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Somalia

Annual Report 2012

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**This report covers the
period 1 January to 31
December 2012**

*SRCS volunteers Burao branch,
Somaliland in assessment mission
to areas affected by floods.
Increased DM capacity at branch
level, Photo by SRCS*



Overview

In line with the Somali Red Crescent Society (SRCS) strategic plan 2010-2014 which is guided by the IFRC Strategy 2020, the SRCS programmes focused on integrating health activities, institutional capacity building, strengthening volunteer base, enhancing community-based activities and enhancing human resource capacities to respond to emergencies.

The primary objective of the SRCS Integrated Health Care Programme (IHCP) is to improve the health status of the vulnerable Somali communities through developing, promoting and strengthening the community based health and care services focusing on preventive, curative, and health promotion aspects with particular emphasis on mothers and children. The Somali Red Crescent Society (SRCS), through its Integrated Health Care Programme (IHCP) is considered one of the leading health service providers in Somalia. With the support of Red Cross/Red Crescent Movement and other external partners, SRCS runs 73 MCH/OPD clinics, one health post and 15 mobile clinics in the 19 regions of Somalia. The programme provided preventive, promotive and curative health services to an estimated population of 600,000 persons.

The SRCS IHCP provides a basic package services that includes, safe motherhood (ante-natal, delivery and postnatal care, provision of micronutrients, clean delivery kits and referral for complicated cases), Expanded Programme on Immunization (EPI), growth monitoring, case management of childhood and common diseases, Oral Re-hydration Therapy (ORT) corner for the management of diarrhoea, provision of plumpy nuts (nutritional supplement for malnutrition without complications), health education and basic laboratory services. These services are implemented in collaboration with the Ministry of health, UNICEF, the WFP and WHO.

The Community Based Health and First Aid activities focused on hygiene promotion, disease prevention and HIV and AIDS awareness. The SRCS developed information education and communication (IEC) materials that included advocacy and awareness messages printed in brochures translated into Somali language, T-shirts, pens, key holders which were widely distributed through the branch and sub-branch networks.

Through the disaster risk reduction, activities to enhance community resilience in the targeted areas through livelihoods support, rehabilitation of water sources, community mobilization were scaled up. Through the Emergency appeal SRCS was enabled to establish and reactivate its Branch Emergency Response Teams (BERT) to enhance its human resource capacity to provide life saving services to the victims of disasters.

In order to keep children in school and reduce drop out cases due to lack of food. IFRC supported the construction of Beyra school/orphanage in Mudug region in Puntland as well as the Hargeisa orphanage in Somaliland. The construction of the new facilities improved accommodation for boarding school children, improved learning environment through rehabilitation of classrooms, dormitories supplied with beds and beddings, sanitation facilities, school furniture and basic food rations.

The organizational development (OD) activities focused on governance support and provision of technical and managerial support to the branches and the three SRCS coordination offices in Hargeisa Somaliland, Mogadishu and Nairobi. Support was also provided to the SRCS executive committee to organize its meetings in addition to facilitation of the SRCS annual planning meeting and training of SRCS programme finance and branch secretaries in financial management and reporting.

The promotion of the Red Cross and Red Crescent (RC/RC) Principles and Values is integrated in all SRCS programmes. Dissemination of the RC/RC Principles and Values, reduction of stigma and discrimination against people living with HIV and AIDS, promotion of tolerance and reduction of violence and fighting harmful practices such as Female Genital Mutilation/Cut (FGM/C) were regularly addressed through the CBHFA activities implemented at community level and during commemoration of Red Cross Red Crescent Day, World AIDs Day, Volunteers Day and other events celebrated by SRCS branches and coordination offices.

Working in partnership

The SRCS and IFRC Somalia Country Office work closely with the Red Cross Red Crescent Movement partners through the multilateral support. Specifically, the SRCS through the IFRC multilateral support benefited from support to the National society Development programmes. Within the movement partners SRCS programmes were supported by the Swedish, Finnish, British, and Icelandic Red Cross Societies. The bilateral cooperation included the German Red Cross where they supported disaster risk reduction project in Puntland and health, water and youth development in Somaliland; the Norwegian Red Cross supported three Rehabilitation Centres for disabled in Mogadishu, Galkayo and Hargeisa. The SRCS also received direct support from the ICRC for various programmes including health in south and central Somalia, dissemination and communication and institutional capacity support. Outside the RC/RC movement the SRCS health

programme benefited from support from the Government of Japan whereas the UN partners include UNICEF, WHO, UNFPA and WFP.

