

# ACTION FOR A HEALTHIER SOMALIA



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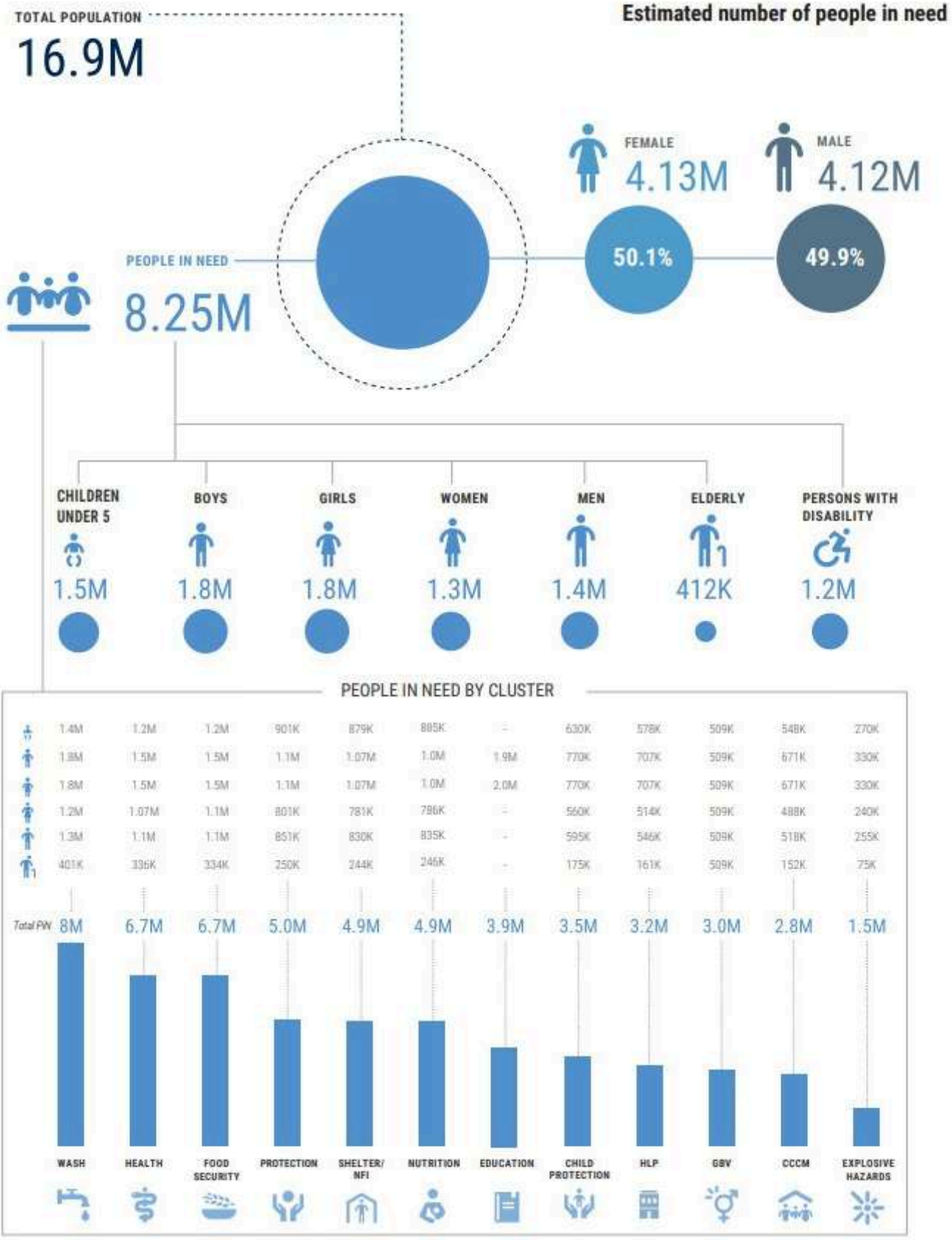
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# Somalia



# Summary of Humanitarian Needs



Estimated number of people in need ( OCHA Humanitarian Needs Overview Somalia 2023)

