

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

21 November 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. 3; Period covered: July-September 2002; last Programme Update (no. 2) issued 29 August 2002

"At a Glance"

Appeal coverage: 93.4%

Related Appeals: N/A

Outstanding needs: CHF 2,483,899

Update: The 49 MCH/OPD clinics, two hospitals and three rehabilitation and physiotherapy centres of the Somali Red Crescent Society continued to save lives in war torn Somalia for more than a decade reaching over one million beneficiaries a year , mostly mothers and children.

The operating context in Somalia continued to be difficult and challenging for the humanitarian actors. Increased insecurity and violence in the north east and south central zones of Somalia made access to the beneficiaries extremely difficult and hazardous. In spite of that ,the Somali Red Crescent Society continued to operate its network of clinics and save the lives of the most vulnerable.

Operational Developments:

While the political and military situation remains fragile and confusing in large parts of Somalia. preparations for the peace and reconciliation talks brokered by the Intergovernmental Authority on Development (IGAD) are gaining momentum. The IGAD's technical committee, which comprises the front line states of Kenya, Ethiopia and Djibouti, toured most of the regions to meet the faction leaders about the peace talks scheduled to take place in Eldoret, Western Kenya on 15 October 2002. There is an air of confidence that, this time around, all the faction leaders and the Transitional National Government (TNG) will meet to talk peace.

The Famine Early warning System (FEWS- Net) forecast that the Deyr rainy season (October-December) will result in adequate rains, particularly in the south and south-central zones. The signs of food insecurity in north Gedo, Bakaol region, is due to inaccessibility resulting from the insecurity. The World Food Programme (WFP) and Care International have adequate stocks of food pre-positioned in Mandera on the Kenyan side of the border ready for trucking to the affected areas providing security is guaranteed.

Disaster Preparedness

Objective 1 To train national society senior staff in: disaster management and needs assessment planning; the linking of relief and development; and in the use of the Federation standard guidelines (National Society guidelines and the SPHERE programme).

The Somali Red Crescent branches in south and central Somalia continued their conflict preparedness with support from the ICRC. Cholera prevention campaigns have started by mobilising volunteers and pre-positioning of oral rehydration salt stocks in the riverine areas and areas around Mogadishu. A refresher course was conducted for health staff in Balda and Afgoi to improve the preparedness for the cholera season (October-December).

The SRCS's branches in lower Shabelle and Juba basins are placed on high alert to respond to the expected seasonal flooding and cholera outbreak.

To enhance the capacity of the SRCS branches to respond to disasters, the delegation, with financial backing of the Norwegian Red Cross, supported the installation of a communication network in Merca, Bardera, Huddor, Baule, Jowhar and Bosaso. By installing these new radio stations, all SRCS branches in the 19 regions of Somalia have radio and pactor communication facilities.

Objective 2 To assist the SRCS in the preparation of plans in the event of major outbreaks of conflict in the country, especially in Mogadishu with appropriate acknowledgement of the ICRC lead role and liaison with their delegation.

The SRCS with support from the ICRC has organised First Aid Training of Trainers (ToT) for 13 branches. The trainers from the 13 branches will continue to improve the quality of the First Aid training at the community level to be better prepared to cope with increased factional violence.

Health and Care

Provide a detailed description of the key activities achieved against the established objectives (during this period as well as over the course of the entire operation); specify constraints and steps being taken to overcome these The high infant and maternal mortality rate in Somalia, estimated at 132/1000 and 214/100,000 live births respectively (UNICEF, 2001) poses a major challenge to the SRCS to continue providing the essential health care aimed at improving the health status of the communities. The sustainability of the community health service provision is high on the SRCS's agenda. Community empowerment and involvement in the management and resourcing of the health facilities was given priority by the SRCS during the third quarter, with the establishment and reactivation of the Community Health Committees (CHC) in most of communities served by the SRCS clinics.

Objective 1 To continue support for 24 MCH/OPD clinics, with the provision of essential health services for up to 900,000 people with the aim of improving the quality of the treatment.

