



# HIGHLIGHTS

JANUARY - DECEMBER 2017

### ACCESS TO CLEAN WATER

**322,820,660**  
litres of water provided to  
**594,549** people  
through water trucking in Banadir, Bay, Gedo, Lower Juba, Mudug, Togdheer, Hiran, Lower and Middle Shabelle regions

### PRIMARY HEALTH CARE

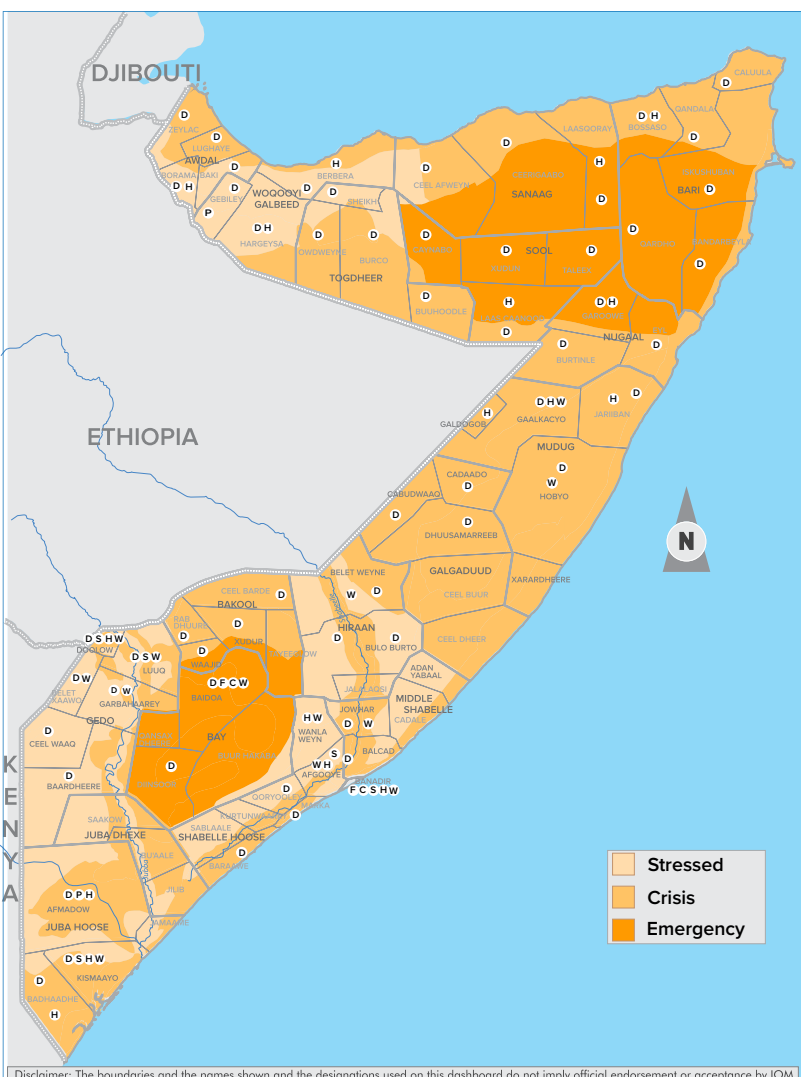
**478,789**  
health consultations

**79,174**  
children under 5 vaccinated



### EMERGENCY SHELTER & NFIs

**7,100** IDP households received emergency shelter materials and non-food items (NFIs) in Banadir and Gedo regions



### CONSOLIDATED APPEAL 2018

Since 2006, IOM has been providing life-saving humanitarian assistance to migrants and mobile populations in Somalia, including IDPs, and host community members. In 2018, IOM Somalia's Preparedness and Response Division (PRD) which includes Camp Coordination and Camp Management (CCCM), Shelter and Non-Food Items (S-NFI), Health, WASH, Displacement Tracking Matrix (DTM) and Protection will continue to respond to the severe ongoing drought. Further information on how IOM Somalia will respond can be found in the 2018 IOM Somalia Consolidated Appeal.