# Part 1: Who We Are

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## OUR MISSION

**Diaspora Philanthropic Association of Somalia (dpaSomalia) is a non-profit organization dedicated to end famine in Somalia and empower Somalis to enhance their health. dpaSomalia was founded through the united efforts of the Somali diaspora to eradicate hunger and to provide the resources Somali communities require to manage their health proactively. We carry out this mission through a variety of initiatives combating food insecurity and promoting health.**

## OUR VISION

**dpaSomalia envisions a hunger-free Somalia where all communities have the resources and opportunities for self-reliance in leading health conscious fulfilling lives.**





**dpaSomalia was launched through the compassion of Somalia diaspora who were devastated upon seeing the conditions in which their countrymen were living in. Having the privilege of coming from a developed country, access to health care and the availability of food, which are basic human rights, are often taken for granted. It is a harsh reality that we are among a privileged group and many basic human needs are not available to Somalis living in one of the poorest countries in the world. It is through this realization that we were compelled to take action and hope that through collective collaboration we can make a meaningful and sustainable impact to the lives of Somalis.**

# Our Core Values

## GOOD STEWARDSHIP

We honor our heritage and strive to contribute to the betterment of our country by being socially and financially responsible. We embrace our roles as servant leaders to the community and are motivated to maximize the resources entrusted to us to deliver meaningful impact. We take pride in our work and aspire to be a part of something bigger than ourselves.

A lack of empowerment is evident when one has no voice to change things, and when significant barriers exist to prevent access to the necessities of life. dpaSomalia focuses on establishing a society where members have an active voice as well as the institutions and resources required for these communities to pursue goals that they value.

## EMPOWERMENT

## COMPASSION & SOLIDARITY

Born out of the desire of the Somali diaspora to provide the essential services and resources to those who are unable to meet the basic requirements of life. We understand that change must come from within, and we at dpaSomalia aspire to take leadership in combatting the worsening humanitarian crisis in Somalia. We stand in solidarity with our people whose health and food security continue to be devastated by a multitude of factors such as ongoing conflicts, climate-related shocks, and communicable disease outbreaks.

dpaSomalia believes in remaining resilient and vigilant in carrying out our mission in some of the most challenging and insecure environments.

## RESILIENCY

## COMMUNITY

dpaSomalia is committed to building strong self-reliant communities and encourage members to actively participate in making sustainable and impactful changes where they reside. We honor relationships and take full responsibility for cultivating respect and trust among the community



## Our Guiding Principles

### VISIONARY LEADERSHIP

**dpaSomalia leads by example, striving to be professionally uncompromising as we help create a meaningful impact in Somali communities.**

**dpaSomalia believes in the value of strategic collaboration in order to achieve collectively what may not be possible on one's own. We embrace working with others to ensure that each project ends with the best possible outcome. We encourage a collaborative spirit and aspire to learn from the insights of others and to establish synergistic relationships with those who share our mission.**

### CULTURE OF COLLABORATION & NETWORKING

### TRANSPARANCY, INTEGRITY & EXCELLENCE

**We welcome accountability and pledge to conduct all operations with transparency and honesty. We remain true to our mission and share the inner-workings of the organization with the public. We are committed to pursuing the highest possible standards and promise to be transparent about our costs, expenses, impact data, and the way donations are managed and disbursed.**



**The prolonged humanitarian crisis in Somalia is characterized by climate-related shocks, communicable disease outbreaks and ongoing conflicts. These compounding shocks have exacerbated humanitarian needs among a population already living under the strain of widespread poverty and decades of armed conflict and insecurity. dpaSomalia aspires to end famine in Somalia and empower Somalis to enhance their health through 2 initiatives:**

# Part 2: Health Promotion

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# Somalia's Health Needs

With nearly 7 out of 10 Somalis existing on less than \$2 per day, Somalia remains one of the poorest countries in the world<sup>2</sup>. Overall access to healthcare remains very limited across Somalia, particularly in rural areas, translating to some of the worst health outcomes in the world.

Somalia has one of the highest maternal mortality rates in the world evidenced by the 1 in 14 chance of death Somali woman face over their lifetime from complications related to pregnancy or childbirth<sup>3</sup>. This is despite most maternal deaths being preventable. Only 32% of births are attended by skilled health personnel<sup>3</sup>. As result, 1 in 1,000 women aged 15-49 years dies due to pregnancy-related complications<sup>3</sup>. Somalia also holds one of the highest under-five mortality rate in the world (112 child deaths per 1,000 live births)<sup>4</sup>. Four in 100 Somali children die during the first month of life, 8 in 100 before their first birthday, and 1 in 8 before they turn 5 years old<sup>4</sup>.

