

WHO Health Action Response to the Tsunami Impact in Somalia

**Report of WHO Information Gathering Mission:
15 to 28 January 2005**



Xaafuun, Somalia one month after the Tsunami struck. Having lost 155 people, (19 confirmed dead) when the Tsunami ravaged their village, the community of 3000 show determination to defend themselves from high Spring tides as they struggle to rebuild their homes.

Photo by John G.I. Clarke, WHO

“WHO is reliable and effective in supporting communities and health stakeholders as they prepare for, and respond to, the health aspects of acute and long-term crises so as to minimise suffering and death and, open the way to the recovery of sustainable healthy livelihoods”

Strategic Goal. WHO Health Action in Crises, May 2004.

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Purpose and Functions.

In response to the Tsunami disaster in the Indian Ocean, and the widespread media coverage from international networks, funds have been raised by South African faith communities, commercial businesses, sporting bodies and NGO's for relief and recovery operations. WHO was approached by a commercial enterprise in the mobile phone entertainment business, Exactmobile, to offer funds raised by a special SMS appeal to their subscriber base, to WHO for recovery operations. This was agreed by WHO HQ in Geneva, and within a week over R1,3 million was raised, by means of a SMS appeal to 2,2 million South African mobile phone users.

The massive impact of the Tsunami on the Eastern side of the Indian Ocean was well publicised by international media networks, with unprecedented offers of aid. However the Tsunami also caused death and destruction in Africa on the Western side of the Indian Ocean. Somalia, having the longest coastline in Africa, reporting the most impact, with the death of some 150 people and extensive destruction of shelters, houses and water sources as well as fishing gear. A UN Emergency Flash Appeal for international aid totalling \$ 17,5 million was issued by the Somalia UN Country Team . The consolidated appeal included a WHO plan to provide emergency kits and a detailed assessment of the impact of the event on the health status of the Somali population, if a sum of \$275,220 was donated. With a view to allocating the money raised from the South African public toward the WHO project in Somalia the AFRO Regional Director (in consultation with WHO EMRO, and the WHO Health Action in Crisis team in Geneva) approved the temporary deployment of Johannesburg based WHO Advocacy and Communication Officer, John Clarke, to collect information on the progress made in response to the health related needs of Tsunami affected areas in Somalia, for feedback to the WHO communication networks and the Health Action in Crisis/EHA units in HQ and EMRO. Responding to the 'felt needs' of people affected, the mission hoped to use the Tsunami crisis as an entry point to assess the 'real needs' by framing the vulnerability of affected Somalis in the broader context of environmental and man-made hazards.

The general functions of the WHO Health Action in Crisis unit guided the pragmatic development of the mission and serve as evaluation criteria.

WHO Health Action in Crisis. Operational Functions.

1. Track the evolution and progression of crises in countries, ensure proper assessments are undertaken and acted upon.
2. Coordinate support for, and strengthen WHO country teams as they contribute to more effective preparation and response by governments, civil society and other stakeholders.
3. Manage and re-route funds to support technical back-up to country teams from specialist groups in HQ, Regional offices, collaborating centres and technical networks.
4. Evaluate the impact of crisis preparation and response work, disseminate findings and lessons learnt.

Mission Team.

The affected areas in Somalia being in UN Security Phase 4 status, required that the Communications Officer travel with at least one other international staff member, together with local staff in convoy with armed guards. WHO-Somalia Laboratory Coordinator Peter Arube was thus deployed to travel with Clarke to the affected area, together with Dr Dahir Aden Mohamed, Officer in Charge of the WHO sub-office in Garowe, a Somali national with considerable experience and local knowledge. Having three professionally qualified personnel from different disciplines together for a week, enabled the formation of mission team with a richer variety of perspectives and insights. This report is thus composed of insights and observations arising from conversations with Peter Arube and



Dr Dahir Aden, together with a host people the team met (see Acknowledgements section for listing of respondents).

1. Mission Team members, Dr Dahir Aden and Peter Arube, with villager from Foran. The Tsunami waters submerged this bush.

Overview of response efforts prior to mission.

The Tsunami came at a time when many parts of the country were beginning to recover from four years of consecutive drought and climatic extremes that had killed livestock and withered crops, causing many Somali nomadic pastoralists to become chronically vulnerable.

News about the Tsunami disaster in Somalia came three days after it was reported in Indonesia and other countries of Asia. The tidal wave affected four districts in the North East Zone of Somalia, where the Puntland State of Somalia functions to provide a measure of public administration in a country emerging from more than a decade of internal conflict, and still awaiting the return of its newly elected national federal government from Nairobi. The villages of Haffun, Bendebeyla, Eil and Garad reported an impact, with Haffun appearing to

have suffered the most impact with 19 deaths reported. The number of people reported dead in the other three districts is 8 (all unconfirmed).

