Hear my voice

Somalis on Living in a Humanitarian Crisis

MEDECINS SANS FRONTIERES

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In the health centre of Hiloweyn refugee camp (Ethiopia), MSF provided primary health care and psycho social care. MSF ran a nutrition program and an outpatient department in the camp between July and December 2011.
Cover: Parents waiting to have their children weighed in an MSF clinic in Dadaab, Kenya.

There is violence, poverty and mismanagement in my town. My sons refused to join the fighting so one was wounded, the other killed. I was threatened and I had to flee. I escaped at night and travelled by foot for more than 30 days. There was no food so I had to eat tree leaves. I was arrested and interrogated before I could continue to Ethiopia. I will not go back home until there is peace. **Man, 40, from Lower Juba**

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Women waiting in front of the therapeutic feeding centre at the hospital MSF runs in Galcayo South, Somalia.

INTRODUCTION

In 2011-2012, drought and conflict caused widespread food shortages resulting in a malnutrition peak well above emergency levels in Médecins Sans Frontières (MSF) programs, and spurred the displacement of tens of thousands of people within south central Somalia and to Ethiopia and Kenya. Soaring prices for domestic and international food, insecurity, and the effects of denied humanitarian access by armed groups exacerbated the crisis that the United Nations declared a famine. Restrictive international donor policies including the criminalization of aid provision by some governments in some of the worst affected areas controlled by insurgents further hampered humanitarian response efforts leaving large gaps in aid provision.

In February 2012 the famine was declared over and policy makers are now more focused on development, state-building and security than humanitarian aid. While security and access to provide and receive assistance has since improved in certain areas, **large numbers of Somalis carry on facing hardship and violence underscoring the crude reality that a humanitarian emergency continues in Somalia.** As the Somalia government and its donors look toward a new era, **humanitarian assistance - including food, water, shelter and healthcare - dissociated from political objectives and processes should remain a priority.**

Over the past 15 months, MSF has routinely asked its patients about the circumstances that led them to our clinics and hospitals in Somalia and the refugee camps in Ethiopia. What emerges from the 820 testimonies gathered[1] is a mix of fear, violence including sexual assault, people uprooted, food shortages and a lack of access to the basic means of survival and adequate health care. These interviews allow Somalis to express in their own terms what it means to live under what for many are still emergency conditions.

> *We live in fear. Security is bad and we are constantly hungry. Would you call this a life? I don't but who listens to me. The worst thing is that I don't even know what a life without suffering would be like.* **Woman, 23, from Bay**

1 Selection of interviewees was based on MSF teams' accessibility to persons. Data provided in this report is not representative for the whole Somali population but for the people visiting MSF facilities in Mudug, Lower Juba, Middle Juba and Gedo regions in Somalia and in Liben zone in Ethiopia. Demographics of the 820 interviewees - Sex: 68% female, 32% male. Age: 10% 16 - 20 y, 34% 21 - 30 y, 27% 31 - 40 y, 16% 41 - 50 y, 15% 51 - 90 y. Location: 63% Somalia, 37% Liben. Displaced Persons: 52%

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Patient on stretcher being carried to the surgical ward at Guri-el Hospital, Somalia.

CONFLICT AND FOOD INSECURITY: Fueling displacement and suffering

- *Lack of security, lack of food, lack of humanity, lack of freedom and family separation are the hardest things in life. I have been displaced more than 10 times in my life. My husband died in an attack, and two of my children died because I was not able to give them food. I try to stay strong but this situation that our county has been facing for too long is killing us.* **Woman, 25, from Lower Juba**

According to 29% of the 820 people interviewed by MSF teams in south-central Somalia and in Liben refugee camps, **food shortage and related malnutrition is the main challenge in life.** But as evident from their words, these consequences are directly linked to instability of the country, whether through direct conflict and violence or the indirect consequences of neglect and lack of humanitarian assistance.