Activities to improve the quality of the health care and subsequently increase the health care services coverage witnessed some progress during the third quarter. Attendance at the 24 clinics supported through the Federation reached 60,200 beneficiaries compared to 59,995 beneficiaries in the second quarter. The Sheikh clinic in the north-east of Somaliland recorded a significant reduction in the immunisation drop out rate. This was achieved through the increased involvement of volunteers in tracing defaulters in and around Sheikh district and referring them to the clinic. Volunteers in the other community clinics stepped up their house to house campaigns to increase vaccination coverages as well as promoting better environmental and personal hygiene. The overall increase in vaccination of children and pregnant women over the second quarter was 133% (from 16,041 to 37,354). The total number of children screened for growth monitoring has increased by 1.5% (from 16,014 to 16,255), whereas the total deliveries for the quarter dropped by 13% (from 1,108 to 964)

The SRCS health staff and volunteers have responded on a timely basis to the malaria outbreak in Galoole village 20 kms from Sheikh town in Somaliland. Some 119 people out of the estimated 200 inhabitants of the village tested positive for malaria with the plasmodium falciparum. The Sheikh clinic staff were involved in the case management, while the volunteers were engaged in prevention activities. The volunteers also carried out the distribution of bed nets and advocated for families to obtain the bed nets free of charge due to their

poor socio-economic status. With support from the team deployed by the Ministry of Health and Labour and the World Health Organisation (WHO) the outbreak was contained within one week with no deaths occurring. WHO and the Ministry of Health and Labour of Somaliland commended the prompt action taken by the SRCS to contain the outbreak.

The SRCS renewed its commitment to the Global Polio Eradication Initiative and worked towards the certification of Somalia as a polio free country. The national society actively participated in a meeting organised by UNICEF and WHO in Nairobi aimed at securing a polio free Horn of Africa. Following this, SRCS health staff and volunteers in Puntland (Nugal and Mudug regions) in north-east Somalia played an active role in the National Immunisation Days (NIDs) to increase the vaccination coverage in the region.

The SRCS health staff in Belet Weyne, Hiran region, participated in the inter-agency response plan to develop an intervention strategy aiming at addressing the current food insecurity and related high malnutrition rates in the region. Participating organisations included the International Medical Corps, UNICEF, WFP, SRCS, SCF UK, the Food Security Assessment Unit of FAO, and the local health authorities of Hiran region. The SRCS clinics in the region are tasked by the NGO consortium to assist in the screening and referral of the malnourished children to the supplementary feeding centres.

Objective 2 To continue support for the Garoe community hospital until the end of 2002, with an increasing participation from the local community, authorities and management committee of the hospital.

Despite the increasing tension, insecurity and sporadic fighting in Puntland (north-east Somalia) Garowe Community Hospital continued to provide the necessary services in the region. The hospital service utilisation in the third quarter has increased by 18.5% compared with the second quarter (from 4,414 to 5,230). This increase in the utilisation of the service has come at a time when many local communities were temporarily relocated from the surrounding villages due to the ongoing conflict.

During the quarter under review, a new surgeon was recruited by the hospital, and his engagement has significantly improved the surgical services and procedures at the hospital. Emergency surgical interventions have been prompt and together with routine surgery the quarter under review has recorded a 146% increase in surgical operations over the previous quarter (from 22 to 54 operations). The new 16 bed maternity wing (supported by Care International) was opened during the second week of July 2002, thus improving the maternity services provided by the hospital.

The hospital's involvement in the malaria prevention activities has increased and was boosted by the receipt of 80 impregnated bed nets from UNICEF for the inpatients.

With the support of the community and the Daikonia Swedish Group, the rehabilitation works on the road leading to the hospital commenced during the reporting period. The road was destroyed during the last rains which hampered the accessibility to the hospital. When completed, access to the hospital will be significantly improved which will increase the utilisation rate of the services.

Objective 3 To reduce dependence on donor funding for the clinics.