\* [IOM Somalia Consolidated Appeal](#)

### KEY INTERVENTIONS PER DISTRICT

#### Sectors of intervention

- D** Displacement Tracking Matrix
- F** Food Security / Livelihoods
- H** Health
- S** Shelter / NFI
- W** Water / Sanitation / Hygiene
- P** Protection
- C** CCCM

# SITUATION OVERVIEW

Somalia continued to face drought conditions in 2017 due to four consecutive rainy seasons. The November 2016-2017 drought, forced over one million individuals into other regions of Somalia, bringing the total number of internally displaced persons (IDPs) to over 2 million, further exacerbating existing vulnerabilities, particularly among women, children, elderly, persons with disabilities and marginalized communities. The overall number of people in need of humanitarian assistance reached 6.2 million, more than 40 per cent of the population.

Massive migration from rural to urban and peri-urban centres in Somalia placed strain on the already stressed capacity of municipalities to provide basic services such as water, sanitation and hygiene (WASH) and health. Lack of potable water, adequate sanitation facilities, and hygiene practices coupled with poor health infrastructure led to an increase in disease outbreak. Despite a decline in recent months, the number of measles continue to remain at epidemic levels with more than 20,000 cases recorded since January, four times higher than in 2015 and 2016 respectively. Somalia registered over 60,000 cases of AWD/Cholera cases with 821 cholera related deaths across 55 districts. Of the affected districts, 34 were classified as difficult to access for implementing partners. Although two major communicable diseases were contained, strengthening access to basic services continues to be a priority to reduce the level of vulnerability and need. The ongoing conflict contributes to persistent instability reducing the resilience of communities, triggering displacement and impeding civilians' access to basic services and humanitarians' access to those in need. The operating environment in Somalia continues to be among the most challenging. The underserved districts remain with limited access to life-saving assistance, crisis-affected communities in these areas are disproportionately affected by food insecurity, malnutrition, disease outbreaks and inadequate WASH services.

## DROUGHT



THE DEYR RAINFALL SEASON MARKS A FOURTH FAILED RAINY SEASON



12.3M  
total population

6.2  
people in need

## AWD/CHOLERA



60,917 SUSPECTED CASES OF ACUTE WATERY DIARRHEA (AWD)/CHOLERA AND 821 DEATHS HAVE BEEN REPORTED IN 55 DISTRICTS OF 16 REGIONS ACROSS SOMALIA SINCE JANUARY 2017



1,226,624  
displaced in the last 12 months

# IOM RESPONSE

## WASH



IOM reached 594,549 people with a total of 322,820,660 litres of water in 2017.

In response to the drought, IOM scaled up its WASH intervention in 2017 and reached 594,549 people with a total of 322,820,660 litres of water in Gedo, Mudug, Togdheer, Hiiraan, Lower and Middle Shabelle, Bay Banadir and Lower Juba through vouchers and water trucking.

Since January 2017, IOM constructed new boreholes, rehabilitated and provided operational and maintenance support across Somalia. IOM also provided sustainable access to water reaching over 385,958 people.

In response to increased cases of AWD/Cholera, IOM scaled-up its interventions across Somalia to promote sanitation and hygiene to vulnerable drought affected communities. IOM provided hygiene kits and raised awareness on positive health and hygiene practices among an estimated 648,054 people.



A beneficiary providing water to his livestock thanks to water provided by IOM © IOM 2018

## HEALTH



**IOM provided 478,789 health consultations across Somalia through 22 static clinics and 33 rapid response health teams in 2017.**

In 2017, more than 60,000 AWD/cholera cases and more than 800 cholera related deaths, were reported across 55 districts. IOM scaled up health interventions through an integrated Health and WASH response, conducting 478,789 health consultations across Somaliland, Puntland, Galgaduug, Lower Juba, Gedo and Lower Shabelle regions.

During May 2017, IOM expanded from 4 to 33 mobile teams, following the Integrated Emergency Response Teams (IERTs) model developed by the Health, WASH and Nutrition clusters, focusing on remote villages responding to the AWD/Cholera outbreak in target regions. The IERT model focused on health education, case management and referral to the nearest Cholera Treatment Units (CTUs) and Cholera Treatment Centers (CTCs). These mobile teams contributed significantly to the decline in AWD/Cholera cases since the onset of the outbreak. The massive increase in service provision in Quarter Two of 2017 was enabled through the Central Emergency Response Fund (CERF) Rapid Respond funds. Furthermore, in response to the widespread shortages of medical personnel, IOM deployed multiple experienced diaspora health professionals to carry out medical outreach for the drought affected populations throughout the year. IOM ended its 8 month malaria prevention project in December, in collaboration with UNICEF through the Global Fund to Fight AIDS, TB and Malaria, which provided long lasting insecticide treated nets (LLIN) to 650,000 internally displaced persons (IDPs) in Mudug, Banadir, Afgooye corridor, Afmadow and Kismayo districts. Additionally, 100 clinical personnel were trained in malaria prevention and response.



