

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SOMALIA

10 June 2005

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries. For more information: www.ifrc.org

In Brief

Appeal No. 05AA002; Programme Update no. 1, Period covered: January to May, 2005; Appeal coverage: 80.9%; Outstanding needs: CHF 503,247 (USD 393,162 or EUR 325,095).

[Click here to go directly to the attached contributions list \(also available on the website\).](#)

Appeal target: CHF 2,639,837 (USD 2,096,800 or EUR 1,700,400)

Related Emergency or Annual Appeals: N/A

Programme summary: The Somali Red Crescent Society¹ was actively involved in the emergency phase of the tsunami disaster and had to define its medium and long term interventions, both in health and disaster. All the Somali Red Crescent Society-run maternal child health/ out-patients department (MCH/OPD) clinics addressed the health needs of the targeted communities during the period under review.

The Somalia delegation continued to provide guidance and technical support to the National Society in managing ongoing activities and effective response to the tsunami disaster. Together with the German Red Cross and the Federation, Somali Red Crescent Society conducted an in-depth health assessment in April. The assessment identified and recommended potential locations for clinics in Bari region, as part of tsunami health response.

The health programming will be undertaken in phases and will have a holistic approach with elements of water and sanitation components. Somalia being one of countries hit by tsunami will benefit from the Federation global appeal launched in April.

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This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents). All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable.

¹ Somali Red Crescent Society <http://www.ifrc.org/where/country/check.asp?countryid=157>

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the National Society profile, please access the Federation's website at <http://www.ifrc.org>

Operational developments

Somalia's political situation has not fully stabilized yet. The period under review was dominated by deliberations within the Transitional Federal Government (TFG) and parliament over the location of the operational centre upon the TFGs return to Somalia and on the deployment of foreign troops in the country. After lengthy consultations, a sizeable proportion of parliamentarians returned to Mogadishu from Nairobi with a professed intention to secure the city for the TFG to move in. The security situation in some parts of the country still remains volatile though.

Inaccessibility to parts of the country, especially in the southern zone where security is poor and crime rates are high, remained a constraint to the delegation. Monitoring of the Somali Red Crescent Society's health activities in those areas was severely hampered. Despite this, the Somali Red Crescent Society managed to provide essential services to the communities in most areas of the country.

Torrential rains that occurred after a long drought had severe effects on both humans and livestock, resulting in the establishment of internally displaced people (IDP) camps in various parts of Nugal and Mudug regions. The situation was worsened by the tsunami that hit the coastline towns of north-eastern Somalia on 26 December. During the tsunami emergency phase, the Somali Red Crescent Society volunteers and staff played a crucial role in providing first aid, referrals of seriously injured to the hospital and clearing of debris. After the emergency phase was over, Somali Red Crescent Society, supported by the Federation, began to focus on strengthening its disaster management and response functions and on defining its medium and long term interventions in the affected areas.

The Federation continued to support the Somali Red Crescent Society thus enabling it to provide essential healthcare to the vulnerable communities in the form of 12 maternal child health/out-patients departments (MCH/OPD) clinics within Puntland. All the clinics were operational and provided several outreach activities during and after the tsunami disaster.

Health and care

Goal: The health status of the Somali population is improved.

Objective: The quality and range of services provided by the network of Somali Red Crescent health facilities inclusive of STI/HIV/AIDS, TB, malaria prevention and control through community participation is increased.