Following the assessment of the situation in Bendebeyla, Eil and Garad, WHO gave the Ministry of Health one Emergency Kit of drugs for treating patients in the three districts. Since 19 January 2005, the WHO national focal point for Communicable Disease Control (CDC) and three doctors from the Ministry of health have been distributing supplies from the Emergency Health Kit in the above districts.

The Nairobi based Officer in Charge for WHO Somalia Dr Dahir Dahir Aden and Clarke met OCHA Humanitarian Coordinator Rudolf Kuzimiro and his colleague Simon Narbeth before leaving Nairobi to exchange perspectives and ensure coordination. We learned that the disaster response process was moving into a second phase. Under the pressure of an overwhelming donor aid response, OCHA were concerned that this welcome response would create more problems than it would solve if the over-generous availability of resources exceeded the absorption capacity of agencies and organisations working in the affected areas, as this would create imbalances in the response and a surplus of resources in some areas and sectors. OCHA are advocating that *“some flexibility for reorienting these resources to other parts of the country may be desirable, in order to ensure equitable distribution of humanitarian aid amongst other vulnerable groups, including IDP’s and returnees, and thus prevent potential migration of destitute populations to the tsunami affected areas in search of assistance”*¹.

A more thorough needs assessment process was been planned that hopefully could for the first time, and in the absence of a resident government in Somalia, have a UN led multi-sectoral needs assessment process to assess recovery and rehabilitation needs, and ensure a more measured and targeted response. A multi-sector Task force was about to formulate a Terms Of Reference and decide on assessment instruments and tools that would be used, with the intention of having three teams commence field work on Tuesday 25 January (later delayed until 28th January), to gather information from the entire range of affected areas, to establish the best response for medium to long term recovery and rehabilitation.

The possibility of merging with the WHO Advocacy and Information gathering mission with this Needs Assessment mission was discussed, but it was decided that rather than becoming part of the OCHA led Inter-agency assessment team WHO would delegate another representative to be part of the OCHA team, and that the WHO Communications officer would proceed ahead of the assessment team, since this mission was for advocacy and communications purposes rather than technical assessment. The mission team would instead share information and findings with the OCHA team.

Prior to leaving Nairobi, Clarke met Marc Lacey, East African Bureau Chief for the New York Times who had written one of the few stories published in international media on the impact of the Tsunami in Africa (see appendix 1) to obtain further perspective from him and discuss the overall media response to the Tsunami. He agreed that media coverage of the Tsunami crisis was reaching saturation point, perhaps to the detriment of coverage of other humanitarian needs in Somalia. He encouraged a more contextualised approach, and expressed interest in receiving information on the recovery of pastoralists following the four

¹ OCHA Somalia, UN Country Team Briefing to Jan Egeland, 21 Jan 05.

year drought in Somalia, and other issues, since his editors were becoming less interested in Tsunami stories.

By the time the WHO Mission Team was ready to depart from Garowe for the coast, information from various sources indicated that several other humanitarian relief operations and solidarity visits were being planned, which suggested that the response to the Tsunami event in Africa was attracting more concern and interest than had been expected. The mission team were aware of the following.

- Information gathering mission by UNICEF Communications Officers, Sarah Crowe and David McKenzie.
- Solidarity visit by Anglican Archbishop of Cape Town, Rt Rev Njankulu Ndungane, to respond to expressed needs and offer South African church support.
- Oxfam Netherlands Humanitarian Coordinator Anne Pieter van Dijk, to provide relief and recovery supplies.
- ICRC to deliver supplies to clinics.
- A South African faith based Emergency Humanitarian Relief agency “Gift of the Givers” – chartered a large cargo plane, and was preparing to fly a large consignment of relief items into Iskhusuban, 75 kms from the coast, being the closest village with an airstrip large enough to land the large cargo plane. (See appendix 2 for subsequent media report).

Planning and Preparation.

Once assembled in Garowe, the mission team discussed the concern that the Tsunami event was receiving a disproportionate share of attention compared to other perhaps more deserving humanitarian needs which were less dramatic and less visible. This was discussed with Unicef colleague Sarah Crowe by telephone who had just returned from Xaafuun. She confirmed that Xaafuun was indeed receiving a lot of attention, and shared our concern that other humanitarian needs were in danger of being forgotten in the massive drama of the Tsunami, and its impact on Somalia could be over played. She reported that on her return from Xaafuun to Bosasso she had visited a camp for Internally Displaced People in Bosasso, and perceived a relatively more urgent health need among the several thousand IDP's. She recommended that WHO rather put resources it has raised in South Africa into the IDP camp in Bosasso.



