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

16 June 2003

Appeal no. 01.09/2003; Appeal target: CHF 2,365,686

Programme Update No. 1; Period covered: January to March, 2003

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 180 countries.
For more information: www.ifrc.org

In Brief

Appeal coverage: 67.6%; please refer to the attached Contributions List for this appeal (also available on the Federation's website).

Outstanding needs: CHF 767,264

Related Emergency or Annual Appeals: N/A

Programme Summary: The Somali Red Crescent Society (SRCS) is running an integrated primary health care programme through a network of clinics covering all the regions of Somalia. Its 49 MCH/OPD clinics, two hospitals, and three rehabilitation and physiotherapy centres provide essential health care to the most vulnerable communities in Somalia, with special focus on women and children.

Somalia continues to be fragmented and suffering from a protracted armed conflict which entered its second decade. Operating in a fragile security situation proved to be very challenging for all the humanitarian actors in Somalia. Despite the immense difficulties SRCS continued to deliver the much needed health services to the Somali people.

Operational developments

Sporadic violence and banditry continued to wreck havoc in most parts of central and southern Somalia. The crisis in the Bay region of south western Somalia made access to that region extremely difficult. The Puntland region in northeast Somalia has experienced relative calm after Colonel Abdullahi Yusuf consolidated his control over the region. The region became accessible to the humanitarian actors except during a short while when the war against Iraq started. ECHO suspended its flights to the region and the EU issued an advisory that all the expatriates, working in projects funded by the EU, had to be evacuated. Somaliland in the northwest continued to be stable, enjoying a peaceful environment with the exception of the disputed region of. The Somalia peace talks, taking place in Kenya under the auspices of the Inter-Governmental Authority for Development (IGAD), are making slow progress. Many faction leaders threaten to boycott the process and sometimes walkout and return to Somalia, but eventually they come back after intervention from the mediator and the IGAD partners. The mediator, Kenyan retired Ambassador Bethwel Kiplagat, is adamant to proceed with the task and determined to see the process come to a successful conclusion.

Health and care

Goal: The severe vulnerability of Somali people to diseases due to lack of essential health care services is reduced.

Objective: The Federation Secretariat provides support and assistance to the National Society to enable it to access the necessary technical and financial resources to implement its health programming.

Progress/Achievements

The Integrated Health Care Program (IHCP) of the Somali Red Crescent Society continued to provide curative, preventive and promotive services to the most vulnerable Somali communities through its network of 49 clinics spread throughout the country. The Federation supports 24 MCH/OPD clinics and one hospital, while the ICRC supports the remaining 25 clinics and two hospitals.

The period under review has seen an increase in the number of pregnant women vaccinated and deliveries recorded by the midwives and the traditional birth attendants (TBA's). There have also been more children screened with normal weights and fewer children screened with malnutrition. These are some of the positive indicators towards the objective of reducing the vulnerability of the Somali people.

Comparing the performance of the 24 clinics under the reporting period with the last quarter of 2002 shows a decrease of 3.7 % in consultations, a decrease of 0.8 % in vaccination coverage and a decrease of 2.8 % in attendance for screening on growth monitoring. However, 4.7 % more pregnant mothers were vaccinated, 11.5% less severely malnourished, 30.3 % less moderately malnourished and 2.6 % more normal weight children were screened at the clinics in this period. The clinic midwives and the TBA's recorded 4.5 times more deliveries compared to the previous quarter.

The decrease in the overall consultations, vaccination coverage and the low attendance in growth monitoring can be attributed to population movement due to insecurity, drought and the nomadic life style which is normal with the Somali communities.

The nomadic life style may be a contributing factor to the 8.3 % increase in the children screened for oedema at the SRCS clinics. Because the nomads usually do not bring the children and women for medical attention until it is too late. For example, during one of the monitoring visits by the Head of Delegation to Kalabre MCH/OPD clinic in Nugal region, about an hour drive from Garowe, in March this year, he noticed that the attendance of the beneficiaries was as follows: children under five 117, post natal 33, ante natal 21 and OPD 374. When he asked the head nurse about the big difference in attendance between the four groups, the head nurse explained that, the nomads usually live a bit far from the clinic and they only come to the clinic to seek treatment when they come to water the animals at the water point near the clinic area. She added that, the nomads do not bring the women and children to the clinic purposely to seek treatment if they have no trip to water the animals on that particular day. In most cases the men come alone to the clinic and ask for treatment for the children and women whom they left at home. If the nurse is not convincing enough, he/she might submit to the demand of the person and prescribe a wrong treatment. This is why the OPD register shows a higher attendance compared to the other categories. Intensifying health education sessions at the clinic level or an outreach programme could solve this issue.

The increased number of pregnant mothers vaccinated, deliveries reported by the midwives and the TBA's, children with normal weight and subsequent decrease in the number of children screened with severe and moderate malnutrition, is attributed to the health education sessions given to the patients every morning at the clinic sites by the clinic staff and also during the awareness campaigns facilitated by the SRCS network of volunteers at the community level. The delegation and SRCS health staff will intensify the monitoring and supervision at the clinics to step up the health education sessions and the awareness campaigns to significantly reduce maternal and child mortality and morbidity rates in the future.

The table below shows the summary of the statistics from the clinics.