Somalia continues to experience health outbreaks including acute watery diarrhea, cholera, measles and vaccine-derived poliovirus, which is further compounded by the lack of adequate healthcare, including preventive services, and the scarce availability of skilled health professionals. Highlighting the lack of preventive services, all cholera cases reported in Somalia during the current outbreak had never received the oral cholera vaccine<sup>1</sup>. Cases of acute watery diarrhea being reported in children under 5 years old are on the rise, particularly among the rural poor whom are more vulnerable to disease, especially if their immune systems are compromised by malnutrition<sup>1</sup>.



**When compared to other low-income and war-torn countries, Somalis are affected by mental health disorders at a higher rate. Approximately 1 in 3 people are or have been affected by mental health disorders in Somalia<sup>5</sup>. The concept of mental health is poorly understood by the masses, resulting in those affected often times being stigmatized, discriminated against and socially isolated, placing the burden of care on the families and the local community. This is further exacerbated by an ill-equipped health system with inadequate mental health services and insufficient quantities of psychotropic drugs needed for addressing their needs. To overt the high incidence and the long-term effects of mental stress and shocks, outreach services and psychosocial services are direly needed.**



# Our Five Approaches to Health Promotion

Medical/Preventative



Behavioral Change

Education



Community Centred



Societal Change



**The diversity in concepts of health, influences on health and indicators of health lead to a number of different approaches to health promotion. Health promotion is the process of enabling people to increase control over and to improve their health so as to reach a state of complete physical, mental and social well being. dpaSomalia commits to creating change through five approaches to health promotion, each necessitating the use of different kinds of activities.**

# Medical/Preventative Approach

The sustained availability of specialized health care providers, essential drugs and medical supplies as well as financial and human resources is a necessity in order to improve health outcomes for Somalis. Over 6.7 million Somalis require lifesaving essential healthcare and health protection services<sup>1</sup>.

Half of all non-IDP (internally displaced persons) households reported limited access to healthcare facilities and services<sup>6</sup>. This limited access can be attributed to the high cost of medicines and services, the lack of qualified health staff and the distance to treatment centres. The geographical distance to health and nutrition services is especially challenging for rural and nomadic Somalis, who make up the majority of the population and must travel more than 30 minutes to access these services. Many Somalis delay care or are completely unable to access a health facility due to distance, transportation difficulties and the lack of ambulance services for referrals between health facilities<sup>7</sup>.

dpaSomalia partners with communities to empower Somalis through the provision of a range of mobile health services. We safeguard and promote the health of Somalis through the mobilization of human and material resources. Mobile outreach services are efficient and cost-effective, while at the same time providing increased convenience and accessibility to the affected population. We deploy competent health workers, functional medical equipment, and the relevant supplies and referral services to prevent, diagnose, and manage the most prevalent diseases and conditions. We prioritize partnerships with community leaders to identify and address gaps in service availability to achieve sustainable and effective service delivery.

## Mobile Outreach Services

Emergency and essential health services

Maternal and Child health services

Mental health services

Immunization campaigns

Screening and disease monitoring

Referral programs

Improving access to available services



# Behavioural Change Approach

dpaSomalia strives to encourage individuals to make improvements to their health by choosing to change their lifestyle. Often times, the behaviours that negatively impact the health of Somalis is a response to the strain of widespread poverty and decades of armed conflict and insecurity.

**Although these are often outside of ones control, we offer a range of services with the aim of facilitating healthy choices:**

Specialist smoking cessation services

Specialist khat cessation services

Promoting physical activity & exercise

Encouraging a healthy lifestyle



# Educational Approach

dpaSomalia provides information to help Somali communities make informed choices about their health behaviour. We strongly believe that increasing people's knowledge about their health will lead to healthier behavior.