2. Map of Xaaffuun and surrounds showing route taken.

Consequently the mission decided to travel to both Bossasso and Xaafuun to do a comparative assessment of need, with a view to possibly redirecting the WHO humanitarian response to the IDP camps. However the link between the needs of IDP's - people who had fled the warlord violence and rivalry in Mogadishu, post 1995, - and the Tsunami is not

obvious and a case needed to be made to justify the redirection of donations. Given OCHA's concerns, the scenario of families moving from IDP camps to Tsunami aid distribution points if word gets out that there are resources to be had on the coast, is entirely plausible given the nomadic tradition of Somalis.

Findings and Observations.

Travelling by road for approximately 640 kms from Garowe it took two days for the team to reach Forhan - a small fishing village of approx 200 permanent and 400 temporary residents, located on the Indian Ocean, about 60 kilometres from Haffun. A convenient point of entry to the beach, this enabled the convoy to reach Haffun by driving on the beach at low tide. The team slept in Foran overnight, (joined by an assessment team from Oxfam Netherlands, with whom information and perspectives were gratefully shared) and while waiting for the tide to ebb, the village elders took the team on a walking tour of the village. While affected by the Tsunami, there was no loss of life reported, and damage was less than the Haffun community experienced because most of the buildings in this village are built on ground higher than the 2 meter tidal surge could reach, when it reached the Somali coastline at approximately 11,30 am on Sunday 26 December 2004. Moreover most of the boats were already in the water (being a Muslim country, Sunday is not a holiday). Residents were grateful that the wave had not come at night, as the risk would have been far greater. Fishing nets had been damaged, and unused boats were dashed against the cliff face, and shallow wells were flooded with sea water. Since fishing is a seasonal occupation (apparently the water gets too warm in summer, and the fish – and people – sensibly migrate to cooler places) the small off-season village population has not found it necessary to dig pit latrines and the large expanse



4. The remains of a fishing boat smashed on rocks two metres above the normal high water mark

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3. Foran returning to normal.

Since fishing is a seasonal occupation (apparently the water gets too warm in summer, and the fish – and people – sensibly migrate to cooler places) the small off-season village population has not found it necessary to dig pit latrines and the large expanse

of beach is used for defecation. (Ironically the Tsunami has provided a rare ‘flush’ of the random sand latrines on the open beach).

No significant cases of diarrhoea, fever or any other disease were reported in this village, and eager to get to our destination as soon as the tide permitted, the team left Foran for Xaafuun, a half hour beach drive to the north.

Xaafuun

Upon arrival in Xaafuun, the team (joined by the Oxfam Netherlands assessment team) immediately had a meeting with the Mayor of the town, Abdi Abshu Tanki. The Mayor reported that before the Tsunami disaster, the small fishing town of around 3000 people was doing well. The people were able to look after themselves, as they were earning enough income from fishing. Now the people depend entirely on international support for their living as the local people have no capacity to respond to a disaster of this magnitude. 19 deaths were reported (this computes to a Crude Mortality Rate of 2.1 per day. Another 136 were stated as “missing”, but since fishing is a seasonal phenomenon, the population count is hard to pin down, and these statistics have not been verified).



5. Xaaffuns' main street four weeks after the Tsunami.

The mayor acknowledged the concern, support and compassion shown by WHO, the UN and – the previous day- Archbishop Ndungane from South Africa (who had reportedly been moved to tears by the suffering and loss of those surviving the epic event).

The mayor reported that their immediate needs included:

- Reconstruction of the fishing industry through supply of fishing equipment such as boats, fishing nets and other materials needed for fishing.
- Digging of water wells to replace those destroyed by Tsunami to ensure constant

Summary of findings.

- 19 people reported dead
- 136 people missing
- No evidence of diarrhoea
- No malaria cases
- Somalia Red Crescent involved in Health Education
- Diseases and illnesses present
 - Common colds
 - Skin diseases
 - Conjunctivitis, arthritis
 - ARI,
 - Aneamia
- Population of Hafun and 8 coastal fishing villages affected, approx 28,000

availability of clean water supply within Haffun town.

- Reconstruction of houses
- Food

With permission granted to take photographs, the mission team were taken on an inspection tour of what remained of the village, and the temporary shelters that affected residents were now using. We learned that immunization of children against measles and tetanus was being done by Unicef while WFP and other International NGO's were providing food.

The rudimentary health post dispenses care to the community of Xaafuun, (Photos of health care worker and Dr Dayen) was spared damage and the voluntary staff were responding adequately, given the circumstances.



6. Dr Dahir Aden reviews patient records in the health post in Xaafuun.

The mission team inspected the records and facilities, and the findings were as follows.

