

SOMALIA

ECONOMIC SECURITY NEWSLETTER

Decades of conflict and natural disasters have profoundly affected the economic resilience of a large part of the Somali population. They have also destabilized and damaged their livelihoods and normal coping strategies. As a result, most Somali households affected by conflict remain very poor and continue to struggle daily to meet their most basic needs.

To mitigate the negative impact of these recurring shocks and to shift the most affected populations to the slope of a resilient and autonomous economy, the International Committee of the Red Cross (ICRC), through its Economic Security department, has been developing for several years, a program with a double objective:

- Ensure access to food, living conditions and other basic needs to the most vulnerable people.
- Economic revival through support to livelihoods in an effort to strengthen the resilience of the most affected populations.

This response demonstrates that the ICRC is not only an organization that focuses on humanitarian emergencies but is also strongly committed to helping build resilience by restoring livelihoods and by strengthening capacities at the community and household level.

The emergency relief component aims to enable the most vulnerable people, displaced people, returnees,

communities in distress due to conflict and/or natural disasters, meet their basic needs as required by their physiology, environment and cultural standards. This emergency relief is in cash or kind in the form of food and/or essential household items.

On the other hand, basic economic revival support aims at enabling these same populations, once their basic needs are covered, to restore their livelihoods, boost their economic production, cover their basic expenses and be more resilient to current challenges and future shocks.

To do this, a number of projects involving support for agricultural and livestock production, income generation, technical capacity building and innovation is developed.

Our goal is to enable the people we help to not only survive the shocks, but also to absorb them, recover from them and be able to transform themselves, their reality and their lives.

The ICRC remains committed to supporting the most vulnerable people of Somalia in the process of strengthening their capacity for positive and sustainable transformation of their economic security, despite protracted conflict and recurrent natural disasters.

PROGRAMS

INCOME SUPPORT

The ICRC aims to provide economic security to the population affected by conflict and other situations of violence. In particular, it is supporting vulnerable urban poor households that are mostly headed by women and marginalized groups as well as vulnerable coastal and rural communities relying on fishing and beekeeping.



Our cash assistance programme helps women meet the needs of their families.

Through micro-economic initiatives, the ICRC supports vulnerable low-income families to start, restart or expand existing small businesses that can contribute to the family income, ultimately leading to an improved and sustainable livelihood. These consist of one or a combination of three interventions: productive grant, vocational training and microcredit support. The aim of all three components is to support income-generating activities ranging from agriculture and livestock-rearing to trade and craft. In addition, they can be implemented as individual (household-based) or group (community-based) projects.

In Somalia, the main micro-economic initiative being implemented is focused on productive grants that target vulnerable women-headed households. The approach also includes other specific vulnerable groups in situations where its relevance is confirmed, and internal capacities are adequate for proper implementation. To improve their income and enable households to meet their basic needs, support in the form of productive grants combined with training on business skills is offered.

In addition to the micro-economic initiatives, the ICRC is supporting vulnerable rural beekeeping and coastal

fishing communities with equipment and tools. These include sets of fishing gear, boats, boat engines and solar freezers, which are distributed to the communities. The boats and boat engines are shared between households within the community. The distribution of the fishing kits and other equipment is aimed at enabling the community to increase their daily catch.

For beekeeping, the support provided includes modern beehives, protective gear and tools necessary for improving the production and sale. This is combined with training on technical skills by specialists thus enabling the community to maximize their production. Trained Somali Red Crescent Society (SRCS) relief and livelihoods teams from various branches in the country are involved at every stage of the project cycle from assessment, registration, distribution to post-distribution and outcome monitoring phases.



Mire prepares fish to sell to business people who wait for him at the shore.

AGRICULTURE



The ICRC supports farmers with tools and equipment.

Agriculture is a key economic sector in Somalia, not only in terms of meeting the food needs of the population but also in generating income through cash crop sales and labour opportunities. Here, the ICRC recovery and rehabilitation efforts aim to increase food production and resilience to future shocks through long-term interventions that facilitate the transition from relief to development.

In Somalia, the ICRC is implementing three main agricultural projects:

- Quality seed multiplication and support in the form of tractors, planters, ploughing disks, destoners, seeds, fertilizers, hermetic bags, hypometer/ grain moisture testers, coaching and training in good agronomic practices).
- Agro-recovery program to vulnerable farmers to help them restore their food production to “normal season” (pre-shock period) levels. This is achieved through the provision of cash grants.
- Rehabilitation of irrigation schemes, water catchments and airstrips (e.g. Bardhere airstrip), achieved through the provision of cash-for-work projects.



