

HIGHLIGHTS

- Aid agencies step up livelihood, resilience support
- Conflict related displacement spikes in Lower Shabelle
- Evictions continue in Mogadishu
- Major disease outbreaks contained
- Polio immunization continues
- Mental health care must be prioritized
- Sustained funding needed to support the aid operation

FIGURES

of people in need 4.6m

of people in humanitarian emergency and crisis (IPC Phases 3 & 4) 1.5m

of people in Emergency (IPC Phase 4) 0.2m

of children projected to be malnourished 1.2m

of people displaced internally by drought since November 2016 1.6m

of people in protracted internal displacement 1.1m

FUNDING

\$1.5 BILLION

requested in the 2018 Humanitarian Response Plan

\$857 MILLION

Total 2018 humanitarian funding for Somalia response

(Source <http://fts.unocha.org>, 30 October 2018)



Nationwide immunization campaign has been conducted to protect millions of children from polio. (UNICEF-Somalia)

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Aid agencies step up livelihood, resilience support

Thanks to the above-average 2018 *Gu* rains (April to June) and a sustained humanitarian response, harvests across the country were the best in nearly a decade. The number of food insecure people dropped from 6.7 million at the peak of the crisis in 2017 to 4.6 million by September this year. According to the FAO-led Somalia Water and Land Information Management (SWALIM), rainfall in October 2018 has been below average across most parts of Somalia. Rainfall performance in November and December will determine the impact of the *Deyr* season on food production. While there are considerable improvements in food security, the long-term impact of the 2017 drought on livelihoods has been substantial and will take several consecutive good rainy seasons for the affected communities to recover.

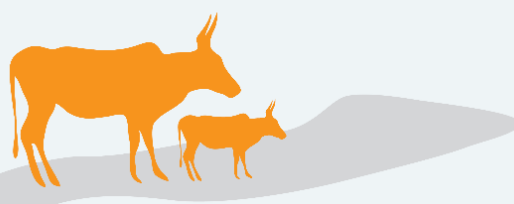
Drought impact on livestock



6.4 million animals died due to drought-related causes



Economic value of those animals and animal products lost is \$1.3 billion



Response



FAO has vaccinated 14 million animals in 2018



Planned vaccination campaign targeting 14.5 million animals



Restoring the irrigation schemes to mitigate the impact of future droughts in the riverine areas

Humanitarian partners estimate that 6.4 million animals died due to lack of water, pasture and consequent disease outbreaks among hungry and weak animals during the 2016-2017 drought period. The economic value of those animals and animal products lost is estimated at \$1.3 billion.

As part of protecting livelihoods, the United Nations Food and Agricultural Organization (FAO) has vaccinated 14 million animals so far this year. Another major vaccination campaign against common livestock diseases is underway, targeting 14.5 million animals. Apart from domestic use, vaccinations also ensure that animals are healthy for international trade in live animals. To boost livestock health, pastoralists and agro-pastoralists are

The economic value of animals and animal products lost due to drought is estimated at \$1.3 billion.

increasingly recognizing the need to produce fodder so that they do not rely solely on pasture. Some humanitarian partners have been providing seed for fodder production.

Continued improvements in food security has opened a window of opportunity to invest in recovery and resilience programming. Humanitarian partners involved in livelihoods and recovery activities such as FAO are working towards restoring irrigation systems to mitigate the impact of future droughts in the riverine areas. Many irrigation systems have been left in disrepair for decades, especially in the once-irrigated areas that lie far from major rivers (Juba and Shabelle). This is where the most vulnerable agro-communities are found. During the 2011 famine, satellite images showed high crop production in areas where irrigation systems were functioning despite drought conditions. While the 2018 *Gu* rains boosted agricultural production, flooding also resulted in loss of crops and farming assets in riverine areas. Some of the people along the major rivers thus remain at Crisis levels of food insecurity (IPC 3), while those further away from major rivers and not affected by floods benefited from the rains, which resulted in improvements in their food security situation.

Repairs have been prioritized at 17 sites along the Juba and Shabelle rivers, in areas where the river banks were weakened by the 2018 *Gu* rains and areas that are particularly vulnerable to damage by heavy rains of the *Deyr* season. This is in addition to the 45 points repaired earlier in the year, where flood water had broken through the river banks. The repairs are being done alongside the rehabilitation of irrigation systems to minimize the impact of flooding on crops and to ensure that farmers do not cause damage to riverbanks as they try to redirect river flows when there is water scarcity. However, there is need to address silting of the rivers which has reduced capacity and increased the risk of flooding.

