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Somalia

Mid-Year Report.

 International Federation
of Red Cross and Red Crescent Societies

MAASO001

21 September 2012

**This report covers the
period 1 January to
30 June 2012**

*SRCS Las anod branch nurse vaccinating
a child during an outreach service, photo
by SRCS*



Overview

Programme outcome: In line with the aims of the International Federation of Red Cross and Red Crescent Societies' (IFRC) Strategy 2020, the Somali Red Crescent Society's (SRCS') 2012 support programme has focused on contributing to saving lives, protecting livelihoods and strengthening recovery from disasters through scaling up its services to the vulnerable people in health and nutrition services, disaster management and strengthening its capacity to contribute to development.

Programme summary:

The Somali Red Crescent Society services to the vulnerable people of Somalia include health care and nutrition which is implemented through a network of 73 static and 26 mobile health clinics throughout the 19 regions of the country. The IFRC support to the SRCS however continues to focus on Somaliland and Puntland where 30 static and 14 mobile clinics are in operation. The Integrated Health Care Programme (IHCP) that is anchored on health and nutrition with focus on women and children has contributed significantly to the improvement of the health status of the most vulnerable population.

Furthermore, through the health programme, the vulnerable orphaned children in Beyra School/Orphanage in Mudug Region in Puntland and Hargeisa orphanage centre in Somaliland were supported to improve the living conditions in the orphanages/school through building new dormitories to separate the accommodation of the girls from the boys, improving the kitchen facilities and dining rooms, building new toilets and shower facilities, rehabilitation of four classrooms, dormitories and provision of desk and benches, beds and beddings.



SRCS volunteers attending peer education session at Sheikh clinic, Somaliland, photo by SRCS

To strengthen the managerial capacity and deliver on its objectives, SRCS focussed on branch development, volunteer and youth management, finance development and governance support. Thirty (30) SRCS staff comprising finance officers, branch secretaries, health officers and disaster management officers from Puntland and Somaliland as well as senior staff from the two SRCS Coordination Offices in Hargeisa, Somaliland and Mogadishu attended a six day training workshop on financial management to update and enhance their financial management and reporting to improve accountability.

The IFRC East Africa Regional Representation provided logistical and administrative support to the SRCS executive committee to organize its meetings in Nairobi. In addition, the IFRC Somalia Country Representation health team facilitated two SRCS programme review meetings in Somaliland and Puntland respectively.

Several training activities were carried out for SRCS staff and volunteers using community based health and first aid (CBHFA) and participatory hygiene and sanitation transformation (PHAST) approaches to enable the volunteers create awareness in their respective communities. The National Health Assistant in Somaliland was supported by IFRC to attend a participatory monitoring, evaluation and reporting systems workshop for HIV and AIDS programme organized by Regional Capacity Building Partners, Kampala, Uganda. Epidemic Control for Volunteers (ECV) training and Peer Education for volunteers were rolled out in Somaliland and Puntland.

Working in partnership

Operational Partners	Programme component	Agreement
Finnish Red Cross	Support to the Health Programme in Somaliland and NS Organizational Development.	Multilateral support through the cash pledge
Norwegian Red Cross	Support to the Health Programme in Puntland, Organizational Development, Coordination and Management	Multilateral support through the cash pledge
	Bilateral support to three rehabilitation centres for physically disabled people in Hargeisa, Galkayo and Mogadishu	Bilateral agreement with SRCS
Swedish Red Cross	Health, Organizational Development and Coordination and Management	Multilateral support through the cash pledge
German Red Cross	Bilateral support to Health ,Youth, Water/Sanitation, in Somaliland, Disaster Risk Reduction in Puntland and four clinics in the Bari Region, Puntland through special bilateral arrangement with the Federation.	Bilateral agreement with SRCS

Government of Japan	Support to the Health programme in Puntland – Garowe	Multilateral support through the cash pledge
Icelandic RC	Support to the orphanages in Hargeisa and Galkayo as well as a mobile clinic for the Hargeisa Branch	Multilateral support through the cash pledge

Progress towards outcomes

Business line 1: To raise humanitarian standards

Outcomes:

