

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

29 August 2002

This Programme Update is intended for reporting on Annual Appeals.

Appeal No. 01.12/2002

Appeal Target: CHF 2,707,752

Programme Update No. 2; Period covered: April-June 2002; last Programme Update (no. 1) issued 14 May 2002

"At a Glance"

Appeal coverage: 91.7%

Related Appeals: N/A

Outstanding needs: CHF 223,853

Update: The Somali Red Crescent Society (SRCS) remains the only nation-wide indigenous humanitarian organisation operating in all the regions of Somalia. The main activity continues to be the provision of primary health care to the most vulnerable in the community through its network of MCH/OPD clinics .

The SRCS is operating in a country suffering from a protracted internal conflict which has devastated the country and left its infrastructure in ruins and a state of total collapse. Efforts to reach a reconciliation between the various factions for an end to the civil conflict and to form a transitional central authority were futile. Somalia remains one of three countries at the bottom of the global human development index (HDI) at 0.284 (UNDP HD report of 2001) and the Somali population are among the poorest and least cared for in the world.

Operational Developments:

The Somali peace and reconciliation talks under the auspices of the Intergovernmental Authority for Development (IGAD) which were scheduled to take place in Nairobi at the end of April were postponed. It is not clear who will attend among the many factions, but the Somaliland government has maintained its position to claim independence and distanced itself from the process. Differences among the front line states (Kenya, Ethiopia , Djibouti) and other stakeholders and interlocutors on the terms of reference are among other reasons that led to the postponement of the talks. A new date for the talks has been set for September 2002.

The political and security scene continues to remain unsettled, with the following events influencing the overall situation:

- the death of Mohammed Ibrahim Egal, the first president of the self-declared independent state of Somaliland in north western Somalia on 3 May 2002. Dahir Riyale Kahin, his deputy, was sworn in as president to complete the term of the current presidency up to January 2003.
- In Puntland, Colonel Abdullahi Yusuf regained power through military force.

- The Gedo, Bay, Middle Shabelle and Lower Shabelle regions have witnessed an upsurge in factional fighting which left a number of people dead and wounded, the majority of whom were civilians, and many others displaced.

The resulting fragile security situation forced humanitarian agencies to adjust their programmes and restrict the movement of staff.

The Somalia Food Security Analysis Unit (FSAU) forecasts a poor harvest following the failure of the Gu rainy season (April -June). Signs of serious food insecurity are prevalent in north Gedo, Bakol and Hiran regions.

Disaster Response

The Somali Red Crescent Society (SRCS) branches in Mogadishu, Belet Weyne and Buale responded effectively to the cholera outbreak during April and May. In Mogadishu the branch set up four oral rehydration centres. The clinics in Afgoi and Balad also set up oral rehydration corners and organised referrals to the cholera treatment centre in Mogadishu. In Belet Weyne, the SRCS volunteers were actively involved in the health education and prevention campaigns. Volunteers assisted with the supply of the oral rehydration salts to remote areas and with the chlorination of wells. In Buale the branch played a major role in the health education campaign.

The implementation of the cholera activities faced some problems due to low stocks of ORS, poor logistics and a refusal or reluctance of the well owners to chlorinate their wells. The deteriorating security situation and poor communications within Somalia are further factors hampering a large scale and well coordinated response to a disaster.

Disaster Preparedness

The SRCS branches in Mudug region north eastern Somalia, Hiran, Bakol and Gedo in central Somalia and south western Somalia have been requested to monitor the impact of a three year failure of the Gu rainy season. The SRCS branches and clinics are a major source of information for the Food Security Assessment Unit (FSAU). The statistics from the clinics constitute a primary source of data for this unit. The SRCS Director of Operations in Mogadishu is the focal point for Somalia. He is closely working with the Regional Delegation in Nairobi and ICRC to co-ordinate the appropriate actions.

The First Aid training activities supported by ICRC are continuing. The SRCS branches are using this activity as a vehicle for volunteer recruitment.

Health and Care

Despite the upsurge in fighting in the central and southern regions of Somalia, the SRCS Integrated Health Care Programme (IHCP) supported by the Federation and the ICRC continued to run smoothly and deliver the services to the communities.