FAO and the World Food Programme (WFP) are also partnering to construct water harvesting infrastructure through cash-for-work programmes; to conserve water for livestock and domestic use. These reservoirs have impermeable surfaces, preventing water seepage into the soil as well as water runoff.

Displacement Update

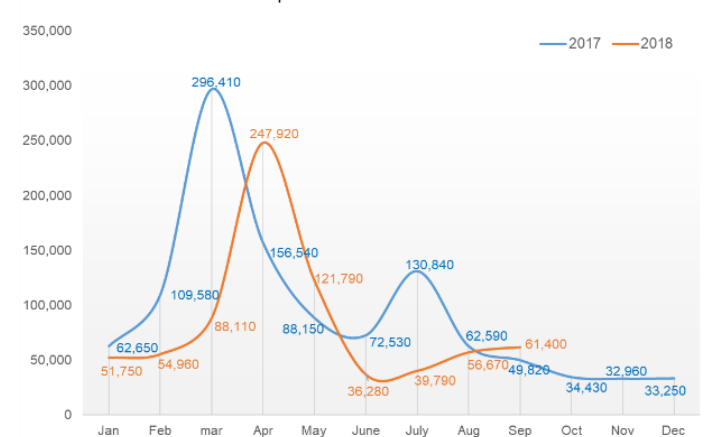
Conflict related displacement spikes in Lower Shabelle

An upsurge in insecurity and conflict has triggered a new wave of displacement in the Lower Shabelle region of South West State over the last few months. According to the UNHCR-led Protection & Return Monitoring Network (PRMN) more than 34,000 people have fled Lower Shabelle since the beginning of August, joining thousands of others who fled earlier in 2018 or before due to conflict, drought and floods. The majority of the displaced are women and children.

Reconciliation efforts by the Federal Government of Somalia (FGS) to end fighting between clans in Lower Shabelle have resulted in a reduction in tensions in some of the affected areas. Threats of new displacements remain due to the ongoing military activities in some of the areas.

Despite the recent developments to calm the situation, the rise in displacement in Lower Shabelle has resulted in a significant increase in humanitarian needs within the region, where some areas are particularly hard-to-reach, and in Mogadishu, where most of the displaced have fled. Information on the extent of the humanitarian impact in the areas of origin remains limited

Internal displacements in 2017 and 2018



Source: UNHCR

Overall, some 2.6 million people are displaced in Somalia – some of them multiple times.

due to insecurity, limited humanitarian presence and access to some areas. The displaced populations live in dire conditions. Humanitarian partners are also concerned about an increase in protection issues, particularly the restriction of movement, arbitrary arrests and civilian casualties and, the destruction of properties and livelihood assets.

Humanitarian partners have boosted the delivery of assistance and the provision of services to those who fled to Mogadishu. Some IDPs in Mogadishu have also reportedly shown interest in returning home as soon as the security situation permits. After visiting IDP settlements that are hosting new arrivals on 3 November, Justin Brady, OCHA Somalia Head of Office noted the critical lack of shelter and that “we are happy to see UNHCR and other shelter partners reacting quickly to these findings with the deployment of hundreds of shelter kits, especially given the *Deyrrains*.”

Overall, some 2.6 million people remain displaced in Somalia – some of them have been displaced multiple times as the value of the land that hosted them rises and landowners seek other ways of exploiting their value. The displaced population have mainly sought refuge in urban and peri-urban areas of Mogadishu, Baidoa, Gaalkacyo and Kismayo.

New evictions in Mogadishu

Thousands of internally displaced families within the Al-Fatow IDP settlement, in the Kilometer (KM) 13 area of Mogadishu were evicted on 7 October. Most of the IDPs in these sites fled drought and conflict from Lower and Middle Shabelle areas, with the majority of them having experienced multiple displacements.

After receiving a three-day notice to vacate the area, the IDPs opted to move out of their make-shift shelters earlier fearing forced eviction and possible destruction of their personal belongings. The privately-owned land, where the IDPs were settled, was donated by a senior religious leader. Community-owned assets and infrastructure, including two schools and child-friendly spaces catering for 450 pupils, four classrooms, 27 latrines, and two community centers face demolition. Furthermore, two Quranic schools, 20 small-scale businesses operated mostly by women, and two solar lighting systems are also likely to be destroyed.

Urgent needs for the affected communities include shelter, food, water, sanitation/hygiene facilities and other basic non-food items. Humanitarian partners are mobilizing resources to assist the affected populations. They are also working with the authorities to formalize a five-year lease agreement with the owners of the privately-owned Baar Xaraf settlement, where the evicted communities have moved to.