- *I had 9 children in 2011. Now I only have 3. They died due to malnutrition and diarrhea. There is no hospital in our area, we only use traditional medications. All this suffering is because there is there is no assistance to us people living in remote areas.* **Woman, 36, from Middle Juba**

28% consider that **displacement and family separation cause the highest levels of suffering** while 20% state lack of economic resources as a constant source of stress. Fear of attack and violence is mentioned by 13% but in the Lower and Middle Juba regions where large-scale conflict has re-emerged as the main source of displacement since October 2011, fear of attack and violence is a much bigger concern and noted by 27% of patients interviewed. Across MSF locations in Somalia, **poor health conditions are pointed out as a major challenge.**

- *The famine and lack of security are related to political arrangements. I was told things have improved. But normal people like me have not seen any improvements. There is still insecurity, and we don't have enough assistance to live healthy.* **Man, 24, from Bay**

- *Last year's drought was the worst I have seen. Our animals died and there was constant fighting. Two of my children died because of hunger. It is difficult to forget that hard time. We fled to Ethiopia for safety. My wife had an abortion during the trip. She was on foot because the donkey cart carried our children and luggage. Life here is difficult, not like the life we used to have before. It is hard to be a stranger in a new country where I cannot even work.* **Man, 39, from Bakool**

Distress related to psychological trauma is rarely mentioned as a major concern. However, to live day in and day out with uncertainty, aggravated levels of violence, displacement, or to watch one's children fall ill or even die due to the inability to feed them can be psychologically devastating. Even if security improves and more humanitarian assistance is provided, **traumatic events and memories causing psychological symptoms of anxiety, depression and Post traumatic Stress Disorder (PTSD) are likely to continue to affect the people of Somalia**[2], particularly when considering the often inadequate or non-existent number of mental health services available[3].

- *The memories from when my husband was killed in our home in Somalia appear every time I close my eyes at night. I remember every detail. My family told me things would be better if I left our home. Now I have been here in this camp for more than 4 months and I'm even more stressed. I miss my family, and my 2 children are suffering because I cannot give them what they need.* **Woman, 37, from Gedo region**

2 World Health Organization (WHO): "A situation Analysis of Mental Health in Somalia", October 2010.
3 UNHCR, Somalia Factsheet November, 2012. http//reliefweb.int/sites/reliefweb.int/files/resources/UNHCR_Briefing_Kit_November.pdf

All new arrivals are screened for disease and malnutrition at the Dolo Ado border crossing from Somalia into Ethiopia.

Girl who fled with her family the fighting in Mogadishu in December 2006. The family has lived in camps since then. Several camps for displaced people are located around the town of Guri-el in the central Galgaduud region, Somalia.

DISPLACEMENT: A Feature of Somali life for more than 20 years with no end in sight

The drought is over for now, but people cannot stay in Somalia - there is still too much violence. The journey here took 10 days. We had little food, and it is dangerous. During the day we had to hide from people with bad intentions and walk in the bush. And at night we had to run away from wild animals. My son's feet were bleeding and I had to carry him. Some unknown men stopped us and took all of our belongings. I came here with nothing. I don't even have a bucket for water. **Woman, 37, from Hiraan**

There are an estimated 1.3 million Internally Displaced People in Somalia, more than 1 million Somali refugees in neighboring countries (Kenya, Ethiopia and Yemen) and thousands more on the move to far away destinations. This means that **a staggering third of Somalia's estimated 7.5 million people continue to live away from their homes**[4]. Over half of the persons interviewed by MSF teams (424 out of 820) report to have been displaced within Somalia or to Liben, Ethiopia with violence and fear of attack reported as the main reason for displacement (46%) followed by food shortages due to drought and limited access to assistance (32%).