**We provide a range of services to help Somalis develop the confidence and skills to take greater control over their health.**

Health Tele-services

Advice & Awareness

Counselling & Group Discussion

Health Education Campaigns



# Community Centred Approach

The Somali population continues to experience some of the worst health outcomes in Africa. dpaSomalia advocates ownership of programs by communities through their active participation in all activities and, through effective collaboration, hopes to improve the health outcomes of Somalis. To ensure the best possible outcomes, we engage the affected population and the most vulnerable people when planning and implementing health services. We work with leaders within the community to establish monitoring and patient feedback mechanism in order to address barriers and deterrents to health care, to measure patient satisfaction and to provide data that drives future response actions.

**Our community-driven approach advocates for individual action and encourages good healthcare-seeking behaviours.**

Keeping people informed

Community Feedback Systems

Making people, plans and programmes more responsive



# Societal Change Approach

Health promotion interventions are essential in order to effectively address the health needs of Somalis. We partner with governmental institutions to promote healthy behaviours and empower people to take the necessary health promoting actions through policies, legislation and regulations that safeguard the health of Somalis.

Lobbying for changes in policies, legislation and regulations that improve health outcomes

Mass Media Campaigns



Our health approach is informed by the UN humanitarian needs overview for Somalia and provides interventions that contribute in the reduction of the leading causes of preventable deaths, combat communicable and non-communicable diseases, avert the emergence of specific diseases, reduce the incidence and prevalence of disease, improve maternal and child health conditions, improve mental health, and combat risk factors and behaviors associated with specific diseases.

We are determined to promote and foster lifestyles and conditions that are conducive to good health and enable Somalis in increasing their use of the available health facilities and programs.

**We consider health care as a human right that must be made available to all Somalis; overcoming social and physical barriers to accessing services and without the incurrence of financial hardship.**



# Part 3: **Food Security**

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# Malnutrition on the Rise

Currently, Somalia is experiencing multiple emergencies at the same time with an alarming increase in acute malnutrition and mortality levels, driven by severe hunger and exacerbated by malaria and cholera outbreaks<sup>8</sup>. There is a continued sharp increase in the number of people requiring urgent support, with an estimated 7.8 million people across Somalia experiencing high levels of acute food insecurity<sup>9</sup>. The projections of recent FSNAU (Food Security and Nutrition Analysis Unit) assessments showed that malnutrition levels were above the emergency threshold level in most parts of the country, estimating the dire need of both lifesaving curative and preventative nutrition support for around 2.2 million Somalis. This number includes pregnant and lactating women, as well as children under 5<sup>1</sup>.

The Somalia 2020 Micronutrient Survey indicates that around 47% of pregnant women are anaemic (compared to 40.2% of non-pregnant women), and around 43% children below 5 years are anaemic, which are both serious public health challenges<sup>10</sup>. According to the MSNA 2022, only 47% of households with infants who are younger than six months practice exclusive breastfeeding<sup>1</sup>. These trends are associated with recurring infections among malnourished children, translating to poor or non-response to treatment and higher mortality when left untreated.

Children suffering from severe acute malnutrition are nine times more likely to die<sup>1</sup>. Nutrition surveys conducted in March 2023 point to high levels of acute malnutrition with more than 1.8 million under 5 children at risk of severe malnutrition and related health complications<sup>11</sup>. There has been a 28% increase in the rates of stunting among children, compared to the prior decade<sup>9</sup>. WHO warns that, without immediate action, the future of Somali children is in jeopardy as stunting in children is associated with reduced cognitive development, reduced adult income earning capacity and an increased risk of mortality<sup>9</sup>.



# The Prolonged Drought in Somalia

The key driver of the current food insecurity crisis is the multi-season drought that began in Somalia in late 2020 and persisted to the end of 2022. Humanitarian cluster partners in Somalia report that half the population has been affected by the current drought and over 1.9 million have been displaced from their homes in search of water, food and livelihoods<sup>9</sup>. The impact of five consecutive seasons of poor rainfall, an anticipated sixth season of below-average 2023 Gu rainy season, disease outbreaks and a deteriorating nutrition situation across the country has eroded the livelihoods and coping capacity of millions of households<sup>1</sup>.