The SRCS and the Federation have put more emphasis on the human resource development by streamlining and rationalising the training of the health staff aimed at increasing the capacity in health management. Two SRCS branch health officers attended a regional health workshop on community involvement and empowerment organised by the Nairobi Regional Delegation. In order to improve the supervision and monitoring at branch level the SRCS recruited a new health officer who will be the focal point for the IHCP. Since his appointment in April 2002, the health officer managed to provide technical support to the clinics and he gave feedback to the branches on the health activities. This has resulted in the improvement of the performance of the health staff in patient management (diagnosis & treatment), record keeping, drugs usage and reporting.

UNICEF supplies some of the SRCS clinics with standard medical kits. The medical kits for the remaining clinics, Garwoe community hospital and the supplementary drugs are procured from Nairobi and airlifted, mainly using the ECHO air plane, to the various destinations in Somalia. The delegation has managed to clear

the backlog of shipments to most of the regions with exception of some insecure pockets like the south central region of Bay.

The SRCS has managed to recruit a surgeon for Garowe community hospital after a long gap. The low remuneration and poor package offered by the hospital is the main reason for the high turnover among the surgeons.

The construction of the waiting place for the daily observation treatment (DOT) for the TB programme in Garowe community hospital has not yet started due to the inability of the community and the Ministry of Social Affairs of Puntland to raise the necessary funds. It has taken the hospital management long time to come up with the design and accurate estimate for the structure. WHO is considering Garowe and its environs as a potential expansion of its TB programme and is ready to provide the TB drugs, quality control and laboratory support if the hospital management and the community succeed to raise the necessary funds to build the waiting place.

The SRCS with support from the Federation organised a 5 days workshop on HIV/AIDS and ARCHI in Hargiesa, the capital of Somaliland, from 3 to 7 April 2002. The workshop was attended by 19 participants from the six SRCS branches in Somaliland in addition to representatives from UNICEF, WHO and the Ministry of Health and Labour of Somaliland. The workshop came up with a strategy and plan of action to step up the HIV/AIDS awareness in Somaliland. The SRCS branches and the community leaders have shown a high level of commitment to scale up the HIV/AIDS activities. The workshop has motivated the SRCS staff to mobilise and involve the communities in the awareness campaign. During the Red Cross/Red Crescent day celebrations on the 8th of May the SRCS volunteers conveyed the messages about HIV/AIDS through a series of drama shows. The message on fighting the stigma and discrimination against people living with HIV/AIDS was highlighted through the media, mainly local radio stations.

Thanks to the important role of the SRCS in the campaign against HIV/AIDS, the SRCS national health officer in Somaliland was appointed by the Ministry of Health and Labour in its technical committee on STD/HIV/AIDS

Somalia is prone to seasonal cycles of epidemic outbreaks like cholera. As in previous years the SRCS volunteers, clinics and branch staff played an active role in the prevention and control of the outbreak (see also under the Disaster Response section of the report).

A few measles cases were reported in some clinics in Puntland and Baidoa. Rather than organising a large scale vaccination campaign it was agreed with UNICEF to improve the routine immunisation at the clinic level and accelerated the Expanded Programme on Immunisation (EPI) campaign for all antigens in major towns. In view of this policy the SRCS clinics have revised their vaccination schedules. Clinics with cold chain facilities are providing vaccination services on daily basis. Those without cold chain facilities are providing the services on weekly basis. UNICEF continues to supply all vaccines and maintains the cold chain for the SRCS clinics.

The Federation and SRCS have organised a workshop on research, planning and data gathering in Hargiesa from 22 to 30 June, 2002. The workshop was part of the Federation's Post Conflict Health Service Recovery Project funded by the World Bank. The workshop aimed at equipping the participants with techniques in data gathering and household surveying. A total of 23 SRCS branch and clinic staff, 13 community elders and 4 Ministry of Health and Labour officers were trained. The group has come up with a plan to survey 100 households in each of the six clinics catchment areas by the end of July. In addition 50 households in each of the two new proposed clinics to be supported by the German Red Cross will also be surveyed and included in the study. The workshop was part of the second phase of the study. The first phase was piloted in Puntland, there were some successes, but the project has suffered from a series of problems. Delays with the approval of the funding from the World Bank almost crippled the project. Furthermore a combination of drought patterns and an upsurge in fighting in most of the areas in Punt Land forced the communities around the catchment area of the project to move. The insecurity did not allow the delegation staff to travel to Puntland to monitor the implementation and provide the technical support to the community health committee.