Sorghum is a popular crop among farmers in Somalia and a staple food for most rural homes.

LIVESTOCK

Somalia's livestock sector is one of the most important livelihoods for communities and pastoralists. Unfortunately, its performance is undermined by recurrent disasters and protracted conflicts, compounded by the collapse of government veterinary services. In addition, lack of access to basic veterinary services and insufficient supply of quality veterinary drugs has led to poor animal health care as well as low productivity of animals. These problems affect the overall process of economic development and employment of more than 75% of the Somali community who rely on livestock.

The traditional system of livestock production relies on pastoralism which depends on the mobility of the herds to find water and fresh pasture. Nowadays, the lifestyle is being adversely affected by unpredictable changes in climatic conditions and environmental degradation. Pastoralists usually lose livestock during drought, which they normally recover in the years that follow. But prolonged and repeated dry spells have left a lot of herders losing those that survive should the rains fail.

In addition to severe droughts and overgrazing, the pastoralists face other challenges such as moving herds due to security-related risks of looting, tensions over the grazing areas and water sources, availability of veterinary drugs and services, poor education of herders, poor availability of fodder and other agricultural byproducts.

To address these challenges, the ICRC livestock program is focusing on the improvement of veterinary services and food production assistance through:

- Training and supporting community animal health workers and private veterinary pharmacists. This is meant to improve their skills and enable them to deliver quality animal Health Care services to pastoral and agro-pastoral households.
- Tsetse and trypanosomiasis control project to reduce the economic losses of pastoral and agro-pastoral households due to African Animal Trypanosomiasis (AAT), a tsetse-transmitted disease affecting domestic animals.
- Fodder production project implemented in the riverine areas as an income generating activity and as a means of improving productivity of livestock, as well as having the potential to provide income to pastoral drop-outs who often work as farm labourers.



Abdikarim Mohamed/ICRC

Veterinary support to pastoralist communities help keep their livestock healthy.

CASH TRANSFER PROGRAMMING

Cash Transfer Programming (CTP) is the provision of assistance through cash and/or vouchers to individuals and households. It is a means to distribute assistance efficiently to the intended recipients, enabling them to access the goods and services that they need.

Indeed, cash transfers have been an effective modality to support affected people in meeting their basic and urgent needs, as well as their long-term needs (livelihood-support projects). Cash is used to meet many different purposes such as covering basic needs—food, water, shelter, education and improving livelihoods like farming, livestock or entrepreneurship.

The use of CTP has been growing in recent years. Currently, 67% of ICRC assistance operations in Somalia are carried out using cash transfers. The reasons for scaling up cash interventions include improved accessibility to conflict-affected areas, but also better recognition of people’s dignity, power, autonomy and choice on how they manage their survival and recovery. Cash programs also initiate, maintain or recover people’s financial inclusion following disruption due to disasters or conflicts. Moreover, the provision of cash stimulates the local market/economy while drastically reducing the response time. Where cash is disbursed through mobile transfers, it eliminates potential risks associated with people knowing the recipients received the money.



Abdikarim Mohamed/ICRC

Cash is sent through a direct transfer to the family’s mobile phone. This system is secure and transparent.

The ICRC has a team of CTP experts who provide technical support and advice, as well as implementation. The team conducts feasibility assessments, project design, registrations, verification, preparation of distributions, selection of service providers and monitoring. Cash disbursements are done mainly through mobile cash transfers with duly selected financial service providers. It enables the organization to reduce accountability and transparency risks linked to the provision of humanitarian assistance.



Amisa Hussein/ICRC

Muslimah Isse hand-weaves baskets to fulfill orders placed by her clients in Bakara, one of the largest markets in Mogadishu.



A field officer addressing a group during a training session on business skills.

CAPACITY BUILDING

The Economic Security unit delivers trainings through staff or contracted partners:

For beneficiaries -The trainings are meant to upgrade the skills in different areas. Trainings on business skills are aimed to equip the people under the income-support program with numeracy and basic business management. Technical trainings on specialised topics such as co-operative management and good agricultural practice are delivered by a locally contracted technical institute-the Somali Agriculture Technical Group (SATG).