Achievements

Maternal and child health and out-patient department services

- Despite the occurrences of disasters in the country, some of the Somali Red Crescent Society-run clinics reorganised their approach by increasing outreach services to cover areas with no health facilities in the vicinity, as well as respond to disasters. The clinics near coastal areas reported an increased number of patients as a result of the 26 December 2004 tsunami.
- In Harfo and Baadwein, the clinics staff and volunteers undertook house-to-house vaccination exercises in an effort to accelerate expanded programme on immunization (EPI) activities. Clinics near Mogadishu responded to outbreaks of measles and diarrhoea.
- Health education information was disseminated to the communities at the clinic and during outreach services. Topics covered included importance of breast feeding, complementary feeding, prevention of cholera and diarrhoeal diseases, care of newborns and immunisation.
- Routine vaccinations for pregnant women and children aged under five years were given, at the facilities and during outreach activities.
- Somali Red Crescent Society volunteers undertook social mobilization activities to create awareness and remind mothers and caretakers of vaccination dates/days. They also conducted house-to-house campaigns on disease prevention.
- The National Society renewed its partnership and collaboration with UNICEF by signing an annual memorandum of understanding which sought to provide MCH kits, EPI equipment, registers, mothers and

Somalia; Appeal no. 05AA002; Programme Update no. 1

child cards, vaccines and servicing of cold chain equipment. MCH/OPD kits were received from UNICEF as per the agreement.

- Growth monitoring continued to be carried out. A total of 17,239 children were screened. Out of these, 45 had oedema, 311 had severe malnutrition, and 2,103 had moderate malnutrition. The malnutrition cases were mostly from the nomadic communities, who were particularly hit by the long drought.
- Somali Red Crescent Society staff and volunteers assisted in the distribution of supplementary food (super mix) provided by World Food Program (WFP) for malnourished children in the IDP camps.
- The staff and volunteers also participated in nutrition surveys conducted by the food security assessment unit (FSAU).
- With the support of UNICEF, a nutritionist was posted to Mogadishu to bolster the Somali Red Crescent Society’s efforts to establish food demonstration centres. Afgoi, Balaad and Baidoa clinics have started food demonstration activities using locally available foods.
- Patients with common ailments received treatment at the clinics’ MCH/OPDs and those requiring further attention were referred to the hospital.
- Despite logistical difficulties, primarily due to limited flight options, the delegation procured the first two quarters of drugs for the Garowe hospital to enable the hospital to continue providing secondary and tertiary care for referred patients. The second tranche of procurement is currently under way. The delegation also helped to replace the hospital’s main generator.
- The National Society continued to provide effective promotive health in clinics with antenatal and postnatal care services (with correct identification of high risk cases, appropriate treatment and referral).
- A health review meeting, organized by the Federation, was conducted in March (in Nairobi). The aim of the meeting was to review the Somali Red Crescent Society’s integrated health care programme. It focused on review of the 2004 plan, management, communication, guidelines review and the development of action plans for 2005. All the health officers from both ICRC and Federation-supported facilities attended the meeting.
- Disease trends continued to be monitored through weekly and monthly data collection at the clinics.



A group discussion during the health review meeting

Clinic attendance: January-April 2005

Period	Consultations OPD, ANC, PNC	Vaccination		Growth Monitoring	Total
		Children	Mothers		
Jan-Apr 05	22,263	18,470	8,323	17,239	66,295

Capacity building

- The Galkayo branch of the National Society carried out refresher training for 16 traditional birth attendants (TBAs) from Harfo and Baadwein. The training was aimed at improving their skills in community obstetric care, correct identification of high-risk cases and appropriate referral of to the clinic for further attention. It also intended to improve a working relationship between the clinics’ midwives and the TBAs to ensure proper assistance during antenatal care, delivery and postnatal care.
- Every clinic has received at least one monthly visit from the Somali Red Crescent Society health officers in the field. The branch health officers continued to provide on-job training to the clinic staff during supervisory visits. The training focused on weak areas, including calculation of target for the EPI, dressing and aseptic techniques.

Somalia; Appeal no. 05AA002; Programme Update no. 1

- A training needs assessment, aimed at identifying health staff training needs at all levels, was undertaken in most of Somali Red Crescent Society supported clinics. Relevant training will be conducted in line with the identified trainee needs.
- The Somalia delegation health officers made six field trips to provide technical and managerial support to the national and branch health officers. During the trips, a review of tsunami response, coordination meetings, and training of staff/volunteers was conducted.

