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HIGHLIGHTS

- Somalia humanitarian crisis aggravated by new threats
- Interview with former OCHA Somalia Head of Office Mr. Justin Brady
- Young Somali man invents a home-made ventilator.
- Lack of funding impedes timely and effective response
- Somalia marks 20 June World Refugee Day
- Concern over increasing AWD/Cholera cases



SRS and WHO Country rep at the National Public Health Reference Library. Photo/ UNSOM

FIGURES

# of food insecure people (FSNAU: Feb. 2020)	4.1m
# of people in food insecure at emergency and crisis levels (IPC Phases 3 and 4, Feb. 2020)	1.3m
# of people in stress (IPC Phase 2, Feb. 2020)	2.8m
# of children projected to be malnourished	1.0m
# of internally displaced persons	2.6m

FUNDING

\$1.05 BILLION
requested in the 2020 Humanitarian Response Plan (HRP)

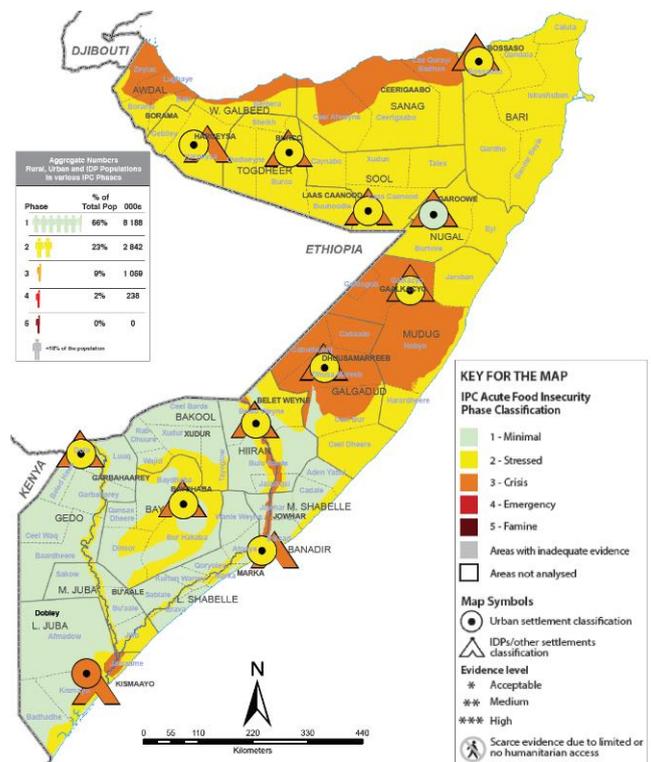
\$442 MILLION
Funding received for the 2020 HRP (44 per cent funded).

Source <http://fts.unocha.org>, 30 June 2020

‘Triple threat’ has aggravated Somalia’s humanitarian crisis

Three and a half months after the first case of coronavirus was confirmed in Mogadishu, the triple threat of the virus, floods and desert locusts has aggravated Somalia’s complex, protracted humanitarian crisis. The crisis is largely driven by climatic shocks, years of armed conflict, widespread poverty and long-term vulnerability. In 2020, these shocks have left 5.2 million people in need of humanitarian assistance. From June to September, at least 3.5 million people are projected to fall into Crisis or Emergency food insecurity (IPC Phase 3 or higher), with 1 million children projected to be malnourished¹. Some 2.6 million people will remain displaced and nearly 1 million school children out of class due to the COVID-19 related closure of schools.

Since 16 March, the COVID-19 caseload surged to nearly 3,000², exacerbating pre-existing vulnerabilities, disrupting socio-economic gains and affecting livelihoods especially of low-income earners and families that depend on remittances from relatives living abroad. The virus has also reduced the humanitarian footprint in-country with staff working from home or in restricted environments. Despite the restrictions, humanitarians have managed to scale up responses to the humanitarian consequences of the pandemic and support to the Federal Government and member states to mitigate the spread and impact of the virus. In May, 2.3



¹ FEWS NET. Key Message Update. 30 May 2020

² Updated COVID-19 numbers are available at: <https://covid19som-ochasom.hub.arcgis.com/>

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million people received two months food rations while over 10 million were reached with COVID-19 awareness messages.

The *Gu'* (April-June) rains have eased, but the impact of the recent flooding remains widespread. Approximately 1.2 million people were affected by flooding in 32 districts across Somalia, with almost half a million displaced from their homes. While most of the displaced have returned home, they need assistance to re-build their lives. Moreover, many of them are at risk of being affected again when the *Deyr* rains start in October. Humanitarians are also concerned that the coming rains may escalate the current outbreak of water borne diseases, particularly acute watery diarrhea and cholera. From January to mid-June, more than 4,430 cases with 24 deaths have been confirmed in 23 districts; a three-fold increase compared to the same period in 2019.