- The immediate sanitation and water needs have been taken care of, with new shallow wells are now being constructed by Unicef.
- A voluntary health care worker continues to maintain a rudimentary health post for dispensing analgesics and antibiotics, and providing first aid.
- Teams were busy cleaning up the debris and disposing of rotting organic material and spoiled fish.
- At the time of visit, there were no cases of suspected cholera/other diarrhoea diseases, fever or any other serious disease. (The team had brought along a laboratory diagnostic kit box, containing materials such as Cary Blair transport medium



7. Remains of Mosque, after the Tsunami Struck

for collection of rectal swabs from suspected cholera/other diarrhoea disease cases, slides and other materials for collection of blood samples from suspected fever cases. As there were no cases of diarrhoea or fever seen, no diagnostic specimens were collected.)

However the psychological trauma of the event was still evident in Xaafuun, since there was a significant loss of life, and buildings were severely damaged. The community have erected a low height barrier across a channel which the retreating Tsunami had created. While hardly adequate against the force of the sea were another abnormal wave to arrive, it symbolizes a need to protect themselves, and a resolve to overcome their sense of helplessness. This



8. Remains of a shark, stripped of its fins and liver, left to rot on the beach

indicator of vulnerability suggests an openness to change conventional coping mechanisms and life habits. The situation is thus ripe for a health education thrust to be mounted, before the crisis is “over”². The following public health issues suggest themselves as relevant for learning in post-crisis developmental interventions.

- Sanitation practices. Need to erect latrines in designated areas.
- Water storage and ways of chlorinating and filtering.
- Environmental health. Carcasses and remains of fish and sharks caught are left on the beach to rot, attracting flies, a possible vector for spread of disease.

The residents of Xaaffun rely mostly on international support provided by UN agencies and International Non-Governmental Organizations (INGOS).



9. Xaafuun mosque. Tsunami damage to this ancient structure does however shed new light.

² Technically a crisis is defined within social work literature as 'an upset in the steady state', and following a traumatic event, helping professionals have roughly a six week 'window of opportunity' to work with traumatised communities to enhance their social functioning, re-adjust to the upset and re-establish equilibrium. This is because a person's psychological ability to adaptively respond to such an upset can only tolerate emotional disturbance for about this length of time. Ideally new coping strategies are learned during this six week period, that enable the client system to attain a higher, more satisfying, level of social functioning than prevailed before the crisis event. Thus a 'crisis' becomes an opportunity. However beyond six weeks, the 'window' will have closed and strictly speaking the 'crisis' is over, even if the new state of equilibrium is not optimal or satisfying to all its members. If social workers are unable to achieve an effective task centred intervention within the six week window period a 'steady state' of social functioning re-establishes itself, perhaps less adequate than before the shock. Resistance to change will naturally increase, and dissatisfactory conditions and practices can only be changed by simultaneous interventions at other levels of the system, that will either reduce the likelihood of the hazards reoccurring, and/or ensure the wider system promotes behavioural and attitudinal changes that reduce susceptibility and boost resilience.

Practical considerations for further Health Action.

Garowe will be the main operational base for WHO as it is in the centre of North East Zone (Puntland), hence more easily accessible to Tsunami disaster areas such as Eil, Bendebeyila, Garad and Haffun.

Planning any longer term emergency public health intervention needs however to take account of the following constraints:

- **Health Systems Response Capacity:** The lack of comprehensive health systems policy frameworks or health service delivery (primary health care, disaster preparedness, prevention, mitigation, environmental health etc). Health services to these remote coastal villages have historically been elementary, relying on local knowledge and volunteers. The WHO/Unicef polio vaccination campaign has achieved good coverage, and appears to have established an effective communications dynamic with the elders of communities, and could provide a set of networks and structure upon which to base the development of a broader public health outreach.
- **Coordination.** An effective local, provincial and national structure for disaster management to provide support and coordinate aid activities is yet to evolve. OCHA is making its best effort to coordinate, but, like all UN agencies, international staff operate out of Nairobi due to the security situation, and the UN is dependent on UN Common Air Services transport to and from the area.
- **Accessibility:** Haffun is 640 kilometres from Garowe, the WHO sub-office for the Puntland region, and which is the nearest main town from which operational support can be organized. The road has a good tarred surface for 300 kms, but once leaving the fast tarred road, (60kms before reaching Bossaso), a dusty journey of 340 kms over gravel roads takes an average of 9 hours. Iskhushuban does have a serviceable airstrip, but little other logistical capacity to support a long term program response. Bossasso is another town which can be used as a base for operational support, but the gravel road cannot be avoided. Transport by sea may be a feasible alternative, and may be desirable since this would require interfacing with the affected community using the same system that provides their livelihood.

Vital needs include:

- Availability of clean water within Haffun is essential. The only way to ensure this is to dig new water wells to replace the ones that were destroyed by Tsunami disaster. At the moment UNICEF is supplying clean water to the town from wells situated about eight kilometres from the town.
- Excreta disposal. No latrine pits exist in Haffun as the community has never dug pit latrines. Sanitation is therefore very poor and this could be a recipe for disease outbreak.
- Shelter. Reconstruction of buildings is an immediate need as most of the houses have been destroyed. The environment is also very filthy as a lot of rubbish is strewn all over the area, including fish left to rot on the beach. Somali Red Crescent Society (SRCS) is trying to improve the sanitation of the town by burning the rubbish.