The SRCS branches supported by IFRC continued to work closely with the local authorities and the local communities in their respective regions utilising inputs from various development programmes in health, water and sanitation and disaster management to enhance their coping mechanism, strengthen their resilience and improve their livelihoods. The cooperation between SRCS and the line ministries and local health authorities has strengthened the SRCS auxiliary role and profiled SRCS as a credible and reliable national institution. The SRCS is represented in all the local committees and task forces to address health, water and sanitation and disaster response capacities in the respective regions such as Humanitarian Affairs and Disaster Management Agency (HADMA) in Puntland and the National Environmental and Disaster Preparedness and Management Authority (NERAD) in Somaliland.

The SRCS/IFRC Somalia Country Representation continued to work closely with UNICEF, WHO, WFP, UN-OCHA and the Somalia Food Security and Nutrition Analysis Unit (FSNAU). UNICEF continued to support the SRCS clinics with MCH kits as well as vaccines and cold chain equipment for the storage and carrying of the vaccines. The WHO on the other hand continued to support the clinics with some laboratory equipment, training of health staff and provided quality assurance for the SRCS clinic laboratories. The WFP supported the SRCS health programme with the provision of food ration for pregnant women, lactating mothers, and children under the age of two years.

The IFRC/SRCS regularly attended the cluster meetings organised by UN-OCHA and Somalia Secretariat Support Services (SSS), a platform for information and knowledge sharing and coordination of humanitarian support in Somalia. Likewise, the SRCS Coordination offices in Hargeisa, Somaliland and Mogadishu attended coordination meetings at the field level.

Progress towards outcomes

Business line 1: To raise humanitarian standards

Outcomes:

Outcome 1: A country trend report on key humanitarian and development issues is developed and keeps updated

Outcome 2: A databank of objectively-analysed NS capacities is established that creates greater self awareness of their profile at all levels, services, strengths, gaps and their future potential for boosting their own development.

Measurement			
Outcome 1 Indicators	BL	Annual Target	Year to Date Actual
Quarterly management reports were prepared and shared with the Zone office	N/A	4 Analysis reports	4 quarterly analysis reports available. Contribution was sent to the Africa Zone office.

Outcome 2 Indicators	BL	Annual Target ^[1]	Year to Date Actual
Databank on SRCS capacities is established	N/A	General Data base of staff and volunteers is updated in all the 9 branches in Somaliland and Puntland	NS capacities is not yet analysed in a comprehensive way. However, gaps and weaknesses in capacity were identified through evaluation reports and programme reviews. The NS has gone through SGS Audit process in 2007 and considering to go through the same process in 2012-2013. Nevertheless basic assessment of NS capacities was done for the purpose of developing project proposals submitted to the partners. Basic analysis was done during the development of the NS health strategy. Similar analysis on organizational effectiveness was conducted to form the basis for the Finance Development project proposal.
Comments on progress towards outcomes			
<p>Assessment of NS capacities was done through addressing issues highlighted in evaluation reports and reviews of programmes. For example from the recent health programme review conducted in Somaliland and Puntland and the external evaluation of the drought response operation, capacity gaps in assessment and early warning systems were identified for future capacity building interventions.</p> <p>Baseline study/survey - No baseline study has been conducted.</p> <p>However, SRCS capacities have been analysed through SWOT analysis when developing the SRCS strategic Plan 2010-2014 and the Country Plan 2012 -2015. Further analysis of the NS capacities is conducted during the review, update and development of the SRCS Health Strategy 2013-2017.</p>			

Business Line 2: To grow Red Cross Red Crescent Services for Vulnerable People.

