



IOM staff during a flood assessment mission in Bardale © 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

The water levels in the Shabelle River have exceeded the maximum holding capacity in Belet Weyne district, resulting in flooding that has displaced 232,000 people. Riverine areas along the Juba and Shabelle rivers across Hirshabelle, Jubaland and South West states have been inundated. Flash flooding was also reported in Somaliland and Banadir regions. The cumulative flooding has affected just over half a million people across the country, including 370,000 who have been displaced from their homes. Seventeen people have died so far while infrastructure, farmland and properties have been destroyed. The forecast for the coming weeks shows more rain, according to SWALIM. As a result, the current high river levels in Shabelle and flash flooding in some areas are expected to continue to December.

Along the Juba River, water levels have reduced but risks of disease outbreaks remain. Humanitarian partners have scaled up the delivery of assistance, but significant gaps remain in the flood response. (Source: [OCHA Humanitarian Dashboard: October 2019](#))

HIGHLIGHTS (OCTOBER 2019)



CAMP COORDINATION AND CAMP MANAGEMENT

- 714 individuals entered into IDP sites in Kismayo, 16 exited
- 132 individuals entered into IDP sites in Doolow, 369 exited
- 1,624 individuals entered into IDP sites in Baidoa, 525 exited



DISPLACEMENT TRACKING MATRIX

- 13,672 people were recorded entering Somalia, while 15,741 exited.



MIGRATION HEALTH DIVISION

- 47 health clinics (28 Primary Health Care Centres, 14 Mobile Medical Teams, 3 Transit Centres, 2 Migration Resource Centre) supported



RECOVERY AND DURABLE SOLUTIONS

- 8 community based planning sessions conducted
- 1,344 cash-for-work beneficiaries (190 male and 1,136 female)



MIGRANT PROTECTION AND ASSISTANCE

- 276 individuals (162 male, 114 female) were assisted from Yemen
- 108 Ethiopian migrants (93 male, 15 female) were assisted to return back to Ethiopia



IMMIGRATION AND BORDER MANAGEMENT

- 12 immigration officials (10 male, 2 female) trained from 4 Ports of Entry



LABOUR AND HUMAN DEVELOPMENT

- 22 national experts (8 female) recruited for 9 regional hospitals
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CROSS-CUTTING ACTIVITIES

Floodings

Due to the onset of rains, IOM and UNHCR conducted a Joint Flood Risk assessment in Doolow. A total of 300 households were affected by the rain, while 37 latrines collapsed. Through the IOM managed S-NFI contingency stock in Mogadishu, 3,200 emergency NFI kits (sheets, blankets, sleeping mats, mosquito nets, kitchen sets and jerrycans) will be distributed to 19,200 flood affected people in Belet Weyne.

IOM is expanding medical services to meet the needs of the flood affected communities and is ready to respond to outbreaks of acute watery diarrhoea (AWD) and other waterborne diseases, as well as expected increases in malaria incidence.



Impact of heavy rains to sanitation facilities © IOM Somalia 2019



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 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

The IOM team continues to monitor movements at IDP sites in Baidoa. In October 1,624 new arrivals and 525 exits were recorded. The main reasons people gave for entering Baidoa were insecurity and food shortages. In contrast those persons who exited IDP sites, left to manage their farms.

The continuous influx of IDPs into Baidoa is challenging and mainly impacting the delivery of water and sanitation services. Additionally, many households continue to settle on land without consent of land owners, which is leading to forced evictions. IOM supported relocation of 230 households at risk of eviction to private land with formal lease agreements.

The IOM Regional Director for the East and Horn of Africa visited Baidoa. He met with government authorities and talked to the IDP community and their leaders during a site visit.

In order to raise awareness of the IDP communities in Baidoa to the dangers and risks of flooding, the CCCM teams organized a house-to-house visit and reached 14,000 individuals from 51 IDP sites and informed them to explore options to relocate out of the flood-prone areas when needed. Due to the heavy rains the roads in Barwaqo 2 site required rehabilitation in order to ensure continued access. Reinforced pumping systems and drainage maintenance should avoid flooding in the upcoming weeks of the rain season.

The IOM S-NFI team registered 1,000 households from 20 different IDP sites in Baidoa for cash based shelter intervention through the distribution of emergency shelter kit vouchers.