- 1.1 A country trend report on key humanitarian and development issues is developed and kept updated.
- 1.2 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			
Expected Outputs	BL	Annual Target	Year to Date Actual
1.1.1: Somalia Country Representation provides quarterly analysis on country context and trends.	N/A	4 reports	2
1.2.1: The Somali Red Crescent contributes information annually to the databank with support of the Federation Country Representation		Data bank updated in 9 branches in Somaliland and Puntland	9 branches
Comments on progress towards outcomes			
<p>National Society capacities have not yet been analyzed in a comprehensive way and stored in a databank. However, gaps and weaknesses in capacity have been identified through proposals and strategic plan (2010-2014) as well as country plan (2012-2015) development, evaluation reports and programme reviews. For example, an external evaluation of the drought response was conducted in March 2012 and a health programme review was conducted in May. The purpose of these exercises was to identify operation capacity gaps and take corrective action where appropriate.</p> <p>Somalia Red Crescent went through an SGS Audit process in 2007 and is considering the same for the period 2012-2013. The purpose of this audit is to assess National Society capacity to deliver its services effectively by looking at its strategic framework, human resources, fundraising, resource allocation and financial controls as well as their communications, advocacy and public image. In addition the audit looks at NS ongoing operations and programmes.</p> <p>The NS plans to conduct assessment of capacities out during the review, update and development of the SRCS Health Strategy during the second half of 2012.</p>			

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

Outcomes:

- 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
- 2.2 Comprehensive technical assistance is provided to SRCS on community level disaster management programming, incorporating disaster risk reduction

Measurement			
Expected Outputs	BL	Annual Target	Year to Date Actual
2.1.1: 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	450 active volunteers in 9 branches	450 active volunteers in 9 branches
2.1.2: Effective and trained Branch Emergency Response Teams are on stand-by in 19 regions of Somalia	N/A	12 branches	9 branches
2.2.1: Somali Red Crescent has established a community DRR programme in four regions.		4 regions	0
Comments on progress towards outcomes.			
<p>Somalia Red Crescent mobilized 450 active volunteers from 9 branches and organized in different action teams. They include environmental sanitation, HIV/AIDS, epidemic outbreaks among other action teams.</p> <p>Community preparedness has been enhanced through the ongoing drought response operation. For instance, IDPs in Galkayo, Garowe and Bosasso (Somaliland) have received NFIs such as hygiene kits, jerry cans, mats and kitchen sets. Orphanages in Galkayo and Bosasso have received food rations to ensure the children are well fed. In addition, schools in Puntland and Somaliland have received food rations to contribute to school retention by the pupils (For more information about these initiatives, refer to the Somalia Drought Operation). SRCS is also implementing a bilateral DRR project in Puntland supported by German Red Cross. Apart from this, no specific community DRR project has been established</p> <p>SRCS, through the drought emergency appeal, supported communities through the rehabilitation of water sources and livelihoods support through distribution of fishing gear. This contributed to enhancing their resilience and reducing their vulnerability to shocks as a result of the disaster.</p> <p>Baseline study/survey - No baseline study has been conducted but the programme used situation analysis provided by the branches and local authorities on the impact of the prolonged cycles of drought to design interventions that address the causes of vulnerability.</p>			

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

Outcomes :

- 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
- 3.2** Programmes and support mechanisms addressing health and care priorities are developed and improved and encouraging volunteering and engagement of youth in RC/RC activities
- 3.3** Social cohesion is promoted and situations of discrimination and exclusion are addressed
- 3.4** NS capacity and internal development are strengthened by alignment of assistance to their self-determined needs
- 3.5** NS organizational effectiveness is strengthened through intensified capacity building support at branch level

Measurement			
Expected Outputs	BL	Annual Target	Year to Date Actual
3.1.1: SRCS contributes to achieving the aims of Strategy 2020 through implementation of the NS strategic plan 2010-2014 in 9 branches	N/A	9 branches	7 branches
3.2.1: SRCS scales up its health preventive and curative services. Contribute to increasing immunization coverage to 80% through health education campaigns.		80% immunization coverage	
3.2.2: Scale up CBHFA programmes in 12 branches.		12 branches	
3.2.3: Scale up advocacy and awareness efforts to reduce HIV and AIDS and stigma and discrimination in 9 branches		9 branches	
3.2.4: SRCS expands its youth and volunteers base by 20% per year through scaling up youth clubs activities in 9 branches		20% increase in volunteer base	
		Youth clubs scaled up in 9 branches	
3.3.1: Through the NS youth clubs, SRCS scales up programmes promoting RCRC principles and values and promote social inclusion and culture of non-violence and peace.			HIV/AIDs Non discrimination and advocacy programmes started and are ongoing
3.4.1: SRCS has developed proper			One finance

financial management system and guidelines.			management workshop held in June
3.4.2: SRCS has effective governance structures at branch level with fair representation of youth and women.			All the 19 branches have functioning governance structures
3.5.1: SRCS branches have standardised management structures with clear management protocols and guidelines.			Management structures at branch and sub-branch levels have been standardized