Outcomes:

Outcome 2.1: Timely quality disaster relief assistance is delivered to people affected and to the SRCS mobilizing fully their branch emergency response teams where required

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
<ul style="list-style-type: none"> SRCS branches in Somaliland and Puntland mobilised 450 active volunteers to respond to climate change related hazards, disease outbreak and conflict related crisis 	N/A	750 active volunteers in 9 branches	450 active volunteers organised in different action teams (First Aid, DM, Youth) were deployed to respond to different crisis, for example all 9 branches in Somaliland and Puntland engaged the youth volunteers in the distribution of relief items to people affected by the drought and other calamities, such as seasonal floods (Burao, Garowe and Galkayo branches) fire outbreak (Hargeisa and Bosaso branches)

<ul style="list-style-type: none"> No of branch Emergency Response teams on stand-by 	N/A	12	9 branches mainly in Somaliland and Puntland have active emergency response teams ready to be deployed. 35 Staff and volunteers from 9 branches in Somaliland and Puntland received refresher training in Branch Emergency Response Team in December, 2012.
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Outcome 2.2: Comprehensive technical assistance is provided to SRCS on community level disaster management programming, incorporating disaster risk reduction

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
<ul style="list-style-type: none"> Community groups assisted in DRR programming 	NA	NA	Preparedness at community level is enhanced through the ongoing drought response operation. Communities in target areas in Somaliland and Puntland were assisted through livelihoods support in water sector development, distribution of fishing kits , however, no specific community DRR project was established
Comments on progress towards outcomes.			
<ul style="list-style-type: none"> The SRCS supported by IFRC utilized the resources made available through the emergency appeal to support the communities through the rehabilitation of water sources, livelihoods support through distribution of fishing kits to enhance their resilience and reduce their vulnerability to shocks. Baseline study/survey - No baseline study has been conducted but the programme used situation analysis provided by the branches and local authorities and other humanitarian agencies on the impact of the prolonged cycles of drought to design interventions that address the causes of vulnerability. SRCS is also implementing a bilateral DRR project in Puntland supported by German Red Cross. 			

Business Line 3: To strengthen the specific Red Cross Red Crescent contribution to development.

Outcomes:

Outcome 3.1: Strategy 2020 is rolled out in Somalia through the SRCS branches where accessibility is feasible. Support provided to SRCS for strategic planning based on S2020.

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Number of branches that have received information on S 2020	N/A	9 branches	All 9 branches have received information on S 2020 through various workshops on health, DM, Finance. The SRCS Strategic Development Plan 2010-2014 and the Health Strategy 2013-2017 development was guided by S 2020. The upgrading of the internet service in the branches of Galkayo, Hargeisa, Bosaso, and Garowe encouraged volunteers to enrol on on-line courses offered by the IFRC learning platform.

Outcome 3.2: Programmes and support mechanisms addressing health and care priorities are developed and improved; encouraging volunteering and engagement of youth in RC/RC activities

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
• No of health review meetings conducted	2	1	1
Preventive measures-			
- Number of under one year children who received vaccination DPT3,	9,876	9,876	16,067
- No of under one children who received measles vaccine	9,876	9,876	14,828
- No of under 5 year children who received vitamin A supplementation	49,380	NA	28,381
- No of under 5 year children who received Zinc treatment for diarrhoea	49,380	NA	11,137
- No of under 5 year children who received deworming	49,380	NA	17,805
- Number of pregnant women covered with TT2+	9,876	9,876	9,908
- No. of women attending ANC 1 st -2visits	9,876	9,876	43,842
- No. of women attending ANC services 3- 4 th +visits	9,876	9,876	12,506
- No of women receiving Prophylaxis –ferrous sulphate & folic acid	9,876	9,876	15,718
- No of Post Natal women who receiving vitamin A.	9,876	9,876	9,504
- No. of high risk cases referred	NA	NA	311
- No of births assisted by Mid wife	9,876	9,876	5,329
- No of children who breasts feed within one hour.	9,876	9,876	9,797
- No of PNC consultations	9,876	9,876	26,648
- No of PNC who received ferrous sulphate	9,876	9,876	9,993
- No. of beneficiaries reached with health education messages on disease prevention including epidemic control messages.	246,900	70% (173,830)	122,279
- No. of people reached with STI/HIV/AIDS information	40,626	70% (28,438)	18,846
- No. of people who were give information on TB transmission and prevention mechanisms	40,626	30% (12,188)	471
- No of peer education session held	54	54	24 sessions
- No communities reached by peer education sessions conducted	1,620	1,620	960
- No of mothers that receive HIV information on PMCTC	17,477	17,477	22,799