An internally displaced person in Digaale health center receiving instructions from IOM staff in Hargeisa. © IOM 2018

In 2017, IOM provided 478,789 primary healthcare consultations (PHCs). A total of 79,174 children under five years were vaccinated. In partnership with local hospitals and other medical service providers, IOM referred 6,784 patients with medical complications for secondary healthcare. Furthermore, a total of 371,087 beneficiaries received health education, focusing on AWD/Cholera prevention and the importance of seeking care early at the onset of symptoms.

## CCCM



**IOM set up the first CCCM programme in Somalia; focusing on improving living conditions and access to services for people living in displacement settings in Baidoa, Doolow and Kismayo.**

As drought-induced displacement continued to rise in 2017, the urgent need to synchronize humanitarian efforts and facilitate a coordinated approach to meeting the needs of displaced persons was recognized. The Camp Coordination and Camp Management (CCCM) Cluster was activated in Somalia as a result in May with IOM as the co-lead of the Cluster. IOM then began its CCCM programming in June focusing on areas of high displacement in South Central Somalia; Baidoa, Doolow and Kismayo. IOM's CCCM interventions have focused on; providing coordination and information management services at site level through the set-up of site management systems; improving communication with communities through strong regular community outreach; site planning and development to improve living conditions and access to services and capacity building for our teams, government counterparts and the community leaders on CCCM principles.

In Doolow, IOM CCCM is working closely with the Government of Somalia, through the district authorities to improve living conditions and access to services for IDP's living in Kabasa IDP site. IOM undertook site surveying and planning works to prepare for a site expansion, which would aid in decongesting the current IDP sites and provide room for appropriate and organised service provision that respected international standards. The CCCM team completed the surveying demarcation and relocation of IDPs into 'Sector A', the first phase of the Kabasa IDP site extension. In total, 934 plots were demarcated and 934 families relocated. IOM CCCM also worked with IOM and UNICEF WASH teams to ensure that the provision of basic WASH services was improved in the new site. 251 latrines (1 latrine per 4 HHs), and two water tanks (to supply 80,000 cubic litres per day) were constructed and a plan put in place to create a sustainable water system to supply the site in the longer term.



IOM site management teams conduct site monitoring within IDP sites © IOM 2018

Identifying site level information as a gap in the response, IOM developed the Movement Trend Tracking (MTT) analysis. The MTT is a population movement monitoring exercise. MTT complements existing information management products on displacement and movements, by providing site level specific data on population flows and displacement demographics on a weekly basis. This regular data on numbers and location of new arrivals has helped service providers to adjust their programming accordingly within a

fluctuating environment. IOM MTT teams have been collecting and disseminating this information for the Baidoa area since August. At the request of the Government of Somalia, the MTT will be rolled out in Doolow and Kismayo in 2018.

In 2018 in addition to continuing to improve coordination of service providers at site level, there will also be a focus on improving communication with communities. Information centres are currently being constructed in Baidoa, and the development of a Complaints and Feedback Mechanism (CFM) is underway to be piloted in the new year across all locations. In Doolow, after the completion of the Kabasa site extension, the CCCM team will look to support the improvement of access to services in Qansahley site in Doolow as well as facilitating contingency planning with the Government for new arrivals to the area.

## CCCM CLUSTER

**IOM, in partnership with UNHCR, set up the CCCM Cluster in Somalia after its activation in May 2017 to respond to mass displacement from drought and conflict.**

The CCCM Cluster, which includes 28 partners led by IOM and UNHCR, developed a strategy to respond to the large scale displacement of 2.1 million people across Somalia. The Cluster strives to achieve the following: 1) Strengthen the predictability and effectiveness of multi sectorial interventions at site level and/or areas of concentration of sites; 2) Improve community engagement, participation, living conditions and safe access to services in selected sites; and 3) Strengthen community self-management to promote durable solutions for displaced people in sites.

The CCCM Cluster has seven sub-regional focal points throughout Somalia. There are currently nine partners implementing CCCM projects in nine different districts, including four national NGOS. The CCCM Cluster has provided capacity building trainings to local authorities and humanitarian partners in Baidoa and Mogadishu, and partners have trained more than 100 camp committees in CCCM.