Sporadic fighting and a deteriorating security situation during the period under review have limited the travel of the delegation staff to most central and southern parts of Somalia. This has hindered the monitoring and

supervisions activities of the delegation. The state of insecurity has interrupted ECHO and UN flights most of the time which affected the smooth delivery of medical supplies. The delegation is exploring other possibilities , but the only guaranteed and secured flights are ECHO and the UN. Delivery of medical supplies through commercial flights has proven in the past to be problematic.

Full details on the activities of each clinic supported through the Federation are provided in the section with the Clinic Statistics. of this report.

Organizational Development

The Somali delegation, in close consultation with the ICRC and the Norwegian Red Cross, continues to work closely with the Secretary General of the SRCS on the reform and restructuring programme of the national society. The implementation of the programme resulted in reduction of the core staff in the branches.

The Norwegian Red Cross has provided funds for the purchase of communication equipment to the six newly established branches in the central and southern part of Somalia. The Federation telecom engineer has put plans in place to install the radio stations and train an SRCS communication technician on the maintenance and repair of the equipment. The upsurge in inter-clan fighting in the southern regions of Somalia has delayed the delivery of the equipment to some destinations.

The Federation, ICRC and the Norwegian Red Cross are working with the SRCS leadership to develop a manual on procedures for financial management within the national society.

The development of the SRCS web site <www.urukabishecasrcs.org> has been completed technically. The site was officially handed over to the SRCS. The web master is the SRCS communication officer based in Mogadishu. The national society is waiting to finalise some managerial aspects pertaining to the contributions from the Somalis in the diaspora. The official launch of the web site is scheduled for September 2002.

Coordination and Management

The Federation delegation in Nairobi continues to provide technical support to the Integrated Health Care Programme of the SRCS. In addition, The Federation assists the SRCS with the fundraising and regular reporting to donors. Good contacts are maintained with the UN and other organisations operating in Somalia.

Outstanding needs

Additional financial support to the clinics is needed. Further details may be obtained from the desk officer (contact details underneath).

For further details please contact: Josse Gillijns, Phone: 41 22 730 42 24; Fax: 41 22 733 03 95; email: gillijns@ifrc.org

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

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Somalia						ANNEX 1
APPEAL No. 01.12/2002		PLEDGES RECEIVED			29.08.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				2'707'752		TOTAL COVERAGE 91.7%
CASH CARRIED FORWARD				0		
AMERICAN - RC		11'100	USD	17'890	10.06.2002	HOD
BRITISH - RC		118'271	GBP	283'850	31.01.2002	HEALTH & CARE, COORDINATION MGT H SUPPORT
BRITISH - RC		10'000	GBP	23'342	21.05.2002	HEAD OF DELEGATION
CYPRUS - RC				153	16.01.2002	
FINNISH - GOVT/RC		58'024	EUR	85'081	17.04.2002	HEALTH & ORGANISATION DEVELOPMENT
GERMAN - RC		34'708	EUR	51'239	26.06.2002	SOMALILAND CLINICS
ITALIAN - RC				159'492	25.02.2002	GAROE HOSPITAL
ITALIAN - RC		250'000	EUR	369'075	19.04.2002	
NEW ZEALAND - RC		1'060	NZD	762	27.02.2002	
NORWEGIAN - GOVT/RC		1'550'000	NOK	295'275	12.04.2002	BAIDOA CLINICS, SOMALIA RCS HQ, DELEGATION
SWEDISH - RC		300'000	SEK	47'430	30.05.2002	HEALTH
SWEDISH - GOVT		1'000'000	SEK	158'100	30.05.2002	COORDINATION & MANAGEMENT, ORGANISATIONAL DEVELOPMENT, DISASTER PREPAREDNESS & RESPONSE, HEALTH
UNITED ARAB EMIRATES - RC		5'000	AED	2'255	27.03.2002	HEALTH CARE PROGRAMME
WORLD BANK		545'367	USD	907'491	26.04.2002	POST CONFLICT REHABILITATION HEALTH SECTOR
SUB/TOTAL RECEIVED IN CASH				2'401'435	CHF	88.7%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
NETHERLANDS	DELEGATE(S)			59'959		
GREAT BRITAIN	DELEGATE(S)			22'505		
SUB/TOTAL RECEIVED IN KIND/SERVICES				82'464	CHF	3.0%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	