HIV/AIDS

- Following a successful application to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the National Society recruited an HIV/AIDS co-ordinator. The co-ordinator's overall responsibility is to scale up the ongoing HIV/AIDS activities, as well as be the focal person for the GFATM implementation.

Malaria

- Preventive activities are ongoing, through distribution of impregnated bed nets. They also involve health education, by Somali Red Crescent Society volunteers, using the ARCHI toolkits.

Tsunami health

- The Somali Red Crescent Society undertook relief and basic health activities, in cooperation with UN agencies, following the 26 December 2004 tsunami onslaught on the north-eastern coast of Somalia.



Somali Red Crescent Society health officers interviewing health staff during a tsunami response health assessment in Bari region

- A joint assessment by the Somali Red Crescent Society, Federation and German Red Cross was undertaken in April as a follow-up to operational review. It identified the medium term health and care interventions, including the expansion of health activities in Bari region. Related details can be obtained from regular tsunamis operations updates available on the Federation's web site [[click here to go to the South/Southeast Asia & East Africa: Earthquake and Tsunamis updates](#)].

Impact

- The National Society's clinics are now providing comprehensive maternal and child health care services.
- The Somali Red Crescent Society integrated health programme had a positive impact on the lives of the vulnerable people, albeit a few challenges. This was evidenced by the availability and utilization of services in both static and outreach activities.
- The volunteers and the health committees were instrumental in providing relevant health education, resulting in a reduction of major disease outbreaks.
- The training needs assessment, which was undertaken to identify health staff training needs at all levels, provided a basis for structuring the training programme.
- Though some could not raise funds in time, the communities remain committed and continue to be key player in the running and management of MCH/OPD clinics.

Constraints

- Some cold chain equipment malfunctioned. UNICEF was informed for further action
- The development and implementation of a comprehensive reproductive health package on family health and female genital mutilation/cutting (FGM/C) awareness, through the MCH/OPDs, is yet to start. The delay was caused by the failure of the National Society to identify an experienced consultant.
- Insecurity in some parts of the country hindered delivery of supplies and support to the Somali Red Crescent Society clinics. UNICEF, a key partner, suspended its operations in Puntland (on 27 May) following security threats on some of its Bosaso-based staff and disagreements with the Puntland state authorities.
- Recurrent disasters prompted some communities to their contribution put on hold.
- Some completed laboratories are still awaiting equipment and additional staff training.

Somalia; Appeal no. 05AA002; Programme Update no. 1

- The integration of the voluntary counselling and testing (VCT) service within the ongoing health activities is yet to be achieved. The team from Garowe hospital, which was trained by UNICEF, is yet to start VCT services as it is waiting for equipment and guidelines.
- The malaria programme, under the GFATM, is ongoing but at a slow pace due operational problems and delays in releasing funds from the Global Fund.
- The planned training for the service providers could not be undertaken as planned due to prerequisites put in place by UNICEF and WHO, including training protocols.
- Logistical and travel difficulties caused by unavailability of consistent flights.

Organizational development

Goal: Somali Red Crescent Society capacity to deliver effective services to the vulnerable people is increased.

Objective: Somali Red Crescent Society local branches, HQ co-ordination, resource mobilization as well as volunteers' role in the implementation of Somali Red Crescent Society plans at the grass root level is strengthened.

Achievements

- A consultant has been engaged to facilitate the development of the National Society branch development strategy. The consultancy will take place in two parts and will identify capacities, gaps and organizational development priorities for the National Society in the coming five years.
- The district sub-branches continued with their emerging support to district populations in many parts of the country. Sub-branches volunteers increasingly contributed to the services provided in the districts where these programmes are active.

Impact

- The capacity of Somali Red Crescent Society governance and management at national and branch level will be increased after the adoption of the strategy and plan of action.
- Linkages have been forged with other ongoing activities, especially in health and disaster management.
- Once the GFATM agreement is signed, it will be easy to integrate the malaria programme within the already existing well structured activities.