A key initiative of the CCCM Cluster was the development and roll out of the Detailed Site Assessment (DSA) tool. The DSA is an inter-cluster and inter-agency initiative that provides multi sector information on access and availability to basic services in displacement sites. This information is used to ascertain gaps in service provision and monitor services being provided to ensure minimum standards are being met. Thus far, 29 districts have been assessed with more than 1,700 IDP sites. Individual fact sheets with key indicators were produced as well as an online site portal that gives users a traffic light system to rank the availability of services and key protection concerns.

IOM, as CCCM cluster coordinator, takes part in the Inter-cluster Coordination Group, the Taskforce for Integrated Response to Malnutrition in IDP sites, the Information Management Working Group, the Durable Solutions Working Group and contributed to the Drought Impact Needs Assessment.

## DTM



**IOM has developed displacement profiles for 58 districts and 12 border locations in Somalia.**

IOM's Displacement Tracking Matrix (DTM) in Somalia provides assessments and profiles of areas impacted by displacement and cross-border mobility. DTM has scaled up its operational footprint to 58 districts (3,000 IDP Sites) and 12 border locations, with over 390 enumerators and field coordinators in place. In 2017, enumerators focused on compiling geo-referenced data on settlements and IDP sites, identified reliable key informants, and collected community based population estimates on displaced populations as well as information on basic needs and assistance provided.

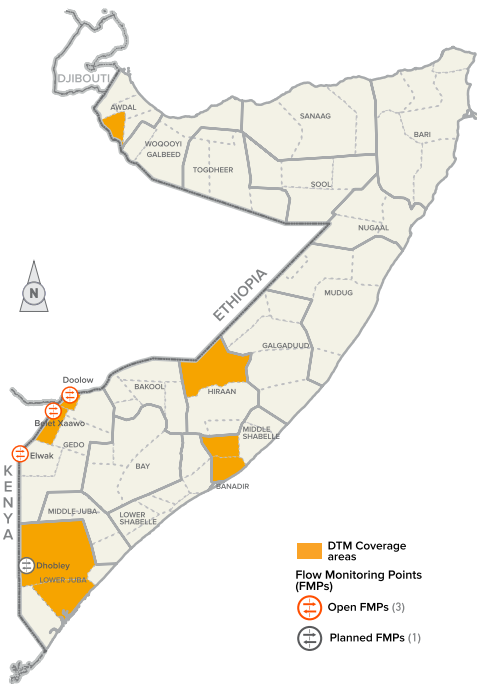
In May, DTM rolled out its Emergency Tracking Tool (ETT) to have a better grasp of where IDP communities live, their numbers and priority needs. DTM's geo-referenced dataset contributes to inter-agency data-sets of IDP sites, managed by the Information Management Working Group (IMWG) and the CCCM cluster. DTM completed the analysis for Round 6 which included the Banadir, Lower Shabelle, Gedo, and Somaliland regions. The dataset includes details on site locations and available services and will be updated as verification continues throughout a total of 58 districts in Somalia. Data is collected by enumerators using ETT with IDP site gatekeepers and community members as key informants and providers of the estimates.



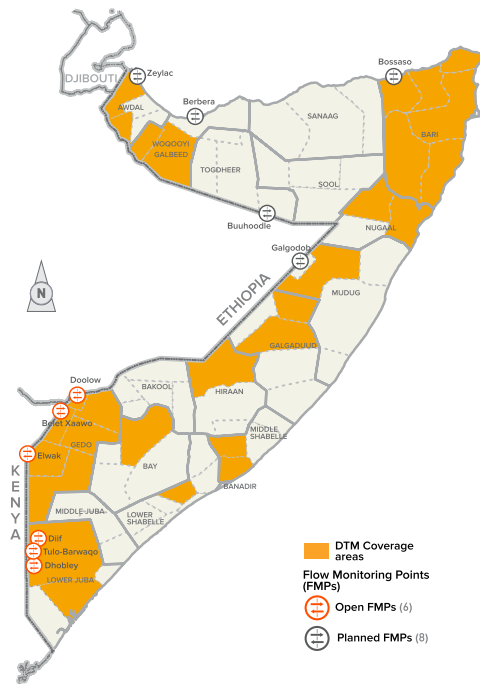
DTM enumerators conducting data collection for DTM report in Doolow, Gedo region. © IOM 2018

