Famine Relief, Somalia

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Prepared by: Dr. Abdillahi H. Abib and Deanna Boulard

Organization: Real Medicine Foundation Somalia (www.realmedicinefoundation.org)
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Real Medicine Foundation
11700 National Blvd., Suite 234
Los Angeles, CA 90064
+1.310.820.4502
Background
Drought and famine have wreaked havoc on the Somali people, especially young children. UNICEF predicts that by the end of 2017, a total of 1.4 million children under the age of 5 will suffer from acute malnutrition in Somalia, and 6.2 million people are currently in need of humanitarian assistance. Malnourished children are more vulnerable to die from diseases like cholera and measles, which have spread through Somalia. There have been 32,000 cases of cholera and more than 5,600 cases of measles reported in 2017 alone. The drought has also displaced more than 615,000 people. Armed conflict continues in the country as well, causing displacement and loss of life and making it difficult for international aid to reach people in need.

RMF’s Presence
In early 2017, Real Medicine Foundation met Dr. Abdillahi H. Abib, an industrial engineer and experienced businessman from Somalia. He gathered a team, helped raise additional funds, procured supplies, and arranged two distribution events for RMF’s famine relief program.

Because Somalia’s official religion is Islam (Sunni Muslim), we judged it best to begin our famine relief efforts during the month of Ramadan. Ramadan is Islam’s holiest month, when Muslims around the world fast from sunrise to sunset as an act of worship and a way to grow in empathy towards the needy. Thus, awareness of hunger is at its peak during Ramadan, as is generosity, a tenet of the Muslim faith, which is practiced especially during this holy month through festivals, giving, and shared celebrations of Iftar, the meal eaten after sunset.

Famine Relief for Internally Displaced Persons (IDPs) in Ceelasha Biyaha

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After surveying several IDP (internally displaced persons) camps between the capital city of Mogadishu and the city of Afgoi (about 30 km south), we selected Ceelasha Biyaha, the camp with the smallest population: 210 families (on average, a family includes 6 members, so the camp’s population is about 1,260 people). Each resident of the camp receives 1 cup of grain and 1 cup of rice daily. Food is provided by local NGOs with limited resources, and there are some days when residents of the camp receive no food at all.

We procured 150 food packages containing pasta, canned tuna, and dates. Each food package is enough to feed a family of 6 for 10 days. We selected an area close to the camp’s entrance, since we are starting the program small and cannot yet provide a food package to every family in the camp. As another crowd control measure, and because private security is not allowed inside the camp, we arrived very early in the morning and set up for distribution. When people began arriving, RMF Somalia’s team saw firsthand how poor and malnourished they were, especially the elders. Dr. Abib was heartbroken to see the community in such need.

After 10 minutes of handing out food packages, more people learned that we were distributing food. The crowd grew, and people began pushing others out of the way in their rush to reach the supplies. Without security, several people forcefully took food packages, and Dr. Abib was knocked down. He cut his hand, but he and the team were not otherwise injured. He states, “These people were extremely hungry, and you cannot blame them for pushing to grab food.”

This first outreach, although compromised momentarily by the desperation of some camp residents, successfully distributed 150 food packages, which can feed a family of 6 for 10 days. By this calculation, our first outreach provided food to 900 people. The food packages were distributed to benefit malnourished children in particular, and to allow the people to celebrate Iftar, breaking their fast with nutritious foods. Beneficiaries were extremely thankful, and Dr. Abib promised to share their plight with RMF and our supporters.
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For RMF Somalia’s second food distribution outreach, we procured **300 food packages** containing biscuits, canned tuna, and dates. We chose to distribute the food in a different location within the same IDP camp, Ceelasha Biyaha, in order to reach different families.

The day of the second outreach, our team rose even earlier in the morning, around 5:00 AM, and arrived at the IDP camp while most residents were still asleep. Our reasons for traveling to the camp and beginning distribution so early were twofold:

1. To minimize the risk of overcrowding and disorder
2. To minimize the risk of outside violence

This proved to be a wise decision, as distribution went smoothly during this second visit, and our team was able to travel safely to and from the camp. Others were not so fortunate that day: A car bomb was detonated in the nearby capital city of Mogadishu, at a location where an NGO was distributing Iftar supplies. Police reported at least 15 people dead. Attacks of this kind are frequent in Somalia, and are largely claimed by the extremist group al-Shabab. The violence exacerbates Somalia’s other problems, causing further displacement and death, and keeping many international non-governmental organizations from entering the country.

During RMF Somalia’s second outreach, we successfully distributed 300 food packages. Each of these packages contains enough food to feed a family of 6 for 5 days. The food packages were distributed to benefit malnourished children in particular, and to allow the people to celebrate Iftar, breaking their fast with nutritious foods. The community was very grateful and expressed hope that Real Medicine Foundation and our supporters can offer more aid in the future.

Our team in Somalia sends special thanks to RMF’s Founder and CEO Dr. Martina Fuchs, and we thank RMF’s donors, whose continued support makes our famine relief program possible.