For SRCS staff and volunteers -The ICRC collaborates with SRCS in its humanitarian engagement in Somalia. Trainings are done for both SRCS staff and volunteers on key thematic areas. The Economic Security department has trained SRCS volunteers in all the regional (and some satellite branches such as Dhobley) branches in Somalia with the aim of putting together a relief and livelihood team. This team, together with ICRC field teams conduct joint activities such as assessments, registration, post-distribution monitoring and end-line reviews across the project cycle.

TRANSPARENCY AND ACCOUNTABILITY

To ensure transparency and accountability in our engagement with the affected population, the Economic Security department, in close collaboration with the Risk Management Unit (RMU) has set up mechanisms for both the affected and targeted population to provide feedback. The beneficiary feedback and complaints mechanism, referred to as Community Contact Centre (CCC), offers communities a means to provide feedback, complaints or requests for information related to our activities. It is also used to send bulk mobile phone messages (SMS) to the final selected beneficiaries who

are to be supported and inform them about the potential support they should expect from the ICRC in the build up to the actual assistance. We also ensure that the communities are involved and aware of our various activities. This is achieved by engaging the communities in a participatory problem analysis done through key informant interviews, focus group discussions and household interviews. Complaints and concerns from affected population related to activities are addressed accordingly and feedback of the findings communicated to the affected person(s) through the CCC.

Beneficiaries can reach ICRC directly through a short code toll-free number (373) that is accessible from all networks in Somalia.



An ICRC staff at the Community Contact Centre on call. The centre offers communities a means of providing feedback.

Eric Chege/ICRC

ONE ON ONE WITH ABDULLAHI ISSA ALI JAMA, FIELD OFFICER, GAROWE

Abdullahi Issa Ali Jama is field officer with the Economic Security department working in Garowe and covering Nugal, Bari and North Mudug regions in Somalia.

Q: What do you do as a field officer?

A: My role entails visiting victims affected by armed conflict and other situations of violence in a bid to assess their situation and their ability to recover from the shocks without external help. Together we identify, appropriate and relevant types of intervention before implementing for them.

Q: What have been the interventions in your area of operation?

A: In 2019, a combination of conflicts and climate-related shocks affected the people in my area of operation. People's access to food, living conditions and livelihoods was deeply affected. This led to some of them relocating within their own regions as internally displaced. We supported them with food and living condition assistance through cash and livelihood recovery projects.

Q: How does the ICRC help communities affected by conflict and climatic shocks recover and sustain their livelihoods?

A: If the main problems are lack of access to food, poor living conditions and other priority needs, we

As tides become high, the risk of fishing also goes high. Fishermen set sail as early as 4 am to beat the high tides. By 10 am fishermen are back to the shore with tools for storage.



Abdikarim Mohamed/ICRC



Abdullahi Issa (right) training SRCS volunteers on tablets registration before registration starts.

assist them either with multiple cash grants or in-kind distribution of food rations and/or essential household items. If the needs are more related to livelihoods and income, we assist them through livelihood recovery projects such as honey production, fishing projects, agro-recovery grants or income generating activities.

Q: How does the security situation in your area affect the implementation of activities?

A: It is always a great challenge for ICRC to implement its activities in Somalia, be it for security reasons but also in terms of logistical access and coordination. However, good coordination with all actors and community leaders has brought about great community acceptance that allows our activities to be implemented with ease. Most of the people truly understand that we only work to help affected people based on our principles.

Q: Tell us about the community fishing project in your area of operation.

A: Fishing communities have been affected by the long-lasting crisis which has led to the loss and significant reduction of fish production. The reduced fish production has hampered the food and economic security and the ability to cover the basic needs. ICRC has committed to help these communities by distributing fishing gears and solar equipment to restart their activities and recover their economic security.

Q: What are the beneficiaries' selection criteria for the relief and cash interventions?

A: The selection criteria is based on the concept of vulnerability. Starting from an equal exposure to the shocks, we try, in agreement with communities, to select the households and individuals who are most affected and with less capacities to recover on their own without our intervention.

NUTRITION

Part of securing economic security includes assessing the nutritional security situation through a complementary preventive and curative approach, in close coordination with the ICRC health team. Our teams, in collaboration with the SRCS, conduct regular SMART nutritional surveys on children under five years of age and pregnant and lactating women. Once the malnutrition cases are identified, they are referred to either the supplementary feeding program for treatment of moderate acute malnutrition, an out-patient therapeutic program for treatment of severe acute malnutrition, or the stabilization centre, for severe cases that require treatment of medical complications linked to malnutrition. This is done in collaboration with the ICRC health department. To curb the malnutrition problem in Somalia, the ICRC is supporting children under 5 years of age and pregnant and lactating women with food commodity vouchers and nutritional therapeutic food to complement the diet and nutrition education sessions

aimed at improving the knowledge of the population on the importance of a balanced diet.



