), Lower Juba and Gedo.

Kismayo

In April, the IOM team facilitated the official opening and full-time operation of Bullagadud health centre in Kismayo. Bullagadud is an area that was recently liberated by government forces. To meet the health needs of community members, the facility was provided with medicines, medical equipment, medical supplies and health facility furniture. Additionally, the Allanley health centre in Kismayo town was renovated in April whereby the roof and other critical infrastructures were repaired.

Meanwhile, efforts are underway to improve nutrition at IDP sites in Kismayo, with 800 mothers having received training on the early identification of acute malnutrition in children under five.

Doolow

The IOM health team concluded its pilot project "Vaccination on Arrival" in April, which aimed to vaccinate IDP children under five and pregnant/lactating mothers arriving at the Qansaxley IDP site in Doolow.

Emergency Response

In April, IOM started an emergency drought-response project (CERF funded) in Somaliland and Puntland, deploying six mobile teams and establishing two static health facilities across Sool and Sanaag regions. These clinics will provide essential lifesaving health services to drought-affected mobile populations living in hard-to-reach areas.

Capacity building

To build the capacity of health providers, IOM provided on-job training for staff at Gar-adag and Hulo health facilities. Two diaspora doctors under IOM's Migration for Development Programme (MIDA programme) delivered training on Integrated Management of Childhood Illnesses (IMCI) to increase the capacity of staff in correctly diagnosing and treating pediatric diseases.

Medical screening

In April, the IOM health team provided medical screening, care and support to 171 Somali returnees (6 from Libya, 165 from Yemen) at the Way Station transit centre in Mogadishu. All returnees received a comprehensive medical assessment with eight individuals that required significant medical care.

Finally, in April MHD conducted health assessments for 37 refugees and resettlement cases in Hargeisa (31 for Canada, 6 for New Zealand), with the support of two health professionals from the IOM Kenya health team. Individuals came from Hargeisa, Bossaso, Garowe, Galkaayo, Mogadishu and Buhodle for medical screenings and health assessments.



Health Screening of Somali returnees from Yemen, funded by KS Relief. © IOM Somalia 2019



SHELTER AND NON-FOOD ITEM (S-NFI)

The Shelter team continues to consult with internally displaced people and local authorities on the provision of shelter and non-food 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.

New arrivals to IDP sites in Doolow received NFI kits (2,000) in April from the S-NFI Cluster Contingency Stock. These kits were provided to the most vulnerable groups in two IDP sites, and contain basic tools and materials to support the daily needs of households. The IOM shelter team also prioritized the construction of the S-NFI Cluster Contingency

warehouse, with gates and three rub halls completed.

The Shelter team worked on a Cash Based Initiative (CBI) case study in April, with training provided to enumerators in Doolow and Baidoa. The data collected through post-distribution monitoring will enable IOM to analyze the impact of previous responses.



STABILIZATION & TRANSITION

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.



RETURN, RECOVERY AND DURABLE SOLUTIONS (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 IOM team prepared to begin Cash for Work activities in Mogadishu at the request of the government. With activities set to start in May in seven districts, the Cash for Work programme will benefit 179 participants per district (1,253 total). Participants will be engaged five days per week, six hours per day for one month.

On 28 April, IOM held a ceremony in Bullagadud to hand over police posts and solar streetlights to Jubaland State government officials. Meanwhile, foundations were laid for the Kerowfogi bridge in Baidoa.

In collaboration with the IOM health team, the IOM RDS team developed a response package comprising of mobile health clinics and stabilization support in newly liberated Sabiib and Barire, on the Afgoye-Marka corridor and in Lower Shabelle in Southwest Sate.



Handover ceremony of streetlights and police post. © IOM Somalia 2019



In partnership with Federal and FMS Ministries of Information, IOM and USAID released a comprehensive assessment of the media landscape in Somalia, which will play an invaluable role in reaching Somali communities with news and information to improve lives and build confidence in a rising Somali nation.



DISARMAMENT, DEMOBILIZATION AND REINTEGRATION (DDR)

The DDR Unit works with marginalized youth at risk in Countering/Preventing Violent Extremism (C/PVE) and social cohesion, and supports the Federal Government of Somalia's National Programme for the Treatment and Handling of Disengaged Combatants.

The 31-minute film à clef 'Journey of Defection' was aired a total of four times through two Somali TV channels with national coverage during the month of April. In response to recommendations from community members who watched the film, DDR plans to include more screening events and use more digital story-telling techniques in upcoming media campaigns on National Programme.