The rains have also regenerated pasture and aided crop growth, providing a conducive environment for desert locust breeding: especially in Somaliland, Puntland and Galmudug. Control measures have been scaled up, mainly through the implementation of FAO and the Federal Ministry of Agriculture and Irrigation's Joint Desert Locust Crisis-Somalia Action Plan. FAO and the Federal Government have safely sprayed 31,086 hectares with bio-pesticides to reduce desert locust populations. These efforts have saved an estimated 62,100 MT of staple food from desert locust damage, valued at \$18.6 million and sufficient to feed 414,200 people for a year. They have further protected feed and pasture sources needed by 28,800 pastoral households to keep their livestock productive and able to nourish their families.



Source: FAO

Interview with Mr. Justin Brady, former OCHA Somalia Head of Office

'The famine prevention effort was definitely the high point, the way people came together and put aside their own agendas to ensure a famine would not happen was empowering.'

After more than six years as OCHA Somalia Head of Office, Mr. Justin Brady, left in June to take up another assignment. In the interview below, he reflects on his time in Somalia and the current humanitarian situation.

Q: What were the most significant moments of your tenure as OCHA Somalia Head of Office?

A: My tenure can be split into two periods; 2012-2013 and 2016-2020. In 2012, being the first head of a UN Humanitarian agency based in Mogadishu was itself significant and not necessarily popular with others in the community. I was in Garowe



Mr. Justin Brady (right) with the UN Emergency Relief Coordinator Mr. Mark Lowcock (left) at a meeting in Mogadishu in September 2019. Mursal/ OCHA

when Hassan Sheikh Mohamoud became President and the transitional government was no more. We launched the humanitarian appeal in Mogadishu that year for the first time ever, which took a lot of pushing to make happen. The attack on the UN Compound in June 2013 was the lowest point. I lost my office and home and was forced into the airport area of Halane, but more importantly I lost my close friend Mourne Lotter and other dear colleagues.

During the second period, the famine prevention effort was definitely the high point, the way people came together and put aside their own agendas to ensure a famine would not happen was empowering. In 2019, the challenges were tragic and often very personal. In February, I lost another close friend, Olly Vic, in the Ethiopia Airlines crash. Early June saw the murder of our colleague Vimto in Galkayo when I was serving as the head of security for the UN and had the solemn duty to fly to Gaalkacyo the next day to meet with his family and present them with the UN flag in his honor, just as I had with Mourne's widow in 2013. Then the OCHA Somalia family faced a tragedy when one of our dear colleagues was senselessly shot on the street in Mogadishu. It was not just the way that the staff came to his aid, but the friends I had made, Somali friends, who made sacrifices for him on my behalf that was extremely powerful and touching.

Q: Has the humanitarian situation in Somalia improved?

A: We have systems and we have more reach. In the buildup of the famine prevention operation in 2017, I was asked constantly if we had learned the lessons of 2011 and my response was always to point out that it was not 2011, we were in a new reality. We were on the ground, we had the systems in place or at least that basis on which to build systems that prevented wide-scale loss of life. It did result in even more displacement however, which is why it's great to see the efforts being made by authorities and partners to find durable solutions with IDPs, who are often the most vulnerable, the ones most marginalized, so they can live in dignity and contribute to Somalia's recovery. It is those sort of solutions that are required. A major frustration was to mount the same response, year in and year out, to predictable, recurrent shocks that humanitarians, despite some misplaced rhetoric, are not capable of fixing; they need development solutions, investments, which was the point of the Recovery and Resilience Framework (RRF) that the Ministry of Planning developed with the support of the UN, including OCHA, the World Bank and the EU. Those solutions are now embedded into the National Development Plan, NDP9. They need funding and support to be realized.

'I learned that building a culture within an organization is far more important than any plans or strategies.'

Q: What have you learnt in your tenure as OCHA Somalia Head of Office?

A: Prior to starting with OCHA Somalia in 2012, I had spent a few weeks in 2001 when I drove with a colleague from Hargeysa to Gaalkacyo on an assessment. In 2007, I visited Mogadishu for all of three hours. So, I have learned a massive amount about Somalia and its people and particularly their perseverance, unqualified generosity and sharp humor. I learned that building a culture within an organization is far more important than any plans or strategies. I learned a lot about my own faults and limitations and the need to constantly reexamine what you believe to be fact versus assumption. And I learned that being a distant husband and father is difficult and was reminded that I am blessed with a wonderful wife and children.

Q: In your view, what is next for Somalia?

A: Another thing I learned is that it is of little value for foreigners to make predictions about Somalia. That is for Somalis to decide.