- No of people tested for HIV	15,500	N/A	129 (Negative) 1 positive.
- No. of youth who are actively involved in the peer to peer education.	N/A	N/A-	1,194
- No of IEC materials produced and distributed.	30	30	14 billboards on FGM and anti stigma and discrimination messages.
- No of communities reached with FGM messages	5,460	5,460	2,900
CURATIVE.			
- No. of kits Procured and distributed	312	312	312
- No of the population accessing the services through the OPD services	246,900	70% (172,830)	258,412.
- No. of children with malnutrition admitted to OTP centres	NA	NA	8,884
-% of children cured from malnutrition	NA	NA	1,745
- No of malnourished children referred for further management.	NA	NA	6,286
- Defaulter/death	NA	NA	67/20
- No of volunteers trained on CBHFA	80	80	80
- No of volunteers trained on Epidemic Control for Volunteers.	135	135	135
- No of school health programme started	30	30	18
- No of volunteers trained on Peer Education	375	375	296

Comments on progress towards outcomes

Baseline study/survey - No baseline study conducted as SRCS health programme is an on going programme. There is a plan to conduct health base line survey in 2013.

The figures indicated under base line and target column are calculated from the target population of 204,000 people which taken as indicative figure during the first six months of the year

The data provided under the measurement for baseline is extracted from the target population figure estimated by SRCS at the MCH/OPD clinics at mid year report which was 204,000. Applying the formula used by UNICEF Somalia to calculate maternal /child health population figures of 4% pregnant women and children under one year, 20% for children under 5 years and 22% for women of child bearing age for each catchment area determined the annual target figures used in this report. During the second half of 2012 the IFRC has taken over the support of Wisil clinic in Galkayo south from the ICRC and added one mobile clinic run by Hargeisa branch in Somaliland. As a result of this take over, the target population has increased to 246,900. In the absence of base line survey data, the measurement for training and community based activities reflects the actual figures reported by the SRCS branches.

It is worth noting that, Somalia population figures continue to be inaccurate and, therefore, it is a challenge to accurately calculate the percentage of the population coverage at clinic level.

Outcome 3.3: Social cohesion is promoted and situations of discrimination and exclusion are addressed

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
No of volunteers receiving messages on RCRC principles and values and promote social inclusion and culture of non-violence and peace	N/A	780	1,275, the number of volunteers trained on First Aid who received RC/RC messages during the training course as part of the curriculum of the training.
No of communities reached during global events e.g. with message on RCRC,	N/A	N/A	Community members of various age groups served by the 32 stationary clinics received messages on RC/RC principles and values through health education sessions and commemoration of events such the RC/RC day on the 8 th of May and the World Aids Day.
Number of community members reached with anti stigma and discrimination messages on World Aids Day etc.	N/A	N/A	25,748 community members who attended rallies and reached through local media networks during the commemoration of the World Aids Day
No of IEC materials developed.	N/A	N/A	200 brochures 4 bill boards on anti stigma messages 10 bill boards on (FGM) prepared and installed in different locations in Nugal region, Puntland. -Posters (3,416), pens (3,900), key holders (3,900), T-shirts (2,900) with anti-stigma and discrimination messages were produced and distributed at branch, clinic and community levels with support from the IFRC.
No of community members reached with IEC materials.	N/A	N/A	32 communities in catchment areas where SRCS run fixed clinics in Puntland and Somaliland.

Outcome 3.4: NS capacity and internal development are strengthened by alignment of assistance to their self-determined needs

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
No. of health review meeting conducted	1	1	1
No. of planning meetings carried out	1	1	1
No. of volunteers recruited and trained on first aid	N/A	1,000	1,275 the number of volunteers attended First Aid courses and received certificates.
Conduct SRCS Executive meeting	1	1	1
Conduct NS All-Inclusive Meeting (General Assembly)	1	1	0
Youth clubs activities in 9 branches scaled up by 20% per year.	9	9	All 9 branches in Somaliland and Puntland run youth programmes. No specific target for the number of youth was set, however, the SRCS branches recruit young volunteers (mainly in-school youth) through First Aid classes, skills training and other youth club activities.
No of staff trained on financial management	25	25	30
No of governance structures functioning	19	19	19 branches
30% women representation in Governance structures.	9	9	There is no women representation at the National Executive Committee level, however, at branch level; there is at least one woman in each committee. In some branches like Bosaso in Bari region and Beledweyne in Hiran region there are two women in each committee.