I had to take a decision, die in Somalia, or flee to Ethiopia to survive. I'm a young man, so it was too dangerous to stay where I was. Different groups wanted me to support them and I was afraid to tell them no. I joined them for some time but I was shot and what they are doing is not good for my people. I escaped and now I'm here. I feel naked without my family. My wife is alone with our 3 children, I'm an irresponsible father but I had no choice. Man, 28, from Banadir (Mogadishu)

4 UNHCR, Somalia Factsheet November, 2012. http://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR_Briefing_Kit_November.pdf

93% of the displaced persons interviewed mention their desire to return home in the future mainly because **life in displacement involves precarious living conditions, complete aid dependence, failing protection mechanisms and feelings of being an outsider**. 43% of people interviewed say their hope of reuniting with family members in the future gives them strength to survive the day.

Our living conditions are not fine as you can see. We sleep under this small shelter without plastic sheeting and the rainy season is coming. Once in a while there is food distribution but we don't get the food because others take it. We feel discriminated as we belong to a low clan. This is how life is when you are not in your own society. **Woman from Bay, living in Gedo**

I'm in an IDP camp since 18 years. This is not a life. Food and health is too little, and it is dangerous for women to live here. Men come in to the houses at night and even take the virginity of small girls. **Woman, 30, from Lower Juba, living in Mudug**

Health Risks and Challenges in Displacement Camps

Most displaced Somalis originate from rural areas and their awareness of effective camp hygiene techniques and sanitation is low. In camps, they are provided with limited water, have access to overused latrines often at long distances from their shelters – none of which encourages better practices. Furthermore, displaced people often reach asylum in precarious health states, and live in camps where airborne illnesses such as measles and influenza are easily transmitted. Diarrheal illnesses such as cholera, dysentery, as well as polio arise from the improper disposal of human waste and thrive in environments where overcrowded living conditions are the norm. Poorly managed communal water points and standing water create favorable grounds for mosquito breeding possibly leading to large-scale malaria outbreaks.

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Woman crossing the street in Galcayo, Somalia.

SEXUAL VIOLENCE: A constant fear

- *As a woman travelling alone from Mogadishu you are very lucky if you are not raped along the way, you are lucky if you are raped by one person, and you are unlucky if a gang catches you and several men rape you. I was very lucky.* **Woman, 40, from Banadir (Mogadishu)**

- *A less lucky woman came to deliver her baby in one of the hospitals supported by MSF in Mudug region. She did not want the baby and wanted to run away. Later it turned out that she was raped by 3 men at a checkpoint. She got pregnant and taking care of the baby was too traumatic for her. A number of women that have sought assistance in our maternity ward have reportedly been raped while fleeing their places of origin.* **MSF Maternity Supervisor**

For Somali women, the ever-present threat of sexual violence is an added stress to their already precarious situation. **Displaced women fleeing conflict and food insecurity or living in camps are most susceptible to rape as protection mechanisms are usually absent or inadequat**e. The list of perpetrators is long and includes family members, men in the community, criminal gangs, government officials, and fighting forces. Similar to other countries in conflict, **sexual violence has repeatedly been used in Somalia by all the parties involved in the fighting as a weapon of control and power**, meant to harm opponents both physically and psychologically.

- *We were displaced due to the clashes and drought. Now we live in one of the camps in Doloow, Gedo region. We are scared day and night. Ladies and small girls are raped when fetching water from the river or when collecting firewood. One week ago, my 8-year old daughter was raped by a man while collecting firewood. She was with her older sister and brother but they were too young to protect her so they started running to seek help. When I arrived, the man had disappeared and she was bleeding a lot.* **Woman, 38, from Gedo**

- *Last week some military men came into my house. They asked for my husband and when I said that he was out, one of them pushed me down and raped me while my children were looking. I am now here to seek your help. I might have HIV and other things because I was raped before; several policemen stopped me at a checkpoint and violated me and 2 other women. I was too scared to seek help then knowing that if somebody would find out, I would lose all my dignity.* **Woman, 23, Mudug**

Reporting sexual violence is always a sensitive decision due to stigma. One woman from Hiraan region said: *"A woman that is raped in Somalia loses her value; therefore she will try to hide the incident, especially if she is still unmarried"*. **MSF medical staff in Somalia estimates that only 10% of women who have been raped seek formal healthcare.** Access to healthcare and counseling for women who would want to seek care in Somalia is often very limited.