IOM is operating eight information centres in different sites in Baidoa. The information centre is the main hub for receiving complaints and feedback from the community regarding the provision of services. In October 176 cases were received. IOM and partners were able to address and close 153 cases and will continue to follow up on the remaining complaints.



IOM Regional Director visiting Baidoa sites © IOM Somalia 2019

Doolow

In October, the IOM team in Doolow recorded the entry of 132 individuals and 369 exits from IDP sites. The main reason for entering Doolow was a lack of food. This marks a decrease in entries by more than half and an increase in exits by a third over September.

In Doolow, following the influx of many new IDPs into Kabasa IDP settlement, IOM started an outreach team from the main health facility into the local communities. Also, a new solar-powered cold chain fridge (for vaccinations) was provided to and installed at the IOM-supported health centre in Qansaxley IDP settlement. The facility will now supply vaccines to the other health facilities and medical outreach teams in Doolow town. Finally, after construction

of Qansaxley Health Centre, including fully equipped maternity department, the first delivery was conducted at the facility, during the night.

Community outreach activities in October included an event on 'World Handwashing Day' to increase hygiene awareness; and outreach teams promoted free health services available at health centres in IDP sites that resulted in an increase of visitors to the centres. To improve community participation, People with Special Needs (PSN) committees were formed at Kabasa and Qansaxley IDP sites. Meanwhile, community members placed 99 complaints through the complaints and feedback mechanism. The majority (83%) came from Kabasa IDP site and were related to access to food, water and non-food items (NFIs).



Election of women groups in Doolow © IOM Somalia 2019

Kismayo

Enumerators recorded 713 entries into the IDP sites and 16 exits. This marks an increase for both entries and exits over September. The main reason mentioned for entering Kismayo IDP sites was insecurity and a shortage of food.

Community awareness activities in October included information about waste management to reduce the risk of cholera, diarrhoea and water borne diseases. Additionally, community mobilization was conducted to encourage the community to keep the sites clean by using the provided site maintenance tools. IOM and partners also organized a basic camp management training to discuss community participation, camp design, and general responsibilities for camp management.

In order to enhance the accountability to affected populations and to combat fraud, in cases where people are forced to pay for services in sites, outreach teams informed the community that all services provided by the humanitarian agencies are free of charge. Through the complaints and feedback mechanism help desks received 92 cases, most of which related to the condition of shelters and a lack of NFIs.



A family arriving in Kismayo © IOM Somalia 2019



DISPLACEMENT TRACKING MATRIX (DTM)

IOM Somalia's Displacement Tracking Matrix strives to provide localized, up-to-date information on the basic needs of the target population, cross border mobility, displacement figures and trends in drought-affected areas.

In October 13,672 people were recorded entering Somalia, while 15,741 exited the country. This is a nine percent decrease in entries and a 15 percent increase in departures in comparison to September.



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.

Water continues to be a huge need for displaced individuals and surrounding communities, especially in drought affected areas. In October, IOM delivered 51,210,000 liters of water. Beyond the distribution of water, 119,694 individuals had sustained access to safe clean water from the IOM constructed or rehabilitated water sources in Gedo, Banadir, Hiiraan, Middle and Lower Shabelle regions.

IOM also increased hygiene and sanitation promotion activities throughout Somalia. A total number of 120,456 individuals were reached. Additionally, hygiene kits were distributed to 6,000 families (36,000 individuals) in Kismayo, Afmadow, Luuq and Belethawa to communities affected by an increase in Cholera and AWD (Acute Watery Diarrhoea) cases.

In Baidoa, through the IOM Danwadaag Consortium, IOM is constructing two boreholes, 500 sanitation facilities and supporting the operation and maintenance of the existing water infrastructure, ensuring proper waste management and increasing the communities capacities through trainings in operating and maintaining the water sources. As IDPs were facing shortage in water, a comprehensive hydrogeological assessment has been conducted. Two potential sites for drilling boreholes were identified and IOM is preparing the construction.



Global Hand Washing Day event on 15 October © IOM Somalia 2019



MIGRATION HEALTH DIVISION (MHD)

The Migration Health Division delivers and promotes comprehensive, preventive and curative health programmes which are beneficial, accessible, and equitable for migrants and mobile populations. 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.