Poor rural and pastoral households, who depend on income from agricultural employment opportunities, are especially affected due to the loss of main food and income sources<sup>12</sup>. Millions of rural households face moderate to large food consumption gaps exacerbated by poor/failed harvests among farmers, few livestock births, reduced availability of milk, and decreased income from livestock sales. These households continue to accumulate very high debt burdens driven by the prohibitive costs of water and feed for livestock and exacerbated by the abnormal migration of livestock to distant areas in search of water and pasture<sup>12</sup>. The forecast for the next rainy season is below average and crop and livestock production is projected to remain low throughout 2023<sup>8</sup>. With suitable adaptation measures such as farmer education, provision of fertilizers and improved seed varieties; irrigation systems; improved water-use efficiency through technologies and cultivation methods; livestock health management and infrastructure development for water harvesting and soil-water management, the resilience of agricultural systems can be reinforced, improving the availability of food and securing livelihoods.



# Other Drivers of Food Insecurity

In addition to poor rainfall and persistent drought, other drivers of acute food insecurity and malnutrition in Somalia include disease outbreaks, conflict/insecurity and high food prices. Since 2021, sharply increasing food prices have been worsening the acute food insecurity in most parts of Somalia<sup>12</sup>. The urban poor disproportionately spend 60% to 80% of their income on food and continue to struggle as global supply and price shocks drive up local and imported food prices further exacerbating the food insecurity situation in Somalia<sup>1</sup>. Failing livestock production, increasing prices of key commodities and escalations in conflict have driven a surge in population displacement to IDP (internally displaced persons) settlements and urban areas. IDPs across Somalia remain among the most vulnerable due to low access to communal and social support systems; few income-earning opportunities; limited livelihood assets and a high reliance on humanitarian assistance<sup>12</sup>. Without urgent assistance, millions of Somali will remain at risk of further erosion of their livelihoods, destitution and displacement, and loss of life<sup>8</sup>.

Climate change continues to be a major contributing factor to food insecurity and displacement in Somalia. Increasingly erratic weather patterns and climatic shocks have led to prolonged and severe drought conditions and floods which result in loss of livelihoods and livestock, failed crops and increase vulnerabilities. This has unequally affected nearly 60% of Somalias population, whose livelihoods depend on rainfall. Over the years, livestock herd size among pastoral and agro-pastoral populations declined significantly leading to increased displacement and destitution in rural areas<sup>1</sup>.





**Access to food is ensured when all Somalis have the needed resources to obtain food in sufficient quality, quantity, and diversity for a well-balanced nutritious diet. This is primarily dependent on the amount of resources households hold and on food prices. Access to food is drastically affected by floods and droughts. During a natural disaster, food prices rise as a result of disruptions in food production. Food security ensures that food grains are distributed to the most vulnerable communities at cheap rates, so that they do not starve.**

**Promoting positive health outcomes through the utilization/consumption of food requires individual and community level interventions that promote healthy food choices through changes in knowledge, behaviour, and attitudes towards food. This requires adequate sanitary facilities in addition to awareness and education of community members in proper health care, food preparation and storage processes.**

# Life-saving Interventions

## Food Distribution

Food support provides immediate hunger relief, combats malnutrition and helps save lives



# Long-term Food Solutions



## Access to Clean Water

Somalia has water, we just need to help people access it. Infrastructure development for boreholes and water harvesting provides water for crop irrigation and increases drought resilience.

## Supporting Smallholder Farmers

Increasing the production capacity and harvest yield of smallholder farmers both feeds and employs Somalis. We support farmers through the provision of fertilizers and improved seed varieties.



## Farmer Education

We provide training to help farmers improve the quantity, quality and value of what they produce.

## Livestock Support

Livestock support is vital to protect the milk supply and strengthen household and food security. We provide feed, vaccination/treatment, and water to support livestock health and production.



Food security is a concept that is used to think systemically about how and why malnutrition arises, and what can be done to address and prevent it. Ensuring food security for at risk Somali communities encompasses action in the availability, access and utilization/consumption of food. In Somalia, smallholder farmers produce the majority of food while at the same time being the main victims of poverty. The issue to be addressed is how the productivity of smallholder production systems can be improved and how lifesaving services can be made accessible to those most in need.

dpaSomalia will employ human and material resources to where the most vulnerable people reside in order to ensure that these services are accessible to those in need. As well as dealing with issues regarding availability, access and utilization/consumption of food, dpaSomalia helps prevent and anticipate future outbreaks of malnutrition.





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