A review of the Qarhis clinic pilot project, a joint SRCS/International Federation/World Bank project on health services recovery, was concluded with the Puntland health team during a workshop held in Hargeisa, Somaliland. While the commitment and the contribution of the community was recognised, gaps in the implementation of the action plan were identified and decisions were made to address the problems encountered. A review of the community's contribution to the running costs of the clinic was made, and the clinic staff performance has been addressed through the development of a simple check list to monitor performance by the village health committee. The Qarhis community had by the end of the quarter honoured its April-December contribution of USD 1,074 to the budget of the clinic. This represents the community's 15% contribution to the running cost of the Qarhis clinic as stipulated in the Memorandum of Understanding of the piloting phase.

In July 2002, the SRCS health staff from the six clinics in Somaliland, together with the representatives of the respective clinic communities participated in a household survey to collect socio-economic data in the six

communities as part of the joint SRCS/International Federation/World Bank health services recovery project. The data collected has been tabulated and sent to the project manager for analysis. A workshop to validate the result of the survey will be held in Hargeisa after the analysis of the data is completed. The main aim is to develop an appropriate methodology to engage the community in the management and financing of the clinics.

Objective 4 To mount a campaign in Somalia to inform people about the dangers of HIV/AIDS and promote preventative measures.

The SRCS branches have launched their HIV/AIDS campaigns following plans developed at the STI/HIV/AIDS workshops held during the second quarter. The knowledge and skills of the volunteers have been enhanced through training enabling them to inform and educate the community about HIV/AIDS. The volunteers were organised and assisted to develop some simple health messages adapted to the Somali culture to be used during the awareness campaigns.

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

Constraints & Solutions

- North-East Somalia (Puntland) remains insecure due to the conflict in the region. The state of insecurity has limited the delegation's access to the region. The supervision of the SRCS health facilities in Puntland remained inadequate and this has obviously compromised the quality of the services provided.

The Somalia Peace talks currently underway could offer some hope for a cessation of hostilities in Puntland. If this happened and humanitarian flights resume to Galkayo, the delegation will intensify its monitoring and supervision missions to Puntland clinics to compensate for the long gap created by the inaccessibility of the region.

- The insecurity in Puntland did not only constrain the monitoring and supervision missions by the Somalia Delegation, but it also seriously affected the delivery of the medical supplies to the Puntland clinics. Both UN and ECHO flights to the region have been disrupted or are severely limited. Deliveries of drugs and other medical supplies and supplementary items to the facilities have therefore faced serious delays.

The situation in Baidoa is no better than Puntland with the upsurge in fighting between the two factions of the Rahanwein Resistance Army (RRA) for the control of the Bay Region. Subsequent flights suspensions to the town has equally constrained the delegation's monitoring activities as well as the delivery of drugs and supplies. The delegation is considering alternative means such as commercial flights to deliver the current backlog of drugs and supplies.

- Due to a lack of funding, some of the planned SRCS HIV/AIDS awareness campaign activities have been postponed. However SRCS branches have demonstrated their commitment to the programme and managed to continue the advocacy activities with limited resources to keep the momentum gained after the two workshops conducted during the second quarter.

The Somalia Aid Coordination Body's suspension of the submission of the proposals for the Global Fund for HIV/AIDS due to the absence of a country HIV/AIDS strategy for Somalia denied the SRCS the opportunity to access the Global Fund for its HIV/AIDS programme during this year. However, the SRCS HIV/AIDS strategy for 2002-2004 is boosted by a donation from the British Red Cross. This will increase the implementation pace of the plan, and hopefully other Red Cross and Red Crescent partners will follow suit to provide the necessary support for SRCS's HIV/AIDS programme.

The National Society will resubmit its proposal in the next call for submissions once the UNICEF sponsored Somalia country HIV/AIDS strategy is completed by January 2003.

Organisational Development

Objective 1 To enhance the management and programming capacity of the senior officers in branches of SRCS.