There are no immediate major health problems in Haffun. The 19 unconfirmed cases of death reported are associated with Tsunami. No cases of death have been reported after the Tsunami incident.

The Oxfam team remained in Xaafuun longer to conduct a more thorough assessment of relief needs, and it was agreed to keep in touch to exchange information.

To make best use of daylight and low tide, (and so as not to further impose on the traumatised villagers of Xaafuun) the WHO team left the Oxfam colleagues to spend and commenced the long return journey to Bossasso.

Internally Displaced Persons (IDP) Camps in Bossasso

Returning to Bossasso, on 26 January 2005 the Mission Team visited the IDP camps and as expected, there is a relatively more urgent health intervention needed. The team witnessed appalling living conditions where residents were living in a permanent state of limbo, with an uncertain future, and all the psycho-social problems that long term IDP's suffer. The mission team visited two camps in Bossasso to assess the situation. The main camp known as 'Bokolkabush'



an estimated population of 3,200. The population of the other camp is estimated to be about 2,000.

10. Bokholkabush Camp for Internally Displaced People

The situation in the camps is miserable. Despite some effort to create facilities, sanitation in the camps is very poor as the few pit latrines available are not adequate for the big population of the displaced persons and they are very shallow and often easily filled up. A cholera outbreak occurred in the camp two years ago, WHO officer for CDC reported that it was successfully remedied, and better latrines constructed.



11. Evidence of the hazards of living in IDP camps.

Water is not easily available in the camps. The residents of Bokolkabush get water from a point quite a distance away, near a UNHCR office. Those residents without jobs elsewhere sell cheaply acquired items and tea from small kiosks in the dusty streets, as a coping strategy.

Compared to the villagers of Xaafuun, several hundred more people are in a state of chronic vulnerability, and while living in a larger town gives them access to better treatment from secondary level health facilities, effective

primary health care and environmental health monitoring was severely lacking. The team was taken to a section of the camp where a fire had recently destroyed about forty homes, leaving an already burdened community further stressed. A child of approx 2 years old with severe first degree burns on his was been carried in the arms of his father, instead of recovering in hospital which his condition clearly warranted. Although receiving some treatment, this forcefully illustrated to the team the unsatisfactory nature of the living conditions, and confirmed the need to put the acute impacts of Tsunami crisis in the perspective of the chronic, long term circumstances of vulnerability of Somali's.

On returning to Nairobi, Clarke was fortunate to find himself travelling with UNDP Resident Coordinator Max Gaylard returning from another mission. The various initiatives underway were discussed, and he encouraged the suggestion to rather channel WHO support to other humanitarian needs, particularly those who had lost their livestock from drought and – in conditions similar to those displaced by conflict in the South, were also living in makeshift IDP camps. He made the point that there was an organic link between the fishing community and nomadic pastoralists, as it was traditional for nomadic families to send one of their sons to earn income from the fishing livelihood. With the effect of the Tsunami, it was reasonable to suggest that such families, particularly those livelihoods have already suffered from drought and climatic extremes, were more vulnerable as a result of this event.

General assessment:

Since it had been four weeks since the Tsunami struck, and it was extremely unlikely that another wave was about to threaten lives, the priority has become the recovery of livelihoods and the mitigation of the effects and prevention of secondary impacts from contaminated water systems, disease outbreaks, etc.

Drawing on his extensive indigenous knowledge of the Somali people, Dr Dahir Aden explained that, whereas the fishing industry has indeed been severely affected by the Tsunami, Somali's, being essentially nomadic pastoralists, are not heavily dependent on fishing, and thus not as susceptible to shocks to that source of livelihood, as they are to the hazards of drought and inter-clan violence. To the extent that fishing has cottoned on, this was due to the urging of General Said Barre, the former leader of Somalia, more than 15 years ago. However Dr Dahir roughly estimates that the numbers who have actively engaged in sea fishing in the past 15 years number less than 10,000 people. Those who have sought to tap the vast ocean resources have done so as a supplementary source of income, catching lobsters and sharks for their tails and fins respectively, which fetch high prices in Asia and the Middle East (especially Dubai). As Max Gaylard indicated, it was however becoming common practice for pastoral families to send at least one son to the coast to engage in fishing to derive secondary income from that means. Thus it is important that the fishing industry not only be helped to recover to its previous level of functioning, but developed into a highly productive and sustainable source of livelihood that it has the potential to be³.