IOM, in partnership with the Ministry of Youth and Sports, distributed in-kind livelihood support to 87 Youth at Risk, who finished their training last month, to facilitate business start-up. The start-up support will facilitate beneficiaries in establishing small businesses, as a means of creating employment for themselves and others in Baidoa and its surrounding areas.



MIGRATION GOVERNANCE & DEVELOPMENT

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



IMMIGRATION AND BORDER MANAGEMENT (IBM)

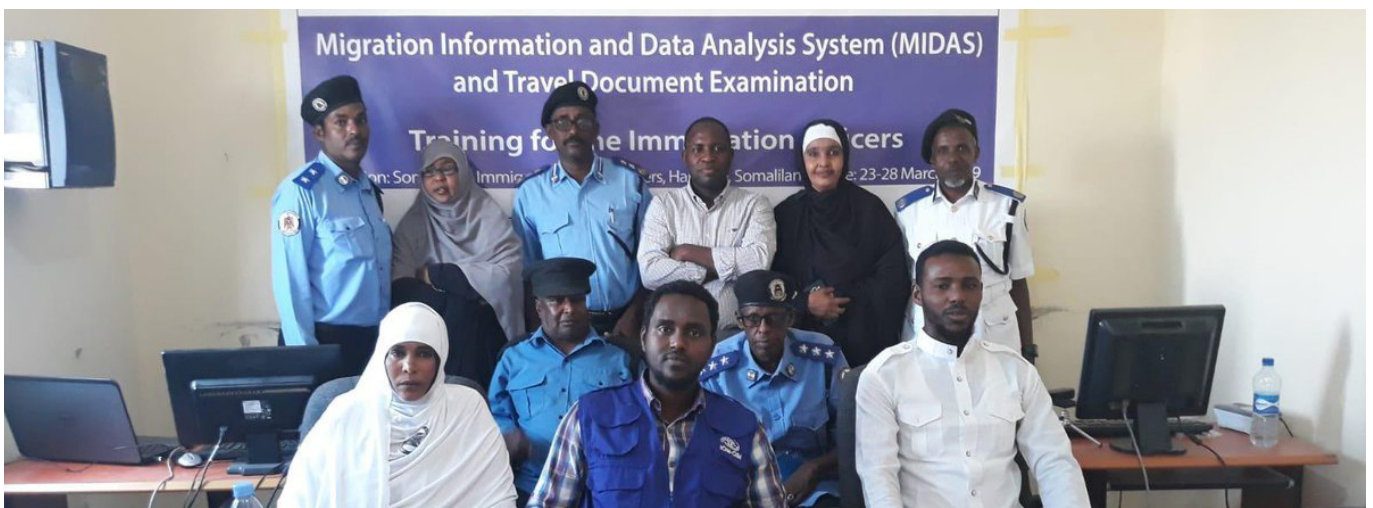
IOM's Immigration and Border Management (IBM) programme supports the Government of Somalia in promoting safe and orderly migration, securing borders and building the capacity of immigration officials.

In an effort to identify capacity and infrastructure needs, the Immigration and Naturalization Directorate (IND) of Somalia conducted a comprehensive border assessment along the Kenya-Somalia border as part of the US funded project "Enhancing the Capacity of Somali Immigrations to Use the Migration Information and Data Analysis System (MIDAS)". The assessment was conducted at the Kulbio border post in Jubaland state, which is considered a high-priority port of entry (POE). It is hoped the assessment will aid the IND as they look to develop plans for a new POE.

Under the Better Migration Management Project (BMM), the IOM IBM team also held a regional workshop in April which brought together staff members from all IOM country offices and various government counterparts involved in implementing the project. The purpose of the workshop was to allow country offices to analyse the first phase of the

project and also finalize work plans and ideas for phase II of the project.

Finally, as part of BMM, IOM and the Immigration and Naturalization Directorate (IND) co-facilitated an Inter-Agency Working Group meeting in Mogadishu. The aim of this workshop was to provide a clear understanding of the responsibilities of all agencies and the roles and functions of each member, to establish a culture of collaboration and cooperation for improved border management in Somalia. It brought together senior government officials from relevant stakeholders in immigration, security, intelligence, customs, finance, health and private-sector. The workshop was a step towards the formal establishment of the Inter-Agency Working Group at national and local levels in order to enhance border management coordination.





LABOUR AND HUMAN 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.

The last phase of the project “MIDA Somalia Phase I” concluded in April, with two diaspora experts, one local professional and two local interns supporting capacity building and sustainable development by collaborating with the Ministry of Commerce and Industry, the Office of President of Galmudug and the Ministry of Agriculture in Jubaland, respectively. Phase I proved to be highly successful with 106 staff from host institutions trained as part of the workshops organized by MIDA participants. Furthermore, capacity development was supported through daily mentoring and knowledge sharing by the diaspora experts.