Force evictions have continued to spike in 2018. Between January and October 2018, nearly 235,000 IDPs have been evicted in Somalia. This is more than the number of people evicted in 2017. On average, over 11,000 IDPs are evicted every month, and many have been subject to multiple evictions.

Evictions remain a recurring protection concern in Somalia and expose IDPs to the loss of shelter, livelihoods and violence. Many IDPs live on privately-owned land, without formal tenure agreements, consequently exposing them to the risk of evictions. Women and children are among the most vulnerable as lack of shelter and privacy expose them to protection risks.

More resources are urgently needed to boost efforts to monitor and mitigate the impact of unlawful evictions, including paralegal support for those affected and capacity support to authorities to implement the plan of action the Banadir Regional Administration presented in response to their investigation of the mass forced eviction in December 2017. Humanitarians are working with authorities to find ways to prevent evictions, including supporting land tenure agreements and getting land to resettle IDPs.

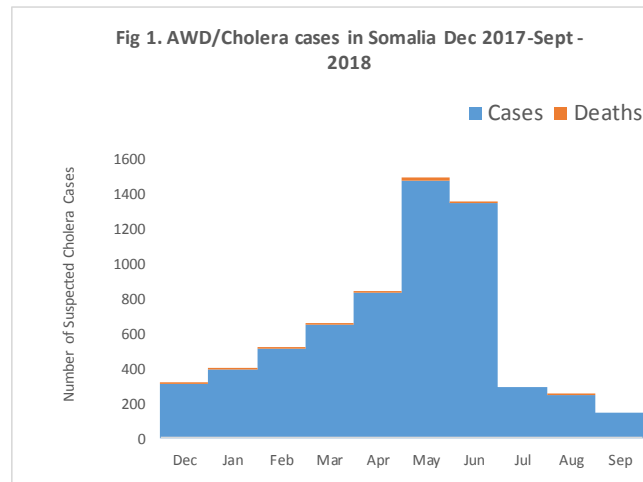
In Mogadishu, where most of the displaced have fled to, humanitarian partners are boosting the delivery of aid to affected.

Assets and infrastructure face demolition as part of the evictions.

Health Update

Major diseases contained

A significant decline in the major communicable diseases (AWD/Cholera, Measles & Malaria) has been recorded this year across the country. Surveillance teams continue to monitor trends of outbreak-prone diseases. In 2018, some 6,520 cumulative AWD/cholera cases, including 42 deaths (a case fatality ratio of 0.7 per cent) have so far been reported; with the majority in the Shabelle and Juba river basins. During the same period in 2017, some 78,000 cases and 1,159 deaths occurred (CFR 1.5 per cent). Suspected cases of measles continue to drop, with 7,034 cases reported so far in 2018; a reduction of more than two-thirds compared to 2017.



Source: WHO

The drop has been attributed to the end of drought conditions and the preventive interventions that were conducted in the last quarter of 2017 and early 2018, such as the oral cholera vaccination (OCV) campaigns, Water, Sanitation and Hygiene (WASH) improvements, and a hygiene promotion campaigns.

In spite of the funding gaps, health partners have made these achievements. The humanitarian health activities in Somalia remain critically under-funded. As of October, the 2018 contributions for the health cluster in the

Humanitarian Response Plan (HRP) is 18.5 percent (\$23 million of the estimated \$124 million required). The lack of adequate funding has forced some humanitarian partners to significantly scale-down or cease their activities; resulting in loss of support for health care workers, depletion of supplies and medications, and may cause closure of some health facilities. Local authorities are often unable to assume even minimum operation of health services, which may result in limited access to basic health care or loss of essential services all together. Urgent and sustained funding is required for the health sector, including from sources that go beyond humanitarian funding, to ensure effective and adequate response.

Polio immunization continues

Polio teams have already conducted two rounds of national immunization campaigns and small-scale immunization efforts in hotspots.



Polio teams in Jazeera Village delivering vaccines. Credit: WHO

As of October, there were 12 confirmed cases of vaccine-derived polio (cVDPV) in Somalia this year, mostly occurring from among nomadic or internally displaced families.

A vaccine-derived polio virus is rare strain of polio virus that has genetically mutated from the strain contained in the oral polio vaccine. The surveillance for acute flaccid paralysis (symptoms of polio) is ongoing in 933 health facilities across the country. As soon as a case is confirmed, detailed

investigations are conducted and preventive vaccination campaigns are organized to stop further spread.

As part of efforts to stop the spread of the two strains of vaccine-derived polio viruses in Somalia, the Ministry of Health, alongside the World Health Organization (WHO) and UNICEF, has been providing Oral Polio Vaccine (OPV) to children less than five years old across the country during designated National Immunization Days (NIDs) targeting 2.5 million children. The latest such vaccination campaign, already eighth this year, was conducted between 29 October and 1 November.