A child being screened for malnutrition at Hiloweyn refugee camp, Ethiopia.

MSF health center in Hiloweyn camp, Ethiopia.

HEALTHCARE: A key part of a dignified life for Somalis

We are poor people so if we cannot get free of charge healthcare close to where we live, we have to seek other alternatives. I have never been taught about disease. I lost one child last week, they told me he was malnourished but in my eyes he looked fat. It took us long to reach the health centre because we live in the bush and the transport is too expensive so we had to walk. **Woman, 24, from Mudug**

Malnutrition and its Effects

Malnutrition is a medical condition caused by an improper or insufficient diet. Unlike cholera and malaria, diseases with which Somalis are very familiar, the signs and symptoms of malnutrition are often not recognized by parents. Malnourished children suffer first from vitamin deficiencies and their vision becomes weak. As this state of chronic weakness progresses, children stop playing, their growth plummets and they stop developing both physically and psychologically. Competition increases for food supplies within large households and weaker children are pushed back even further by their own siblings. Caloric malnutrition sets in: children are unable to sustain enough nutrients to keep their bodies from starting to decay. Muscle structure atrophies and withers while bones lose their calcium and become brittle. Their hair loses its structure and blanches in color.

There are 2 types of presentation for malnutrition. Marasumus is a wasting syndrome characterized by loss of subcutaneous fat and muscle tissues creating gaunt, skeletal-looking children. Other children become swollen, a condition known as Kwashiokor, their skin cracks, peels and breaks into open sores. In such severe states of malnutrition, immune systems are compromised and they contract opportunistic illnesses such as fungal and bacterial infection. At this stage, children become unable to feed and sustain themselves even in the presence of adequate nutrition.

In July 2011, 55% of children younger than 5 arriving at the Somalia-Ethiopia border in Dolo Ado were severely malnourished while severe acute malnutrition rates among children reached 30% inside Liben refugee camps on the basis of inadequate food distributions (timing, items making up the rations). MSF continues to run large scale programs for thousands of severely malnourished children across Somalia and in the camps in Kenya and Ethiopia.

Health-seeking behavior is a multi-faceted decision making process, where a number of factors influence people's desire and ability to access health care. "The primary barriers and delays to access health care in Somalia are the lack of functional health services and facilities, the lack of money to pay for care, the distance from existing facilities and associated lack of transport, the fear of attack on the way to access health care, the lack of awareness about disease", says an MSF medical doctor from Mudug region.

73% of the patients interviewed in Somalia said they came to MSF facilities because of the good quality and free of charge services of which 17% mentioning that it was the only available option. Only 10% mentioned traditional healers and traditional birth attendants as previously used health practitioners.[5] This stands in contrast to other health-seeking behavior studies conducted in Somalia which show that while formal health care is usually sought, traditional mechanisms and treatment methods remain frequently used, especially in rural areas.[6] **Access to health care in south-central Somalia remains inadequate to meet the needs of a population caught between conflict, repeated displacement and constant food insecurity.** Patients accessing MSF health facilities clarified their desire to access quality health care away from price barriers and traditional healers.

I have delivered 3 children in the bush with support from a traditional birth attendant. It has worked out well. But this time, I almost died. I was delivering but the baby did not want to come out. I was in labor for 3 days and finally, the TBA and my husband took me to the hospital. The road was bumpy and I was in so much pain. The hospital personnel did a caesarean section on me. I was scared but the baby came out and I'm still alive. **Woman, 22, from the Somali Regional State in Ethiopia**

I want to feel like a healthy person and to get my dignity back. My whole life has been anguish and now I am suffering from Tuberculosis. It makes me so weak. I want to go back to my family but this disease keeps you in the hospital month after month. We Somalis know how to cope with conflict and drought but without good health care and food there is no future for this country. **Man, 39, from Hiraan**

5 The statistics related to health seeking behavior do not represent health seeking behavior of the general Somali population, as all interviews were conducted in MSF health facilities.