Young Somali invents home-made ventilator

Mohamed Adawe was born in Dhuusamarreeb town, the provincial capital of Galmudug State in 1991; the year that Somalia sunk into civil war. Recently, he completed his first degree at Mogadishu's Daar-Salaam University, graduating from the Faculty of Livestock

'I feel proud to see that my hard work paid off and contributed to the ongoing life-saving efforts in Somalia.'

and Animal Husbandry. In May, he invented a home-made ventilator with the aim of saving COVID-19 patients.

The 20-year-old Mohamed said he decided to become a frontline fighter against COVID-19 pandemic at a time that there was a serious shortage of ventilators around the globe.

"The machine I produced is cheap to produce, portable, easily deployable and easy to use," he explained. A ventilator is a machine that helps the body's respiratory system to function in patients with breathing difficulties. Mohamed has donated his ventilators to three main hospitals in Mogadishu; a relief to a country where the COVID-19 caseload is straining a fragile health care system. Mohamed is still aiming high and dreams of inventing other devices in future that will benefit humanity.

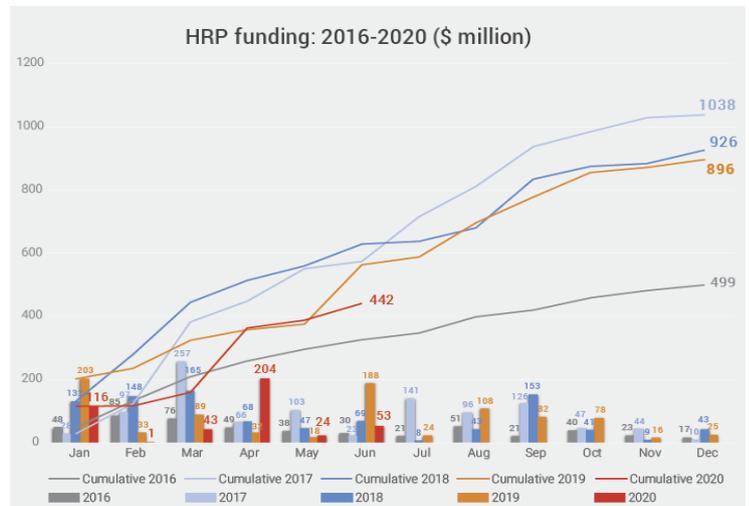


COVID-19 patient receiving oxygen via Mohamed's home-made ventilator in Martini hospital, Mogadishu. Photo/Mohamed.

"I feel proud to see that my hard work paid off and contributed to the ongoing life-saving efforts in the country," he said. "It was not an easy task; it took me 20 days to produce the first one."

Lack of funding impedes timely and effective response

The 2020 Somalia Humanitarian Response Plan (HRP) remains significantly underfunded despite the 'triple threat' caused by the COVID-19 pandemic, floods and locust infestation, as well as the overall deterioration in the humanitarian situation. As of 30 June, \$442 million (44 per cent) has been channeled towards the HRP. Current funding is significantly lower than that recorded by mid-2019 when \$563 million was received against



Data as of 30 June 2020

HRP to deliver sustained humanitarian assistance in the wake of climatic extremes. While at the same time the HRP had received \$629 million by June 2018 that allowed humanitarian actors sustain life-saving response for people that were recovering from multiple shocks such as floods, Cyclone Sagar and protracted conflict. By June 2017, the HRP has received \$574 million, at time when the country was confronted by a looming famine, in the wake of an unprecedented drought.

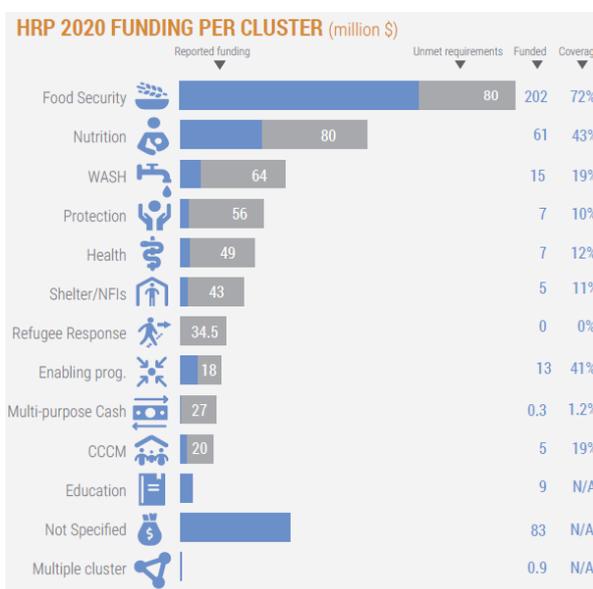
By mid-2020, funding for a critical cluster such as Health barely tops 12 per cent of their requirements, despite the COVID-19 pandemic, while essential clusters like Water, Sanitation and Hygiene (WASH) and Camp Coordination and Camp Management (CCCM) clusters are only 19 per cent funded. Even more concerning is funding for Protection (10 per cent), Shelter and non-food items (11 per cent) and the Education Cluster, which is

As of 30 June, \$442 million (44 per cent) has been channeled towards the HRP

below 10 per cent of its financial needs. The Food Security Cluster recently received a large contribution becoming the highest funded at 72 per cent.