The Somali Red Crescent continued its restructuring process. Twelve branch committees have been established in 12 of the 19 branches of the country. The remaining seven branches are expected to form their committees by the end of the year. Some branches in the south central zone have established district committees to make the SRCS network a more community based institution.

Objective 2 To improve financial reporting and financial resource mobilisation at branch level.

Due to the ongoing restructuring process at all the levels of the national society which took priority over other organisational development objectives, the engagement of a staff on loan from the national society to work with SRCS branches to update the financial management procedures manual was put on hold until next year. Meanwhile, the Delegation continued to process the SRCS financial field returns according to the Federation standard accounting procedures.

The resource mobilisation activities at the branch level have not started, though the national society is using its communication and dissemination platform to educate the local communities that, the external funding of its activities is not sustainable in the long and local alternatives have to be explored. The SRCS is perceived by the Somalis as a rich organisation because of its heavy dependence on external funding. The national society is working very hard to change this perception.

Objective 3 To significantly increase the level of Somali Red Crescent Society income from voluntary contributions at home and abroad and thereby lessen the dependence of the society on donor funding by the end of 2002.

The SRCS has continued its membership drive to mobilise the community members to support its humanitarian activities. Membership registers are updated and membership fees of equivalent to US\$ 2 is standardised across the country. Currently SRCS branches conduct their First Aid activities from their own resources as well as covering other Red Crescent events. To increase the level of voluntary contributions the SRCS executive committee has decided to review the membership fees from next year as follows: members from inside the country will pay the equivalent of US\$ 3 and members from the Diaspora US\$ 15. To connect the Somalis in the Diaspora with their branches in all the regions of Somalia, the Somali Red Crescent web site “www.bishacas.org” was officially launched on 28 September 2002. Hopefully this will significantly increase the remittances from the Somalis living abroad.

Coordination and Management

Objective 1 To provide appropriate support and assistance to the SRCS management.

The Federation Delegation continued to provide the technical support and advise to the leadership of the national society. Close cooperation with the ICRC and the Norwegian Red Cross is maintained to ensure a coordinated approach to support for the national society. Regular meetings are maintained between the Federation, ICRC, SRCS and the Norwegian Red Cross to promote the closer co-operation and enhance the coordination mechanism between the partners.

Objective 2 To ensure the appropriate co-ordination of Red Cross and Red Crescent and donor support to the SRCS.

The delegation continued to serve as a link between the national society and the donors. Donors are regularly updated on the activities of the national society through the quarterly reports prepared by the delegation. The delegation is responsible and accountable for the assistance channelled through the Federation. The delegation staff are working very closely with their counterparts from the national society and the ICRC to ensure that the appropriate level of co-ordination of the Red Cross and Red Crescent movement is maintained.

Objective 3 To increase liaison with administrative bodies in Somalia, the ICRC, NGOs, UN agencies, embassies and regional networks such as the OAU, IGAD and the SACB..

The Head of Delegation is engaged in advocacy rounds visiting Embassies, UN agencies and donor bodies such as the EU, USAID, and the World Bank to profile the Federation and the Somali Red Crescent with the aim of building partnerships to support the SRCS's programmes and promote the Federation as a credible and reliable partner able to coordinate multi-donor funded programmes. The delegation staff with their counterparts from the national society regularly attend the sector committees meetings of Somalia Aid Co-ordination Body (SACB) to ensure better co-ordination with other humanitarian actors. The delegation and SRCS staff are active members of the Health Sector Committee and the consultative committee of the SACB.

Objective 4 To ensure the effective management of the delegation.

Though the delegation is very thin on the ground (two delegates and four support staff) managed to provide effective and efficient support to the national society to deliver the needed humanitarian services to the most vulnerable people of Somalia. The delegation is liaising effectively with the donors, Red Cross Red Crescent partners, providing them with the necessary information about the activities of the national society. Despite the budgetary constraints the delegation maintained its adequate level of support to the national society and kept the donors informed about the assistance channelled to the national society.

Outstanding needs

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

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>.

John Horekens
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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	