Comments on progress towards outcomes

Most of the development planned activities were delayed during the first quarter due to the focus on the drought response and in some cases due to lack of accessibility to some regions such as South Central Somalia and Sool and Sanag regions in Somaliland. However, the National Society with support of the IFRC Somalia Country Office was able to register some progress in its activities. On orientation of the Strategy 2020, a total of 7 branches and one coordination office are aware of the document. SRCS has aligned its Strategic Development Plan 2010-2014 to S2020.

SRCS provided health services to the Somalia community focusing on maternal and child health in Somaliland and Puntland. The Expanded Programme on Immunization (EPI) reached children aged under 1 who were vaccinated against the DPT3 (9,166) and measles (15,981). The immunization coverage reported by various agencies cannot be verified or confirmed as the real state of the situation. This could be as a result of under-estimation of the target population and also due to population movement. The population figures for the whole of Somalia continue to be inaccurate and therefore it is a challenge to accurately calculate the percentage of immunization coverage. SRCS plans to conduct an evaluation of the entire health programme in the near future so as to have reliable indicators to measure progress and success of their actions as well as for the other actors.

SRCS clinics routinely carry out nutritional screening for children aged under five years whenever they visited the facilities. A total of 3,410 malnourished children were admitted to the Outpatient Therapeutic Programme (OTP) centers and 1,778 children were referred for further management. Consequently, several children aged under 5 years received vitamin A supplementation (16,514), Zinc treatment for diarrhoea (3,339) and deworming (8,838). A total of 1,006 children were cured from malnutrition. However, 67 children defaulted and 20 died.

Safe motherhood services recorded a total of 77,019 ANC/PNC consultations, out of these 13,696 women received iron prophylaxis to reduce anaemia during pregnancy and pauperism, 12,575 received tetanus toxoid vaccine and 5,363 mothers received vitamin A supplementation. The midwives assisted 2,322 deliveries while 99 mothers with pregnancy related complications were referred to hospitals for further management.

Medical supplies and consumables were procured and delivered to the clinics through the SRCS branches in various locations, ensuring quarterly regular supplies. During the reporting period, 120 OPD kits were procured and distributed in Somaliland and Puntland clinics. A total of 125,261 people accessed health services through OPD centers during the

reporting period.

Through the SRCS volunteers' network, community health committees (CHCs) and clinic health staff, the health education and hygiene promotion programme reached an estimated 153,637 community members comprising of women, men and youth. Areas addressed included diarrhoeal diseases, malaria, personal hygiene and sanitation, importance of immunization for both children and women, antenatal and postnatal services, importance of vitamin A supplementation, nutrition education, exclusive breastfeeding, proper weaning practices, discouraging FGM/C, physical and psychological effects of FGM, early identification of high risk pregnant mothers, referral of cases, as well as HIV and AIDS prevention and control (38 people were tested for HIV).

Training of volunteers is essential as they are the backbone of any NS with respect to reaching target populations at community level. During the reporting period, 500 volunteers were recruited and trained on basic First Aid. In addition, 80 volunteers were trained on Community Based Health and First Aid (CBHFA), 135 on Epidemic Control for Volunteers (ECV) and 283 on Peer Education.

A health review meeting was held to discuss achievements, challenges and chart the way forward. SRCS plans to develop their Health Strategy and a planning meeting is scheduled for September 2012 when all the 9 branches will meet to develop it.

To promote social cohesion in matters relating to discrimination and exclusion, SCRS created awareness among 243 volunteers on RCRC principles and values as well as promotion of non violence and peace. In turn, the volunteers reached 3,000 community members with RCRC principles and values as well as anti stigma and discrimination messages. In addition, 200 brochures and 14 billboards bearing FGM and anti stigma and discrimination messages were put up in various strategic places where SRCS runs fixed clinics in 10 communities in Puntland and Somaliland

The SRCS adapted the IFRC financial management guidelines for use by the branches to report on the working advance received from IFRC. Reporting using the IFRC guidelines was discussed during a finance training workshop facilitated by IFRC Somalia Representation between 25-30, June 2012, in Hargeisa, Somaliland. A total of 30 SRCS staff participated in the training. The National Society would formalize use of the guidelines after ratification by the NS governance. The IFRC Somalia Country Office also initiated the process of upgrading the internet service in four main branch hubs in Hargeisa, Garowe, Galkayo and Bosaso by installing VSAT communication system. The improvement in internet connectivity will encourage SRCS staff and volunteers to enrol on on-line courses offered by the learning platform to enhance their professional capacities.