Abulkarim Mohamed/ICRC

Children, especially those under five, face a high risk of malnutrition during times of food shortages.



Pedram Yazdani/ICRC

One of the Stabilization Centers where food ration is provided to the caregivers. Mothers and care-givers staying at the centre receive three meals a day. While there, they also receive training on proper nutrition and breastfeeding habits. Upon discharge, they are given a peanut based paste (plumpy'nut) for the baby.

ONE ON ONE WITH MORENA BASSAN, NUTRITIONIST WORKING WITH THE ICRC IN SOMALIA

Q: Tell us about your job and what it entails.

A: A nutritionist works to improve the nutritional status for the population, to prevent, treat and cure malnourished children, as well as pregnant and lactating women. In order to have information on the nutrition status of the population in Somalia, the nutritionist conducts regular SMART nutritional surveys on these two groups.

Q: How rampant is malnutrition in Somalia?

A: In Somalia the global acute malnutrition rate remains high, between 10% to 33% especially in IDP camps and among pastoral populations. Poverty, food insecurity and health problems affect vulnerable groups such as nomadic pastoral communities, internally displaced people and the rural population. Repeated droughts, floods and security problems do not allow the population to have a stable economic security. The food supply which is based on milk and cereals and the supply of fruit and vegetables, as well as that of meat, is low leading to the insufficient dietary energy supply meant to meet the population's energy requirements.

In addition to that, most children do not continue to breastfeed for the first one year with rates reducing drastically to 15% by the time the child attains the age of two years. By the age of six to eight months, 8 out of 10 Somali children are introduced to solid, semi-solid or soft foods. Providing a balanced diet is still a challenge in most parts of Somalia. Bottle feeding, which is not a recommended practice, is common among most mothers. Cultural beliefs have a big impact on a good implementation of infant and young child feeding practices by their mothers. The incidence of infectious diseases is very high, and immunization rates are low. The bad health status is also a cause of the severe acute malnutrition in children less than 5 years old and pregnant and lactating women.

Q: How do you assess the nutritional situation in the field?

A: The nutrition team conducts SMART nutritional surveys to determine the rate of prevalence of under-nutrition. Children aged between 6 months and 5 years have their weight-height-MUAC (Mid-Upper-Arm-Circumference) checked as well as the bilateral edema in a bid to diagnose under-nutrition. The data collected helps the nutritionist to get a clear picture



ICRC nutritionist, Morena Bassan serving patients in Kismayo Stabilization Centre.

of the malnutrition levels in the assessed area and understanding the specific needs. Most nutritional surveys show that the level of low weight-for-height (wasting) in children less than five years old is extremely high. South Central Somalia is the region where children are most affected by wasting (undernutrition).

Q: Do you do nutrition education sessions and how frequent are they?

A: The nutrition education sessions are done in parallel to the implementation of activities. During these sessions, beneficiaries receive the information on how a balanced diet should be prepared using the locally available food. Information on correct diet for infants and young children is also shared. Dietary attention is also given to the pregnant and lactating women to ensure they are able to practice exclusive breastfeeding in the first 6 months of their baby's life.

Q: Are nutrition services available in all the SRCS clinics?

A: No. The nutrition services (treatment of severe and moderate acute malnutrition) are only available in some SRCS clinics. Where ICRC does not intervene to treat the under-nutrition, other humanitarian agencies working in the region intervene. We therefore do not see the need to duplicate the intervention.

Q: How do you ensure that malnourished children receive the necessary assistance?

A: When a malnourished child is identified during screening, nutritional surveys or medical consultations, he/she is referred to SRCS clinics that offer outpatient therapeutic program and the targeted supplementary feeding program for treatment. In addition, we provide nutrition centers with therapeutic nutritional food, drugs and necessary materials they may require.

Q: Tell us about the Targeted Supplementary Feeding Programme (TSFP) pilot project and the areas it's covering

A: The pilot project for treating moderate acute malnutrition of children aged less than 5 years and pregnant and lactating women started in April 2019 in Baidoa (Bay region), Kismayo (Lower Juba region) and in July 2019 in Bardhere (Gedo Region). The ICRC is managing stabilization centers in Baidoa and Kismayo where patients with complications related to severe acute malnutrition are treated. The pilot project aims at starting the treatment of moderate malnutrition cases before they become severe, in line with the Somalia Integrated Management of Acute Malnutrition (IMAM) guidelines. This treatment is key to stop the vicious circle of malnutrition. When a child reaches the severe status of malnutrition, he becomes prone to other serious infections which can lead to death if treatment is not administered immediately. It is good to note that treatment and cure of moderate acute malnutrition decreases the number of severe acute malnutrition cases among children and lowers the child mortality rates.