Opening ceremony of the new health facility in Ceel-Cade © IOM Somalia 2019

The IOM health team (MHD) continues to rapidly expand emergency primary healthcare and nutrition services across Somalia, operating 47 health clinics (28 primary health care centres, 14 mobile medical teams, 3 transit centres, 2 migration resource centres) and 12 integrated nutrition outpatients therapeutic programmes (OTPs).

In October, IOM's primary healthcare services reached many of the greatest populations in need in drought and conflict-affected regions in the country including; Somaliland, Puntland, Benadir, Lower Shabelle, Bay, Bakool, Lower Juba, and Gedo.

Health Centres

Health workers in three IOM-supported health centres received on-the-job training in infection prevention control, which is essential for the prevention of cross-infection at health facilities. IOM is responding to an increasing number of acute watery diarrhoea (AWD) cases and started "ORS corners" (ORS=Oral Rehydration Salts) in all health facilities where patients are initiated on early rehydration regimes. IOM also contributed to pooling of supplies among partners for outbreak response.

Construction of the new health centre at Barwaqo 2 relocation centre is ongoing, including elevated water tanks, waste management pits, and septic tanks. Meanwhile, the health team opened a new facility in Ceel-cade, a remote town located in a mountainous area with previous limited access to health services. Additionally, IOM expanded the health services at Ayah 4 health centre in Hargeisa, from a once a week outreach clinic to a fully-fledged health centre operating six days per week. The centre will be able to treat for maternity, immunization, outpatient, and nutrition screening services.

Mobile Medical Teams

Mobile medical teams continued to provide medical services in recently liberated areas in Afgooye district. Health promotion by Community Health Workers (CHWs) is a key component of the services provided, and in October the focus was on maternal and child health. Given the high rates of severe acute malnutrition in these communities, IOM started the implementation of therapeutic nutrition services (outpatient therapeutic programme, OTP), which are integrated into the activities of mobile medical teams.





STABILIZATION & TRANSITION

ESTABLISH FOUNDATIONS FOR LONG-TERM RECOVERY AND DURABLE SOLUTIONS



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 activities for the project 'Women in Peace Building' continued in October in Mogadishu, Kismayo and Baidoa. The 150 beneficiaries received community-based rehabilitation and reintegration services including case management, religious and psychosocial counselling, literacy and numeracy education, and access to livelihood initiatives. While 72 per cent of the beneficiaries could not read nor write in June (many had never used pens), over 70 per cent of them have mastered the alphabet. Additionally, the IOM DDR team conducted an assessment to determine the learning level (literacy and numeracy) of 116 male beneficiaries. Based on the results, numeracy and literacy teachers were assigned accordingly to focus on continuous learning within each level.



Women participating in classes © IOM Somalia 2019



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 Federal Member States and district levels in urban and peri-urban areas. Currently, IOM RDS programming is operational in Jubaland, South West State, and Hirshabelle.



Data collection for LoRI © IOM Somalia 2019

Baseline data collection for the Local (Re)integration Index (LoRI) started in October. LoRI will enable IOM to measure progress towards durable solutions and (re) integration and how to articulate success for our Danwadaag project. The results of LoRI will be used to inform and adapt Danwadaag durable solutions programming based on a better understanding of the different services and factors that influence IDPs and returnees (re)integration in the local community.

To facilitate the data collection for LoRI, local enumerators were trained. Other trainings in October included a training of trainings workshop for the community action plan and a training of the core facilitation team in Galkayo.

The IOM RDS team conducted a post intervention monitoring mission in Kismayo as part of the EUICsp Project. The team also joined a resettlement site visit to Luglaw, Jubaland State organized by the Ministry of Interior.



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 programme supports the Government of Somalia in promoting safe and orderly migration, securing borders and building the capacity of immigration officials.

IOM facilitated a three-day training in Mogadishu for twelve immigration officials (10 men, 2 women) from Adado, Dhobley, Doloow and Kismayo Ports of Entry (PoEs). The training aimed to acquaint the officers with fingerprint readers; which are capable of ten-digit capture to enhance the recording of migrant biodata. These fingerprint readers are replacing the current single digit devices and will increase the accuracy of traveller's identification through expanded data collection. The training covered capturing ten digit fingers using the Guardian crossmatch machines, installation of crossmatch fingerprint readers, troubleshooting and how to train other users on the guardian crossmatch 4-4-2 fingerprint readers.

MIDAS equipment with its accessories including webcams, passport readers and 4-4-2 fingerprint readers was released from the port of Mogadishu.