Constraints

- Recurrent delays in undertaking branch development consultancy were experienced after previously recruited consultants failed to deliver.
- Since the 2004 all-inclusive meeting in Djibouti, the expanded executive committee has not met as planned.

Disaster management

Goal: The vulnerability of the Somali people to disasters is reduced.

Objective: The capacity of Somalia Red Crescent in terms of operating systems, human resource base and collaboration with partners to respond to and manage recurring disasters is increased.

Achievements

- The National Society reorganized its disaster management function by filling the position of director of disaster management (which had been vacant for over a year). The delegation recruited a disaster management officer who will support the Somali Red Crescent Society in scaling up its disaster preparedness and response capacity.
- The Somali Red Crescent Society and the Federation continue to work closely with other partners in planning of medium and long term response to the tsunami that affected parts of Somalia. As one of the countries that had sought global support for the tsunami response, Somalia was included in the Federation's global appeal.



Somali Red Crescent Society staff and volunteers after a successful VCA training

- Vulnerability capacity assessment (VCA) training for six branches (Hargeisa, Borama, Berbera, Erigaavo and Lasanod) was carried out in Hargeisa. A total of 35 persons participated, including staff of Somali Red Crescent Society coordination office in Hargeisa. Topics covered included; introduction to concepts of VCA, definitions of hazards, disasters, risks, vulnerability and capacities, difference between VCA and needs assessments, risk mapping, capacity assessments, disaster preparedness planning and contingency planning.

- The National Society was quick to assess and respond to localized flooding caused by heavy rains that had pounded parts of the country, Somaliland and Ethiopia. Co-ordination with other actors and timely and comprehensive information flow has improved, following recent disaster management (DM) training for branch staff and volunteers in the affected areas. ICRC gave some co-ordination support within the conflict-affected areas of southern Somalia.

Impact

- Following the 26 December 2004 tsunami disaster, the National Society has revised its disaster management function to be well prepared for any future disasters.
- Training of staff and volunteers has improved the capacity of the Somali Red Crescent to assess community vulnerability to disasters.
- The training and the recruitment of the director of disaster management has also strengthened the preparedness and response capacity of the eight branches.

Humanitarian Values

Goal: To promote awareness of the humanitarian values, IHL, Red Cross Red Crescent Principles and the Somali Red Crescent activities.

Objective: To increase the knowledge of the IHL, Red Cross Red Crescent principles, humanitarian values, the Somali Red Crescent' activities and the protective value of the emblem, among the community members, National Society's staff and volunteers.

Achievements

- ICRC continued to support the communication and tracing department of the Somali Red Crescent Society in promoting humanitarian values, Red Cross/Crescent Fundamental Principles and National Society activities.
- World Red Cross and Red Crescent Day celebrations were carried out in all branches across the country, with support from the Federation and ICRC.

Impact

- As a result of the ongoing promotion of humanitarian values and the fundamental principles of the Movement, the National Society continues to hold a high profile in the Somalia communities. This has led to a positive perception and contributed to the promotion of the National Society activities.
- People from diverse communities were attracted by the drama, quizzes, games, competitions and marches organised by volunteers to celebrate World Red Cross and Red Crescent Day. The populations in attendance got to learn of and appreciate the activities of the National Society.

Coordination, cooperation and strategic partnerships

Goal: The Federation coordination role is accepted and respected by all partners in Somalia with the view to enhancing good cooperation and successful partnerships.

Objective: The Somalia Red Crescent Society's integrated capacity building planning and implementation skills are ensured by the Federation through participatory facilitation and constant dialogue with the various partners.