6 Mazzilli & Davis: "Health Care Seeking Behavior in Somalia - A Literature Review", Report 10, pp. 6-11, UNICEF (2009); http://www.unicef.org/somalia/SOM_HealthcareseekingbehaviourReport_10-WEB.pdf

A mother and her 3-year-old son have been in the therapeutic feeding centre of Dolo Health Center for 17 days because the child was severely malnourished. "We are from Gedo, and for the last ten years, we have had to flee to Ethiopia regularly because of war or drought.".

HOPE: An end to conflict and access to humanitarian assistance

- *The situation can only improve if Somalia gets a functioning government and the fighting stops but for this to happen, my children need education. If not they will be forced to fight.* Woman from Lower Juba

Peace and good governance would improve the situation according to 38% of the patients interviewed. "Peace would decrease our constant fears", a woman from Lower Shabelle told MSF teams. 21% believe life will be better when humanitarian assistance, especially food and health care, is more accessible while 23% (mainly men) expressed the desire to work and to being able to maintain their families.

- *The lack of money and work make us completely dependent on others' will and decisions. Not being able to take care of my family is embarrassing and it stresses me. I lay awake at night thinking of what will happen next and what I can do to make sure my children don't die because of this malnutrition or by getting injured from the fighting.* Man, 33, from Mudug

Most Somalis are attached to their faith and are convinced that only higher powers can improve the situation. A 65-year old man from Mudug region said:

- *"Unworldly powers are the only ones able to help Somalia. I have faith in them. I must have because if I lose it, there is nothing left to live for. My whole family was torn apart because of the fighting. Some were killed, others disappeared".*

93% of the displaced people interviewed in south-central Somalia and Liben refugee camps feel that their situation will qualitatively improve only when security conditions in their places of origin improve to the point that they can return.

CONCLUSION

Large parts of South Central Somalia are still conflict ridden and many peoples' ability to produce enough food and get adequate medical care is severely limited. **Humanitarian assistance remains inadequate or absent in many areas while needs remain acute.** Many Somalis continue to live away from their places of origin, often in crowded camps where living conditions are frequently harsh and dangerous. Even now, over one hundred Somalis are crossing into Ethiopia every day stating food shortage and insecurity as the main reasons for fleeing their homes.

As development, state-building and security plans are drawn up for Somalia's newly elected government, MSF calls for the prioritization of emergency life-saving assistance to the Somali population. In order to ensure that humanitarian assistance remains reactive, timely and relevant, it must not take a back seat to or be subsumed into political processes but should be independent, neutral and impartial. As described here in their own words, many **Somalis continue to face acute food and physical insecurity, and lack access to health care and other basic needs for survival and a dignified life.** Their right to seek safety and assistance across borders must be preserved and efforts to assist them inside Somalia stepped up.

MSF in Somalia

MSF has worked continuously in Somalia since 1991, and continues to provide lifesaving medical care to hundreds of thousands of Somalis in ten regions of the country, as well as in neighboring Kenya and Ethiopia. Over 1,400 staff, supported by approximately 100 people in Nairobi, provide a range of services, including free primary healthcare, malnutrition treatment, maternal health, surgery, response to epidemics like cholera or measles, immunization campaigns, water and relief supplies. During the first half of 2012, MSF treated nearly 30,000 severely malnourished children and vaccinated 75,000 against infectious diseases. MSF teams also assisted in over 7,300 deliveries and provided close to half a million medical consultations within its health facilities. MSF relies solely on private donations for its work in Somalia and does not accept any government funding.

On October 13, 2011 two MSF workers, Montserrat Serra and Blanca Thiebaut, were abducted in Dadaab refugee camp in Kenya. MSF believes that its two colleagues are being held in Somalia and appeal for their unconditional release.

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