The [Somalia Humanitarian Fund \(SHF\)](#) has so far allocated \$3 million from the SHF Reserve for health, WASH and CCCM clusters and \$18.9 million from the standard allocation for integrated and cluster-specific interventions, such as food security, health, nutrition, education, shelter/NFI, protection and WASH activities to address the triple threat.

The Emergency Relief Coordinator Mr. Mark Lowcock has triggered the first ever anticipatory action [Central Emergency Response Fund \(CERF\)](#) allocation of \$15 million. This pilot aims to mitigate the impact of an out-of-the-ordinary drought shock, in magnitude similar to the 2010/2011 or 2016/2017 droughts through an anticipatory and integrated multi-cluster response including food security and livestock production, health and nutrition, protection, WASH and education interventions.



Data as of 30 June 2020

Somalia marks 20 June World Refugee Day

Conflicts, insecurity, climatic shocks including floods and droughts are the major causes of displacement in Somalia

Somalia marked the [World Refugee Day](#) by celebrating the resilience and the courage of displaced populations living in the country, and applauding the generosity of host communities and the support provided by humanitarian actors.

Somalia is home to 2.6 million IDPs living in over 2,300 IDP sites in urban and semi-urban areas. Over 80 per cent of the IDP sites are informal settlements on private land while 74 per cent of them are in urban areas. In addition, close to 30,000 refugees and asylum seekers mostly from Yemen and Ethiopia, live in Somalia.



IDPs receiving humanitarian aid outside Belet Weyne town in May 2020. photo: OCHA/ Warsame

Conflicts, insecurity, climatic shocks including floods and droughts are the major causes of displacement in Somalia. According to the UNHCR-led Protection and Return Monitoring Network (PRMN), about 404,974 individuals were newly displaced between January and May this year, of whom, 131,144 were displaced primarily as a result of conflict or insecurity, 223,581 by floods, and 43,900 by drought. New movements (January-May) increased by 62 per cent compared to 2019, during which at least 153,438 people were displaced in the first five months of the year.

In November 2019, the Federal Government of Somalia ratified the [African Union Convention for Protection and Assistance of IDPs in Africa](#) (Kampala Convention): a legally binding document that affirms the rights of IDPs. However, there remains pressing a need to invest more resources on the implementation of the key policies in the Convention to protect IDPs from eviction and facilitate effective humanitarian assistance. Other priorities for IDPs include basic services, protection and support to durable solutions.

Concern over rising suspected AWD cases

With the Somalia winter season (June-September) beginning, it is necessary to scale up social mobilisation, preparedness and response to mitigate further spread of AWD

Suspected Acute Water Diarrhea (AWDs) cases have increased in South West State and other regions such as Banadir, Jubaland and Galmudug even as the *Gu'* rains gradually diminish. These regions were affected by the recent seasonal flash and riverine floods at the height of the *Gu'* rains.

South West State recorded 772 cases and 8 deaths as of 28 June, including 473 from Baidoa and 249 from Marka. Reports of suspected AWD cases have also been received from Qansax Dheere of Bay region, Wanla Weyn, Kurtunwaarey and Qoryoley in Lower Shabelle. The state health ministries, together with the WASH and Health clusters are working on joint responses. Urgent support is needed to scale up WASH services including hygiene promotion and to rehabilitate Cholera Treatment centres in Baidoa and Lower Shabelle.

New admissions of suspected AWD cases have been dropping significantly in Jubaland, but there are fears that new cases could emerge in the outskirts of Kismayo where communities living in riverine areas have limited access to health care and face other threats from infectious diseases and the impact of floods.

Local transmission of AWD and cholera has reported particularly in Deynile, Darkenley, Madina and Hodan districts in Banadir region. The outbreak is attributed to limited access to safe water, poor sanitation, and uncontrolled population movement especially among IDPs who were most affected by the recent *Gu'* rains. Communal latrines for IDPs were washed away, and pre-existing poor sanitation conditions have increased the risk.

With the Somalia winter season (June-September) beginning, it is necessary to scale up social mobilisation, preparedness and response to mitigate further spread of AWD. Priority areas include provision of AWD and cholera treatment supplies, training of staff and volunteers in case management, active surveillance, the provision of sanitation equipment to target communities and enhanced community mobilisation interventions.



A mother tending to her child being treated for AWD in Belet Weyne Hospital. Photo. Ayub/ OCHA

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