All the 19 branches have functioning governance structures. At national and branch levels, women and youth participation in governance is just about 10%. The SRCS youth volunteers are involved in activities at branch and sub-branch level, but there is little progress achieved regarding their involvement at governance level. However, the NS in its executive committee meeting held in June 2012 elected a young member to the position of vice president. More effort needs to be made to increase the level of women and youth representation at governance level.

Nine (9) branches in Somaliland and Puntland run youth programmes. The SRCS branches recruit young volunteers (mainly in-school youth) through First Aid classes, skills training and other youth club activities.

The management structure at branch and sub-branch levels are standardized. However, the

NS statutes need to be updated and some protocols, policies and guidelines such as human resource policy, resource mobilization strategy need to be developed.

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

Outcomes :

- 4.1 SRCS is supported to update its statutes and further develop the auxiliary role of its branches at regional level
- 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
4.1.1: SRCS auxiliary role at regional level is promoted through revision and updating of NS statutes	N/A		Updating of SRCS statutes not yet started
4.2.1: SRCS programme implementation and resource utilization improved resulting in expanded partnership. Opportunities for domestically generated resources have increased through partnership with the private sector and civil society networks.			Development of a resource mobilization policy/strategy in process
Comments on progress towards outcomes			
<p>The process of updating SRCS statutes has not 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.</p> <p>The 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 between 21-22 June 2012 identified local resource mobilization as key area where the NS at all levels need to focus in the near future. They have thus requested for IFRC and other partners to support them in developing a resource mobilization strategy. However, at national level, the Society continues to explore new partnerships with Somali private sector, specifically the telecommunication sector; and developing new partnerships with emerging National Societies, particularly from the middle and far east.</p>			

Stakeholder participation and feedback

The SRCS works as an auxiliary to the regional authorities and as such implements its programme within the context of the regional policies and strategies. In Somaliland, one clinic is already implementing the Basic Emergency Obstetric Care (BEMOC) programme in collaboration with the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and the Ministry of Health while another is about to start. 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, SRCS clinics conduct Expanded Programme on Immunization (EPI) services as well as outreach and participate in some targeted trainings. The clinics are also involved in outbreak surveillance activities in collaboration with the World Health Organization (WHO).

The main beneficiaries of the SRCS programme, the communities, through the community health committees, are involved in the planning, management and monitoring of SRCS clinic activities as well as community based health promotion activities by 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 regional levels commend the quality and scope of services provided by the SRCS to reach many remote communities with 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 which is mandatory for all field trips. 	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 volunteers 	High	<ul style="list-style-type: none"> Staff motivation through trainings and exchange visits Provide competitive and rewarding incentives to staff and volunteers to retain the trained staff and volunteers
<p>Partners</p> <ul style="list-style-type: none"> Delays in supplies e.g. maternal and child health (MCH) kits and vaccines 	Medium	<ul style="list-style-type: none"> SRCS to solicit for back supply of essential drugs such as antibiotics for pregnant women Signing of PCA in good time.

Lessons learned and looking ahead

- The annual health programme review has identified gaps and areas for improvement for which action needs to be taken to improve the health service delivery system. More attention to be given to reducing dropout rates and hence scaling up immunization coverage for children.
- Despite continuous monitoring and on the job training provided to the clinic staff, there are still gaps, specifically in patient management and record keeping. The analysis of the information generated at the clinic 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 will be incorporated in the programme implementation in the remaining part of the year, where possible. Similar consideration will be given to programme design and implementation in 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, mitigation, assessments and early warning systems.
- The SRCS has maintained a good image as a reliable and credible national organization. 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 recognized by the community, local authorities as well as the partners.
- Local resource mobilization to be enhanced with the development of a National Society Resource Mobilization policy/strategy

Financial situation

The significantly lower expenditure during the first half of the year was the result of (a) the increase in the funding received from the long-outstanding Saudi Red Crescent pledge and (b) Focus on carry over drought response operation support activities from 2011 in the first quarter of 2012. Activity implementation is however set to be accelerated in the second half of the year.

[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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