Health partners are joining forces to support such campaigns and to spread the word on immunization dates with the objective to ensure that every child receives adequate doses of the oral polio vaccine needed to raise the general immunity in the community – the only certain way to stop the spread of the poliovirus.

Mental health care must be prioritized



Dr Abdirahman Ali Awale (Habebe) is a Mogadishu-based psychiatrist

On 10 October, Somalia joined other countries to mark World Mental Health Day to raise awareness of mental health issues. On the occasion, Dr. Abdirahman Ali Awale (Habebe), a psychiatrist and a mental health expert from Mogadishu, has called on authorities and humanitarian partners to prioritize mental health issues as one of the public health challenges in the country. Dr. Habebe noted in an interview that despite high needs, the mental health sector in the country has not been given the attention it requires.

“The biggest challenge is the lack of political commitment at the national level, which has not prioritized mental health. The same applies to the federal member states,” he said,

noting that more needs to be done in the mental health sector.

The last situation analysis on the status of mental health in Somalia was carried out by health partners in 2011. There are currently four public hospitals that provide mental health services in the country. According to the WHO, the prevalence of mental health disorders in Somalia is higher than in other low income and war-torn countries (one person out of three is or has been affected by some kind of mental health problem). The high prevalence has largely been attributed to the years of conflict, war trauma, poverty, unemployment and substance abuse.

Despite the high prevalence, health professionals are concerned that the discussion around mental health is largely influenced by specific socio-cultural patterns. Widespread stigma and abuse due to fear and lack of understanding of mentally challenged people is rife. This results in many patients either being locked away in mental hospitals or at home, discriminated against or socially isolated. The lack of legal protection further compounds the suffering of those affected and prevents them from getting support.

The WHO defines mental disorders as a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be treated.

A mental health expert has called on authorities and humanitarian partners to prioritize mental health care and services.

According to the WHO, the prevalence of mental health disorders in Somalia is higher than in other low income and war-torn countries.

Lack of resources, qualified personnel and medical supplies continues to affect access to mental health services in Somalia. In addition, lack of a regulatory framework means that mental health patients are exposed to abuse. It is vital to integrate mental health into the primary health care and include it as one of the core components of the Essential Package of Health Services (EPHS). Implementing a national mental health strategy and establishing properly resourced and empowered units in the Ministry of Health will be among the first step towards enhancing mental health services in the country.

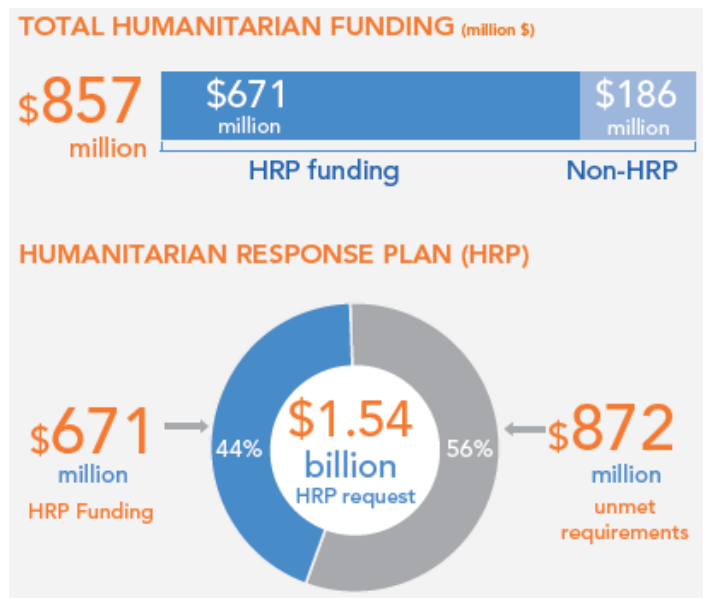
Funding Update

Continued support required to sustain the aid operation in late 2018 and early 2019

By the end of October 2018, the Somalia Humanitarian Response Plan (HRP) received \$671million. Together with approximately \$186 million received for activities outside the Plan, the Somalia operation has received \$857 million in donor contributions.

Total humanitarian income in 2018 has kept pace with 2017 during the first half of the year. While in 2017 the income was steady throughout the entire year, due to the continued threat of famine, spike in major diseases and displacement, new contributions have been modest in the second half of 2018 as the overall food security situation in Somalia has improved.

Despite improvements in the humanitarian situation, continued strong support from donors will be required to sustain the life-saving assistance early in 2019, alongside scaling up livelihood and resilience support.



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