The equipment will be installed in eight PoEs, namely Adado Airport, Doloow and Dhobley Land Posts, Kismayo and Berbera Seaports, Hargeisa Airport, Loyado and Wajale Land posts.



MIGRANT PROTECTION AND ASSISTANCE (MPA)

IOM 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.

Direct Assistance

The IOM MPA team continue to provide direct assistance to migrants in October with consular support provided to 148 migrants (119 males and 29 females) through the issuance of travel documents in Hargeisa and Bossaso. Meanwhile, registration of 146 migrants (115 male, 31 female) for Assisted Voluntary Return was completed in October. A total of 92 migrants (85 male, 7 female) were assisted to return to Ethiopia from Bossaso, and 17 migrants (8 male and 8 female) from Hargeisa.

A total of 276 individuals (162 male, 114 female; 257 Somalis, 19 Yemenis) arrived from Yemen. They were provided with medical screening and Onward Transportation Assistance

through cash or chartered flights, through funding from KS Relief. Medical screening and health care were also provided in Mogadishu to 202 Somali returnees from Libya, Niger and Saudi-Arabia. At the Bossaso Reception Centre 274 migrants were medically screened, while an additional 386 spontaneous returns in Bossaso were provided with medical assistance.

Migration Policy, Administrative and Operational Practices

The IOM team in Bossaso met with the Ethiopian community leaders to discuss the need for the construction of WASH facilities (latrines) in areas with a high concentration of Ethiopian migrants and to provide temporary shelter for Assisted Voluntary Return and Reintegration (AVRR) applicants. These discussions will continue into November.

A second round of community consultations were held in Balcad, Middle Shabelle Region with 21 community members (community elders, youth representatives, women association's members, farmers and representatives from the education sector) to ensure that the specific needs, priorities and concerns of the community regarding the implementation of the 'Farming and Beekeeping' project are addressed.



Returnees from Yemen arriving in Berbera © IOM Somalia 2019



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

IOM completed the recruitment of 22 national experts (8 female) to work in regional hospitals in Hargeisa, Berbera, Buroa, Gabilay, Borama, Lasanod, Salahlay, Odwayne and Erigavo. The newly recruited experts will be joining 27 medical professionals who are currently on board. The team will play a critical role in contributing towards implementation of the Somaliland Ministry of Health's strategy to improve maternal and child health in Somaliland.

Two workshops were facilitated in Hargeisa by experts from THL (Finnish Institute for Health and Welfare) and WHO. The first workshop was a Training of Trainers (ToT) that targeted eight health professionals from the six regions in Somaliland, to share best practices as part of efforts to strengthen the capacity of health workers in promoting sexual and reproductive health rights. The second workshop was a non-communicable disease (ANC) workshop for 15 clinical professionals studying in Hargeisa Nursing School.

Several field missions were conducted in preparation for a baseline assessment to targeted public institutions under the FINNSOM PHASE II – Health & Education project. The objective of these visits was to gather information on current needs and capacities of the host institutions and to gather baseline data for the project. The team visited the

Bay Regional Hospital in Baidoa, Ministry of Health of South-west State, Somali Academy of Science and Arts, Mogadishu, the Garowe General Hospital and the Ministry of Health in Puntland.



National experts in Buroa © IOM Somalia 2019

HUMAN INTEREST STORY

"I was the first participant of MIDA FINNSOM. I came to Somaliland with other Finnish doctors and we wanted to help, so we reached out to the Finnish government and they asked us to run a programme. We went to IOM, connected them with the Finnish government and we started the pilot project." - Doctor Mohamud Mohamed Abdullahi

In 2012 doctor Mohamud Mohamed Abdullahi started the dental department at the Hargeisa Group Hospital from scratch. "I just trained the nurses from the general ward". After several years he had a fully equipped dental department with well trained dentists.

Once the clinic was completely functional, he delegated it to his team and moved to Gabilay to start a new dental health programme. Currently, they only work with portable equipment but "it is good enough to start." At this moment he is running the Berbera Dental Clinic, which will officially open soon.

Throughout his years working in Somaliland, Dr. Mohamud Mohamed Abdullahi has invested resources on improving the health facilities. He has also run awareness campaigns to spread knowledge across the community about dental health. "We make tv and radio programmes, we go to schools, to pregnant women, to prevent future dental health problems."



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