DTM SCALE UP IN 2017

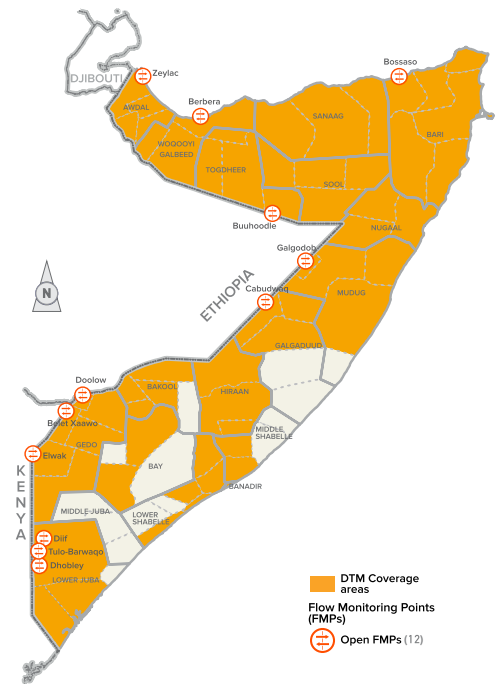
PHASE 1 (January 2017)



PHASE 2 (June 2017)



PHASE 3 (December 2017)



SHELTER



IOM assisted over 42,600 internally displaced persons with shelter materials and non-food items across Somalia.

In 2017, IOM expanded its emergency shelter and NFI programme reaching 7,100 IDP households with emergency shelter materials and non-food items (NFIs) in areas with high levels of displacement and acute shelter needs. Based on evident needs in hard-hit areas and in line with the 2017 Somalia Humanitarian Response Plan, IOM's expanded shelter interventions assisted 42,600 beneficiaries among newly displaced drought affected populations in Gedo, Bay, and Banadir regions. Following a field mission to Doolow, Gedo region to understand the overall displacement context, a multisector support has been provided by IOM including Shelter/NFIs in coordination with CCCM to compliment decongestion efforts at IDP sites. In total, 7,100 households benefited from a combination of emergency shelter kits, non-food items, plastic sheeting, and transitional shelters in Mogadishu, Baidoa, Kismayo and Gedo to households requiring emergency shelter and/or to those needing upgraded shelters.



Arrival of 5,000 plastic sheets in Doolow, Gedo region. © IOM 2018

## GBV

IOM reached over 1,240 beneficiaries with gender based violence (GBV) awareness raising sessions in 2017.

To contribute to GBV prevention efforts in Somalia, IOM conducted awareness raising sessions to sensitize people on the consequences of GBV, with special emphasis on Female Genital Mutilation/Cutting (FGM/C) and available services for survivors, reaching over 1,240 persons in Dhobley and Mogadishu. IOM also distributed 140 dignity kits to vulnerable persons, including GBV survivors, IDP women and girls in Dhobley. To contribute to GBV prevention, IOM distributed solar lanterns to 1,130 households, prioritizing female and child-headed households in Dhobley, Garowe, Galkayo, Bossaso and drought affected communities in Somaliland. Solar lanterns provide lighting after sundown, which helps deter perpetrators, but also provides income generating opportunities for women. Additionally, IOM also provided access to psychosocial counselling, medical and legal aid to GBV survivors in Dhobley. IOM has contributed to GBV prevention in drought affected communities by conducting meetings, trainings and campaigns targeting women. Trainings were held in Mogadishu and Galgaduud to build the capacity of case managers and GBV focal points from various NGOs. Topics included types of GBV, psychosocial support, advocacy, gender-based violence information management system (GBVIMS) tools, and use of the incident recorder.



Internally displaced person using one of the solar lantern distributed by IOM. © IOM 2018

## HUMAN INTEREST STORY



Farhiya waits under a tree at a registration checkpoint in Doolow alongside scores of women and children hoping to receive some kind of aid. With her three infant children, Farhiya travelled a long way from her rural village of Elbon. The 125km long journey took a gruelling six days to complete under the hot sun. Originally, there were eight of them at the beginning but only four had managed to reach Doolow as Farhiya had to leave her husband and three weaker children behind with relatives along the way.

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***“At least out here, we are safe.”***

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THANK YOU TO ALL OUR DONORS



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PHOTO ALBUM 1

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