³ This presents no mean challenge however, as according to Marc Lacey, reports about piracy and intimidation of Somali fishermen by trawlers illegally fishing in Somali territorial waters have been heard. Yemen is in a close trading relationship with the Somali's, and whereas there was a threat from foreign fishing interests, it is suspected that some Somali warlords were behind some of the attacks. It was learned that a large and well respected South African based commercial fishing company I&J, had in the past investigated at some expense the commercial potential of joint enterprises around the horn of Africa, particularly Somalia, using I&J's fleet of long range fishing boats,. Despite finding the marine resources to be vast, I&J had decided not to risk its reputation, given the absence of fair and equitable business and regulatory frameworks. If the

In short a humanitarian response is required to address the vulnerability of three groups of people in Puntland.

- Nomadic pastoralist who have lost their animal assets, due to the effects of a prolonged drought in a context of growing desertification and strain on ecological systems.
- Internally Displaced People, who have for more than a decade been forced to live in shanty town dwellings without secure land tenure or hopeful life prospects for the future.
- Tsunami affected coastal people on the Indian Ocean.

The obvious question is *how can humanitarian aid directed to Somalia benefit all these groups simultaneously?* Dr Dahir Aden reports that some local people have suggested that building a good road between Hafun and Bosaso would open the area to new settlement on the coast, and the development of infrastructure. This would enable the fishing industry to develop, with the establishment of cold storage facilities and training facilities to attract nomadic pastoralists and those living in IDP camps to new livelihoods in fishing.

This suggestion illustrates that the Tsunami has raised expectations and aroused developmental aspirations. Creative ideas and new synergetic relationships have been built, which now need to be honored with a follow up and follow through process that does not waste the opportunity that the Tsunami crisis has created.

Conclusion and Recommendations:

- People of Haffun and Forhan seriously need health education following the Tsunami crisis, which has provided a ‘window of opportunity’ that will however start to close soon. WHO and other partners involved in health and development together with the national health authorities should ensure that health education is provided to the residents of the two fishing villages before they return to old habits. Issues such as the importance of safe disposal of excreta to avoid disease outbreaks such as cholera, and the appropriate separation and recycling of organic waste from fish spoils and the disposal of inorganic waste such as plastic materials.
- People living in IDP camps in Bossasso also require ongoing health education as the sanitary situation in the IDP camps is similar to the one in the Haffun and Forhan, but with far greater concentrations of people and far less space.
- WHO should provide one more emergency kit to be used in Haffun and other districts affected by Tsunami.
- The fishing communities affected by Tsunami appear to show a measure of resilience and self-reliance that could be undermined if free hand-outs of aid create a supply driven, dependency creating economy. Assistance through micro-finance projects (loan schemes) so that they can purchase assets lost to the Tsunami, and resume their fishing activities, in ways that contribute to longer term financial, ecological and cultural sustainability.

Placing the Tsunami impact in a larger context of humanitarian need in the country challenges WHO, as a specialised agency with a normative mandate, to assume greater

newly elected Somali government proves itself capable of establishing such upon its return to Somalia from Nairobi, I&J would reconsider.

responsibility to safeguard the health of the affected population. OCHA, with a specific mandate for coordinating humanitarian responses, has called for this.

“While the needs for the Tsunami are evident, these must be placed within the context for very serious humanitarian and livelihood needs that exist throughout the country that remain largely unmet.”⁴

After people have lost homes, livestock, productive assets and hope, losing their health is the final straw. Following this extra ordinary natural disaster, the ordinary health status of all Somali’s in all respects has been brought to attention. We believe that with health as the entry point, alternative scenarios for the post-tsunami future need to be developed, with a rich mix of concerned Somalis, technical specialists from relevant sectors and UN Agencies, and practically minded field operatives and local and International NGO’s participating.

The mission team was privileged to interact with numerous people fitting this profile, and it is recommended that once the OCHA led inter-agency assessment process is concluded, in keeping with the WHO HAC strategic goal to “...open the way to the recovery of sustainable healthy livelihoods” WHO and FAO jointly convene a consultation where further iterations of the many conversations the mission team had can take place, to develop joint programs to safeguard and promote the health of the most vulnerable Somalis, in the first instance, and generate new livelihood options that utilize land, marine and coastal resources on a fair, equitable and sustainable basis, in the second instance. Unless this happens, all the generous, short term humanitarian responses may prove to have been irrelevant in the longer term.

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- Dr Yacoob Aden, A Swedish based WHO consultant in essential drugs.
- Dr Abdullahi Ahmed – Head of South Sudan team.
- Dr Dahir Aden acting WHO Representative, Somalia
- Ms Istahlil Ibrahim – Admin Head
- Dr Najib, Expat Officer.
- Dr Muhammad Mahmood Afzal, officer for CBI/PHC/ DHS/Health Promotion for S Sudan.
- Dr Rudof Kazimiro, OCHA Humanitarian Coordinator, and
- Mr Simon Narbeth, assisting him.
- Mr Peter D Fhuri, Director, Emergency Medical Services and Disaster Plan. Department of Health, South Africa.
- Mr Isak Barnard, First Secretary of the South African High Commission in Kenya.
- Rolf Helmrich, Security Training Officer for Somalia based in Nairobi.
- Mr Marc Lacey, NY Times East African Bureau Chief.
- Mr Timo Linkola Phd– Assoc of Finnish Local and Regional Authorities and
- Mr Ali Qassim- of *Maahanmuuttajien tuki ry* (Immigrants support in Finland) contracted by UN Habitat to advise on municipal development in Puntland).