Outcome 3.5: SRCS organizational effectiveness is strengthened through intensified capacity building support at branch level NS organizational effectiveness is strengthened through intensified capacity building support at branch level

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
- No of management structures at branch level with clear protocols and guidelines.	19 (the current number of branches in the whole country)	12	9 (number of branches in Somaliland and Puntland benefited from support through programme implementation)
Comments on progress towards outcomes			
Baseline study/survey - No baseline study conducted.			

The SRCS adapted the IFRC financial management guidelines for use by the branches to report on the working advance received from the IFRC. The reporting system using the IFRC guidelines was discussed during the finance training workshop facilitated by IFRC Somalia Representation 25-30, June 2012, in Hargeisa, Somaliland.

Although the management structures at the branch and sub-branch level are standardised, the NS statutes need to be updated and some protocols, policies and guidelines such as Human resource policy and Resource Mobilization strategy need to be developed. This will be addressed through the Finance Development project in 2013.

At the branch level, women and youth participation in governance is around 10%. The SRCS young volunteers are involved in activities at branch and sub-branch level, but there is little progress achieved regarding their involvement in governance at the national level.

Four sub-branches in Bari Region, Puntland (Qhardo, Waciye, Ufeyn, and Iskushuban) were provided with solar power system to allow the youth volunteers use the computers provided by IFRC to bridge the digital divide. Similarly, the IFRC provided funds to the Burtinle sub-branch in Nugal region in Puntland to construct its offices which was also provided by furniture and office equipment. The SRCS branch in Burao, Somaliland was supported to construct an extension of its youth club.

The SRCS is striving to increase the level of women and youth representation in the NS governance at national level.

The development of the SRCS Health Strategy has been finalised and in process of final adoption by the SRCS General Assembly in June, 2013.

Business Line 4: To heighten Red Cross Red Crescent influence and support for our work

Outcomes:

Outcome 4.1: SRCS is supported to update its statutes and further develop the auxiliary role of its branches at regional level.

Outcome 4.2: Resource mobilization capacities of SRCS are scaled up, diversifying income sources and expanding partnership

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
SRCS revised and update its statutes at the regional level	N/A	1	0
Improved partnership through resource mobilisation internally and expand externally.	N/A	N/A	0
Comments on progress towards outcomes			
Baseline study/survey - No baseline study conducted.			
The process of updating SRCS statutes has not yet started due to territory claims vis-à-vis Somaliland claim for independence. The process will depend on the national constitution process and the outcome of the current political developments in the country.			
The National Society is in the process of developing a resource mobilization policy/strategy that will facilitate and guide the branches in both internal and external resource mobilization as well as strengthening partnerships. The SRCS Executive Committee in its meeting 21-22 June, 2012 identified local resource mobilization as key area where the NS at all levels needs to focus in the near future and they have requested the IFRC and partners to support the NS in developing a resource mobilization strategy. The Society at the national level however continues to explore new partnerships with the Somali private sector, specifically the telecommunication sector and developing new partnerships with the emerging National Societies, particularly from the middle and the far east.			

Stakeholder participation and feedback

The SRCS works as an auxiliary to the regional authorities and as such implements its programme in harmony with the regional authorities' policies and strategies. In Somaliland, Dilla clinic in Awdal region is already implementing the Basic Emergency Obstetric Care (BEMOC) programme in collaboration with UNICEF, UNFPA and the Ministry of Health. In Puntland, all the midwives in the 18 clinics have been trained in preparation for a similar programme. Through the Project Cooperation Agreement (PCA) with UNICEF, the SRCS clinics conduct Expanded Programme on Immunization (EPI) as well as outreach services and participate in some targeted trainings. The clinics are also involved in the outbreak surveillance activities in collaboration with WHO.

The main beneficiaries of the SRCS programme are the communities in the clinics catchment areas, represented by the community health committees at the clinic level are involved in the planning, management and monitoring of the SRCS clinic activities as well as community based health promotion activities through the mobilisation of the community volunteers.