Q: What are some of the challenges that you've encountered so far in the implementation of this pilot project?

A: The challenge encountered so far in the implementation of this project is purely logistical. The security situation in Somalia sometimes makes it hard for us to supply food and other items to the SRCS clinics.

Q: Could you please tell us more about the Integrated Management of Acute Malnutrition (IMAM) guidelines?

A: The Somalia IMAM guidelines are the national guidelines prepared by international humanitarian agencies and the Ministry of Health (MoH). The first IMAM guidelines in Somalia were launched in 2011/2012 and in 2019 by the MoH in collaboration with international NGOs and revised by the UN.

Q: Why is a diversified diet important before, during and after pregnancy?

A: A diversified diet is important as it helps prevent under-nutrition, especially in the early stages of



All children in screening area have their weight, height and mid-upper arm circumference measured to detect malnutrition.

pregnancy. The first 1000 days between conception and a child's second birthday has been identified as the most crucial window for interventions. Evidence suggests that stunting is largely irreversible after the first 1000 days, leading to an intergenerational cycle of poor growth and development, in which women who were stunted in childhood remain stunted as adults and tend to have stunted offsprings.

Another important point to note is that improvements in nutrition beyond the first 1000 days do not only remedy growth, but also deficits in cognitive development that are associated with early under-nutrition. Although the first 1000 days is a crucial stage for interventions against stunting, accelerated linear growth can occur at later ages and might reverse stunting, particularly during adolescence, and this might present another opportunity for interventions aimed at breaking the intergenerational cycle of child undernutrition.

Q: What does the nutrition department provide to communities facing malnutrition?

A: We provide communities, pregnant and lactating women and families with children under 5 years who are malnourished with food commodity vouchers and nutritional therapeutic food. In addition, the department also provides knowledge on health seeking behaviours as well as eating a proper diet to prevent malnutrition.

HONEY PRODUCTION BOOSTS RESILIENCE

In Sanaag region lies Galgala, a mountainous town bearing ancient remains of cairns. There has been massive displacement of people as a result of conflict. Among those affected are pastoralists and families practicing agriculture and apiculture, who were forced to relocate to safer areas.

Some residents had to move to displacement camps in villages down in the valleys while the rest, mostly farmers, stayed behind to take care of their farms.

“I have been a farmer for more than 45 years. These years have been marked with numerous seasons of drought and floods. But, this hasn’t forced me to relocate. Farming is what I know best. It is my only source of income,” says Awil Mohamed, a farmer living in Mash-caleed village.

Aside from farming, Awil is also a beekeeper.

“Honey is medicine and whenever one is sick, we go out in search of this commodity. Now, I don’t have to

struggle to get honey. It’s readily available in my farm. I can get it with much ease just like I do with vegetables,” he adds.

The ICRC offers training to individuals and communities it assists on beekeeping techniques and supports them with equipment like modern beehives.



In Puntland, honey consumption per capita is estimated to vary from 250 grams to more than 500 grams per person per annum. The price of honey is determined by demand, availability, quality, special character, packaging, origin and other factors.

The beekeepers sell the honey either directly to the consumers or in large volumes to traders. The latter refines the honey by heating, filtering and packing it into jars. Even though the refinery process increases its value, the honey is no longer raw and thus loses the properties of the fresh product. This type of processing is good when production is higher than local demand, because it increases the product’s shelf-life, improves its presentation and makes export possible. The demand for honey is on an upward trend and with no corresponding increment in local supply. Traders are fetching higher prices.

“We have now acquired improved technologies and technical skills in beekeeping. We are now able to increase honey production and diversify to other products such as bee-wax” Awil adds.



The ICRC offers training to individuals and supports bee keeping communities with equipment.

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Cover photo: Abdikarim Mohamed/ICRC
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The ICRC helps people around the world affected by armed conflict and other situations of violence, doing everything it can to protect their dignity and relieve their suffering, often with its Red Cross and Red Crescent partners. The organization also seeks to prevent hardship by promoting and strengthening humanitarian law and championing Universal humanitarian principles.