⁴ OCHA Briefing to Jan England, 21 Jan 05

- Dr Hawa Said Musse, Medical Field Officer ICRC.
- Dr Kishore Kumar KV. WHO Mental Health Consultant. Dept of Psychiatry, Bangalore, India.
- Mr Anne Pieter van Dijk, Novib, Oxfam Netherlands, Coordinator Humanitarian Programs.
- Mr Leo van der Velden, Deputy Country Director, WFP Somalia.
- Mr Kallu Kalumiya, UNHCR.
- Mr Roy Gordon, CEO of I&J.
- Mr Abdi Abshu Tanki Mayor of Xaafuun district.
- Mr Ahmed Yusuf Musa District Police Commissioner.
- Mr Jama Aw Essa Farah Deputy Mayor.

Appendix 1. New York Times Report.

FOREIGN DESK

ASIA'S DEADLY WAVES: EASTERN AFRICA; Along Somali Coast, Deadly Waters Exact a Small but Grievous Toll

By MARC LACEY (NYT) 1138 words

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Mahado Muse spoke in a monotone, recalling the moment the water poured into her seaside house here on the easternmost point in Africa, a few hours after the tsunami waves stormed through Asia. With just a moment to act, she grabbed her little girl but could not manage to carry her older son, Mohamed, who drowned.

Ms. Muse had a hand over her face as she recounted the events from a shack where she is now mourning little Mohamed's death. She said she could not get the awful moment out of her head, the split second in which she was forced to choose one child over another.

As far as its death toll goes, Somalia escaped from the raging sea relatively unscathed. The tsunami that has taken more than 150,000 lives in Asia was greatly reduced as it crashed onto the shores of the country with the longest coastline in Africa. The authorities estimate that Somalia suffered 300 deaths, although the number of missing people exceeds that figure and there is no real government in the country to tally the numbers.

Hafun, a patch of land jutting out into the Indian Ocean near the Horn of Africa's tip, was one of the worst-hit places. Most of the town was leveled. When the waters receded, 19 people were found dead and another 132 were missing, minimal compared with Asia but a sizable trauma for a close-knit town of 3,000.

"Hafun is like the villages in Sri Lanka and Indonesia that got hit so hard," said Maulid Warfa, a spokesman for the World Food Program. "But there was no government for the people of Hafun to turn to. Nobody cries for them. Hafun is like a forgotten dot on the map."

Hafun, which depends on fishing, lost the only mechanic in town, a man known universally as Ali Mechanic, who somehow kept the aging engines on fishing boats running. Ali Mechanic's young son, a boy who hung around his father and might have taken up his trade one day, was swept away in the ocean as well.

Even if Ali Mechanic had survived, he would have had far less business. Scores of fishing boats were destroyed by the waves, some of them dragged a mile inland.

Ali Mohamed Ali was fishing when the tsunami arrived, and he and his brother were thrown overboard. They both grabbed a raft but the brother, Jama, eventually slipped off and disappeared. Mr. Ali managed to hang on, for several days, in the sea. He said he survived by eating some dates that had been in his pocket. Another fisherman rescued him, groggy but still alive.

"I'll have to go fishing again," Mr. Ali said. "But not now. It's too soon."

Somalis are used to suffering. Their country has stumbled along in anarchy since the last national government fell in 1991. Several years of drought have decimated the livestock population, especially the camels that are such an integral part of the lifestyle of the nomads. And now a tsunami from far away has come crashing to shore.

It took days after Dec. 26 for the people of Hafun to manage to get word out that their town had been submerged. There are other villages farther south, closer to Mogadishu, that relief workers have not yet reached because of clan warfare.

As for Hafun, it lost its mosque, a seaside structure made of concrete. Shiek Ahmed Da'ar, the local imam, sat in the sand one afternoon this week beside the ruins and lamented the fact that God had visited such wrath on the people of Hafun and that the people had not seemed to get the message.

What disturbed him is that the people of Hafun were not coming to what was left of the mosque in large numbers after the disaster. Some were probably scared of being so close to the sea. Some were undoubtedly busy rebuilding their lives, preferring to pray at home. But Shiek Ahmed was frustrated that more people were not interested in hearing his message that their own sinful behavior had prompted the sea to swell.