Achievements

- Movement coordination structures were reinforced through regular meetings of Somali Red Crescent Society, ICRC and Partner National Societies operating within Somalia.
- The newly created Movement coordination office was useful in harmonising efforts of all partners, especially following the tsunami disaster.
- To avoid duplication, the delegation continued to work closely with other organizations during programme implementation to share information and experiences on ongoing and planned projects.
- The Somali Red Crescent Society and the Federation continued to be active members of the Somalia Aid Coordination Board (SACB) and were assigned responsibilities such as chairing some of the working groups and membership of the HIV/AIDS GFATM selection taskforce.
- The National Society and the Federation continued to take part in field coordination meetings organized by health authorities, with the involvement of other state and humanitarian actors.
- With the support of British Red Cross, a consultant was sent to Somaliland to produce media and presentation materials on the work done in four of the Somali Red Crescent Society clinics in Somaliland.

Impact

- Coordination between the Federation, ICRC and representatives of the bilateral partner national societies has greatly improved.
- Apart from being used to profile the National Society, the material related to the Somali Red Crescent Society clinics in Somaliland will be used to support fundraising efforts with Deutsche Bank, UK.
- The Federation's continued efforts to strengthen cooperation with ICRC, UN agencies, international organisations and other donors has encouraged support to the Somalia Red Crescent Society.
- Progress on partnership funding was evidenced by the National Society's successful application to the GFATM for funding to help it fight against HIV/AIDS. A draft agreement with UNDP for funding under the low-income countries under stress (LICUS) initiative, which UNDP is managing on behalf of the World Bank, is in the pipeline.
- A series of discussions with health actors engaged in cost recovery approaches in Somalia were initiated by the delegation. The discussions helped the National Society to learn from different experiences through sharing of tools and ideas.

Effective Representation and Advocacy

Goal: The Federation represents and advocates for and on behalf of the National Society to command recognition as a key humanitarian actor.

Objective: The Federation effectively represents the National Society both within and outside the Movement with the aim of supporting the Somali Red Crescent in addressing the needs of the most vulnerable.

Achievements

- Throughout the tsunami response period, regular media contact engaged by the head of Somalia delegation and the head of regional delegation in Nairobi ensured Somali Red Crescent Society's and Federation's exposure, locally and internationally.
- Contact was also maintained with donor agencies through coordination meetings. International media coverage was also obtained during the April visit to Somalia by the special representative of the secretary general of the Federation for the Tsunami operation, Johan Schaar.

Somalia; Appeal no. 05AA002; Programme Update no. 1

- The head of Somalia delegation held meetings and official engagements with the President, ministers and other Puntland state authorities. During these forums, the authorities were briefed on Movement issues, Federation's plans and activities and Somali Red Crescent Society's activities. Coverage was given on Somali media.

Impact

- Advocacy and sensitization were maintained with external partners, the government, UN agencies, donors and NGOs. The SACB meetings provided such opportunities.
- Support has been provided to the National Society's local-level advocacy activities throughout 2004-2007.

[Contributions list below; click here to return to the title page and contact information.](#)

APPEAL No. 05AA002

PLEDGES RECEIVED

12/07/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

					TOTAL COVERAGE	
REQUESTED IN APPEAL CHF ----->				2,639,837		80.9%
OPENING BALANCE				1,053,785		
BRITISH - RC		100,000	GBP	218,100	02.02.05	SOMALILAND
FINNISH - GOVT/RC		90,000	EUR	139,410	29.03.05	HEALTH, ORGANISATIONAL DEV.
NORWEGIAN - GOVT/RC		700,000	NOK	130,900	17.01.05	ORGANISATIONAL DEVELOPMENT
NORWEGIAN - GOVT/RC		1,690,000	NOK	330,395	17.01.05	HEALTH, HIV/AIDS, BAIDOA CLINICS
SWEDISH - GOVT		900,000	SEK	153,900	26.04.05	ORGANISATIONAL DEVELOPMENT, HEALTH & CARE
SWEDISH - RC		300,000	SEK	51,300	26.04.05	HEALTH & CARE
SUB/TOTAL RECEIVED IN CASH				2,077,790	CHF	78.7%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
GREAT BRITAIN	DELEGATE(S)			58,800		
SUB/TOTAL RECEIVED IN KIND/SERVICES				58,800	CHF	2.2%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	