Although no structured or formal study has been conducted to obtain feedback from stakeholders, feedback from community members, through community meetings and coordination meetings at the regional levels commend the quality and scope of services provided by the SRCS to reach many remote communities who have limited access to basic health care services.

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority High Medium Low	Recommended Action
<p>Increased insecurity</p> <ul style="list-style-type: none"> Increased cost of hiring armed security escort and vehicles which is mandatory for all field trips in Somaliland and Puntland. 	High	<ul style="list-style-type: none"> The security situation is monitored regularly and information from available sources (ICRC, UN and SRCS branches on the ground, Media) is shared with the partners. The NS will continue to maintain its neutral and impartial position in its service delivery to the community so that it remains accepted by all parties.
<p>Logistical constraints</p> <ul style="list-style-type: none"> Delays in airlifting medical supplies to and within Somalia Increased programme cost due to reverting to the use of commercial flights. Delayed field visits for technical support and supervision. Increased use of UN flights which are expensive 	Medium	<ul style="list-style-type: none"> Step up contacts with ECHO to give more cargo space in their flights to Somaliland and Puntland to save funds used for commercial flights Use of commercial flights as alternative for field trips and shipment of medical kits and other supplies.
<p>Human Resources</p> <ul style="list-style-type: none"> High turnover of clinic staff and 	High	<ul style="list-style-type: none"> Staff motivation through training and exchange visits

volunteers		<ul style="list-style-type: none"> Provide competitive and rewarding incentives to the SRCS staff and volunteers to retain the trained staff and volunteers.
Partners <ul style="list-style-type: none"> Delays in supplies e.g. MCH kits and vaccines 	Medium	<ul style="list-style-type: none"> SRCS to solicit for back up supply of essential drugs like antibiotics for pregnant women. Signing of PCA with UNICEF in good time to avoid delays of MCH kits delivery.

Lessons learned and looking ahead

- Despite gaps in the data collection, analysis/interpretation and reporting, the SRCS has proved to be a valuable and reliable key player in the provision of basic health care services throughout Somalia. The SRCS continued to be the preferred partner for many humanitarian actors due to the quality of services delivered to the population as well as improvement in programme management and accountability.
- The strong partnership with main humanitarian actors in Somalia has an added value to the services the National Society rendering to the community like the distribution of plumpy nuts and food ration to pregnant and lactating mothers as well as children up to two years of age through the MCH/OPDs clinics network.
- The Community Management Model involving the Community Health Committees (CHC) as a link between the clinic/SRCS branches and the communities in local resource mobilization, social mobilization and support to clinic management has been instrumental in the successful implementation of the programme and human resources management. The model has been considered by the Regional Health Ministries and other partners for replication.
- The use of volunteers and Traditional Birth Attendants as health promoters in the community has been vital in the promotion of health education in the community which in turn influenced the health seeking behavior and practices in the community. This strategy needs to be strengthened with both continuous training and development of appropriate tools to enable the clinics scale up activities to do better and reach further.
- The annual health programme review has identified gaps and areas for improvement for which actions need to be taken to improve the health service delivery system. More attention is to be given to reducing immunization drop out rates and hence scaling up immunisation coverage for children and women.
- Despite continuous monitoring and on-the-job training provided to the clinic staff, there are still gaps, specifically patient management and record keeping. The analysis of the information generated at the clinic level has not been used effectively by the branch to assist in the planning of activities.
- The recommendations and lessons learnt from the evaluation of the drought response operation were incorporated in programme implementation in 2012 and similarly will be used in programme design and implementation for the subsequent years.
- The IFRC support will be more focussed on SRCS core programmes, health and care integrated with DRR and food security to enhance community resilience.
- Scale up the support in enhancing the SRCS human resource capacity in DM, disaster mitigation, assessments and early warning systems.

- The SRCS has maintained its good image as a reliable and credible national organisation. This is achieved through maintaining an efficient network of health facilities covering the whole country. Furthermore, the SRCS response to the drought situation in Somalia is well acknowledged and recognised by the community, local authorities as well as the partners which raised the profile of the national society.
- Local resource mobilization to be enhanced with the development of a National Society Resource Mobilization policy/strategy

Financial situation

[Click here to go directly to the financial report.](#)

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGOs) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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