"This was God's act," he said. "It was his order for this to happen. It happened because he wanted it to happen to the people here."

Hafun is not like the hundreds of other fishing villages that dot Somalia's coastline. It has a storied history as the site of a battle between the Italians, who colonized Somalia in the early 20th century, and the British, who seized the country from Mussolini's grasp during World War II. Hafun also has the distinction of once being Somalia's capital, during the Italian rule. Evidence of those days is limited to a decimated salt processing factory built by the Italians but bombed by the British.

All of Hafun looks bombed today. Eighty percent of its buildings were either leveled or badly damaged. The main street in Hafun, once a bustling trading center, now looks more like an archeological site. Amid the ruins are signs of what life was like in Hafun -- a tattered Koran, bags of molding pasta, fishing nets, flip-flops and many, many lobster tails.

The sea is what sustained Hafun before it destroyed it. Fishermen caught sharks in the waters off Hafun and sold the fins to Asia. Divers scooped up lobsters and sold the meat for high prices in the United Arab Emirates.

When the sea came raging in, it destroyed the freezers used to store the seafood and it left lobster tails strewn across the town.

After the slow start, aid is now rolling in. The World Food Program is distributing rations to 800 families here, and Unicef has arrived to help repair Hafun's damaged water system and revive the damaged schools. But the people here have less of a sense than anywhere else that the raging water that ruined their lives did the same to so many others.

Ms. Muse said she did not know that there were other mothers in Asia who also lost children in the sea.

Mechanic Ali's brother, Hassan, looking dazed as he leaned against a damaged building a few feet from the sea, could not imagine that anyone else could be feeling worse than he and the other suffering souls of Hafun.

"I don't think it can be worse anywhere else than here," he said. "I know other places were damaged. But I lost my brother. My nephew died too. With all the suffering here, those other people can't be suffering more."

Appendix 2. Report in *The Witness*, daily newspaper. (Pietermaritzburg, South Africa).

http://www.witness.co.za/content/2005_02/31004.htm

5 February 2005.

Somali aid mission 'a success'

Gift of the Givers have shown the way for other aid organisations

The Gift of the Givers' humanitarian mission to Somalia to deliver aid to tsunami survivors has opened the door for other mercy missions to the country.

Speaking at a debriefing session after arriving back at Johannesburg International airport in the early hours of on Friday morning, Gift of the Givers Foundation's national coordinator Dr Imtiaz Sooliman said that by taking a cargo plane packed with supplies into the country, the Foundation has proved that "logistically, it can be done".

Somalia is a notoriously difficult country to provide humanitarian aid to, due to the lack of a functioning central government - with the government currently operating in absentia in Nairobi - terrible road conditions and the remoteness of many needy communities.

More than 13 years of civil strife have also made it a dangerous destination.

The Gift of the Givers Foundation departed on Sunday night from Johannesburg with 40 tons of supplies, the first mission from the African continent to take aid to people who lost everything after the Boxing-day tsunami wrecked a number of fishing villages along the 700 km Somali coastline.

Despite being delayed in Uganda for 24 hours because of a diplomatic hitch with Ethiopian authorities, the mission, which had full logistical support from the United Nations once in Somalia, was hailed by Sooliman on Friday as "highly successful".

While much-needed supplies were distributed to desperate people living in the tsunami-flattened village of Hafun, as well as to 60 families displaced in the civil war and now destitute in the port city of Bosaso, representatives from the Gift of the Givers, the South African Health Department, Water Affairs and Foreign Affairs also spoke with the Puntland administration - an autonomous state in northern Somalia - and did an assessment of the situation in Hafun with a view to defining what future aid will be of the greatest assistance to the country.

They also met with a United Nations team that has assessed the damage done by the tsunami to the entire coastline.

Foreign Affairs representative Christo Van Noordwyk, a deputy director for the "Horn of Africa" area, confirmed that South Africa has taken a strategic decision to work in civil society to assist in bringing peace and stability to Africa.

He said Somalia will be a focus point this year. "It is important that there is humanitarian aid, but political assistance is essential too," he said, adding that the South African government plans to be involved in the Somali transition and peace agreements.

Seven doctors who travelled with the aid mission will also write up a report on the medical situation. On top of their fact finding mission, the doctors set up a clinic in Hafun and attended hundreds of patients there.

"In terms of a fact-finding mission, it was a success," said Professor Allie Moosa, a veteran semi-retired academic and doctor who headed the doctor delegation in Somalia.

He said there are no qualified doctors in Hafun, although community care workers have received some training from Unicef in how to cope with "basic health" problems.

"I think our presence in Hafun did make a difference," he added, explaining that although one month after the disaster the medical side of it was not an "emergency situation", the doctors still attended between 300 and 400 people.

Importantly, Moosa said the very presence of the Gift of the Givers in Hafun made people living in the village feel that they have not been forgotten by the world.

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