Additional diaspora expertise was utilized at the Hargeisa Group Hospital as part of the FINNSOM IV project. A diaspora dialysis nurse conducted training for 15 nurses and four doctors and covered dialysis care management for pregnant patients. This training is important in improving care provided to mothers who suffer kidney-related diseases during pregnancy. Similar trainings are scheduled to take place this year in Borama and Burao (where a dialysis unit was launched in September 2018 with the support of the project) hospitals.



MIGRANT PROTECTION AND ASSISTANCE

IOM Migrant Protection and Assistance (MPA) Division provides technical expertise in areas of migration policy, administrative and operational practices, procedures for countering human trafficking and smuggling, and direct assistance to migrants.

Through funding from KS Relief, a total of 115 Somalis were assisted to return from Yemen at the Berbera port. IOM in collaboration with NDRA, UNHCR and the Danish Refugee Council facilitated safe and dignified return, and provided necessary medical support.



Staff waiting for Yemen returnees in Berbera © IOM 2019



The IOM Head of Office in Hargeisa, Ms Sikhulile Dhlamini, was honoured to be invited to meet with the Vice President of Somaliland on 24 April to discuss how the Organization can continue to support and strengthen migration programming.

HUMAN INTEREST STORIES

Mothers Benefit from Outreach Site in Dhobley town, Somalia



Every mother wants their children to be healthy and happy, and to have a safe pregnancy and delivery. Unfortunately, many Somali women living in remote areas of the country are forced to make choices no mother should have to, either use their limited funds for transportation to a regional hospital or forego treatment.

To close this gap IOM, funded by the German government, is now providing emergency primary health care services in Afmadhow district, Dhobley town and its surrounding area. In addition to static facilities in the main settlements, IOM also runs mobile and outreach clinics twice a week in internally displaced person (IDP) settlements and the outskirts villages.

Fatuma Mohamed is a mother of six children, she lives in Bula Bigeys IDP settlement in the outskirts of Dhobley town. She was among the first individuals to receive treatment at the IOM mobile clinic. Instead of having to travel 2-3 KM to the nearest hospital, Fatuma was easily able to access health services at the IOM clinic.

She also expressed the importance of the outreach clinic, for example with health services so near the whole family can be treated the same day without incurring any expenses unlike going to the hospital where only the very sick are taken due to the distance and transport cost.

"I am among the first beneficiaries of the IOM outreach clinic. One day I was pregnant with my third child I developed severe headache and epigastric pain, and I was immediately brought to the outreach clinic and luckily it was the outreach day in our village where the health workers checked my blood pressure and noted it was high. They prescribed drugs and counselled me on the importance of visiting health facilities especially when pregnant," explains Fatuma.

"This has really changed my perception of seeking health services and until today I don't miss my antenatal visits up to delivery." Fatuma says that having these free health services available close to her village has allowed her to avoid incurring expensive transportation costs and she requests IOM to increase the frequency of outreach clinic visits in her village.

"We are requesting IOM to increase outreach visits or put up a health centre for us, and now that this service was brought near to us, I am saving the transport cost to buy milk for my children.."

Providing Health Services across Generations in Dhobley town, Somalia



If you get sick, what is your first instinct? You want to feel better right away! But the ability to reach health services and medicines is not always easy for Somali families and internally displaced persons living in Dhobley town, Afmadhow district.

With funding from the German government, IOM has opened a health centre in Dhobley town and its surrounding area for IDPs and community members. The public health centre was closed for more than six years, and once more it is providing critically needed primary health care services such as antenatal care,

immunization and treatment of childhood illnesses. In addition outreach teams that serve far settlements use the centre as base where they can replenish medical supplies.

Zainab Nurie is a grandmother who lives in Waberi settlement with her three grandchildren and today she visited the Dhobley health facility to receive services. The children were treated for respiratory conditions and she was provided with a pack of medicine. She was simply overjoyed, not just at the ability to receive free services close to home but because she received free medicine.

"I used to go to the main hospital which is far or sometimes to private clinics to get health services but since the MCH was reopened we felt a sign of relief."

"I don't need to walk long distance to access services and I have also saved money that I used to spend on medicines at private clinics. We are grateful to IOM for operationalizing this health center that was closed for many years," explains Zainab

Although Zainab is no longer within the reproductive age group she noted the significant benefit of the centre as services are comprehensive and provided under one roof.

"Since the facility was opened, everybody is benefiting; pregnant women, children and everyone who is sick is getting free medicines. Our children are also getting vaccinated easily."

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