Type of activity	First quarter 03	Last quarter 02	Variance	%	Explanation
Consultations	59'855	62'181	-2'326	3.7	Migration due to insecurity, drought ,

					nomadic life style
Vaccinations	16'084	15'768	316	2	-Increase in the utilisation of the facilities by mothers due to health education . - population movement led to decrease in no. of children vaccinated.
Pregnant mothers	5'831	5'138	243	4.7	
children	10'253	10'630	-377	3.5	
Growth Monitoring	16'326	16'788	-462	2.8	- population movement due to insecurity, drought poverty, nomadic life style reduced the chances of some children to be screened early. -Awareness creation and health education
Oedema	39	36	3	8.3	
S / Malnourished	308	348	-40	11.5	
M / Malnourished	1'795	2'574	-779	30.3	
N / Weight	14'184	13'830	354	2.6	
Deliveries	1'073	230	843	367	The community is increasingly utilising the services of the TBA's and clinic midwives as a result of awareness and health education offered at clinic and community levels.
Born Males	577	130	447	344	
Born females	496	100	396	396	

Obs.: Detailed statistics of the clinics are provided in attachment to this report

Although the clinics continued to report on the prevalence of malaria, ARI, diarrhoea, anaemia, Helminth infestations and eye infections as the leading causes of morbidity in Somalia, there has been no serious outbreak recorded in the first quarter of 2003.

The Garowe community hospital continued providing basic and referral services to the community. The referrals are received from the 7 MCH / OPD clinics of the SRCS in Nugal region. In this quarter, a total of 4,515 patients have been treated at the hospital.

HIV/ AIDS

Two workshops were conducted in 2002 in Somalia to train the National Society health staff and the branch leadership to step up the HIV /AIDS awareness campaign and advocacy against stigma and discrimination for people living with HIV/AIDS. Following up on this, a workshop has been held in Hargeisa during the reporting

period for 33 senior health staff from Somaliland and Puntland to enable them conduct HIV/AIDS awareness campaign sessions for the various target groups in their communities. The participants of the workshop came up with action plans on how and when to conduct these sessions. This will be an ongoing activity throughout the year.

The health sector recovery project

Within the framework of the health sector recovery project supported by the World Bank, the SRCS/Federation, with technical support from the project manager and the consultant for the project, a training of trainers (ToT) was organised for 12 senior health staff from the three zones of Somalia (Somaliland, Puntland and south and central zone) to be trained as trainers for the community health committee in each clinic. The main objective of the workshop was to empower the participants with the knowledge and skills to train the community health committees in the management of the health facilities. The participants also discussed the training manual, which was developed by the consultant to be used by the trainers when conducting the training workshops at the community level. The manual will be translated into Somali language in the second quarter.

Conducting the (ToT) workshop for the SRCS senior health staff, and eventually the training of the entire committee members in the 49 clinics will empower the local communities to manage the health facilities to ensure the long term sustainability of the SRCS Integrated Health Care Programme.

Malaria

In line with the ARCHI 2010 community public health priorities, malaria prevention, treatment and care is incorporated in the SRCS Integrated Health care Programme. The screening of pregnant women for anaemia is practiced in some clinics like Shiekh clinic in Somaliland and Qarhis clinic in Puntland. Four other clinics from Somaliland clinics namely, Adaddley in Galbeed region, Kenya in Burao Togdeer region, Bonn in Awdal region, and Kulmie in Erigavo, Sanag region have already submitted a proposal to WHO to provide microscopes, reagents and training of the health staff to assist in the diagnosis and referral of cases to the hospitals.

Impregnated Treated Nets (ITNs) donated to the SRCS by WHO to be used for the malaria control in the south and Central regions were delivered to Mogadishu branch in February for distribution to the Malaria endemic areas in Middle and Lower Shabelle, Middle and lower Juba regions with logistical assistance from the ICRC. The SRCS branches in south and central regions are drawing plans for the distribution of the bed nets.

The SRCS proposal to roll back malaria within the Global Fund frame work has been approved. The clarifications requested by the committee have been provided in March 2003 awaiting the final approval.

Partnership

UNICEF continued to support the National Society with vaccines and drugs for the 41 out of 49 clinics. From April 2003 UNICEF is going to include six more clinics in the drug supply system, four in Bay region in south west and two clinics in Somaliland. This will bring the total number of clinics receiving drugs supply from UNICEF to 47 clinics out of 49. SRCS Somaliland coordination office is a key participant in the UNICEF sponsored consultative meetings in Somaliland on STI /HIV /AIDS which aims to develop a broad based frame work that will assist in strengthening the co-ordination mechanism in STI /HIV /AIDS control programme. WHO has continued to support the clinics with reagents, quality control and technical capacity building while the negotiations with World Bank and UNDP to include SRCS/Federation in the World Bank Low Income Countries Under Stress(LICUS) Strategy for Somalia reached an advance stage. If successful, the Federation/SRCS will be one of the key partners in implementing the HIV/AIDS component of the LICUS strategy.

Constraints

Insecurity, sporadic violence, inter clan fighting and banditry in some parts of Somalia continued to frustrate the delegation's efforts to provide technical support to the clinics through regular monitoring and supervision visits to its areas of operations, specially in Bay region in the south west and Mogadishu and its environs. The delivery of supplies to the four clinics in Baidoa has been delayed for months due to the disruption of flights to the region. Due to insecurity the performance of the clinics in Baidoa could not be monitored during the period under review. This has limited the uniformity and the quality of care provided by the IHC program.

Lack/breakdown of the cold chain facilities in some of the clinics slowed down the vaccination activities hence the low vaccination coverage reported in those areas.

Poor volunteer management system in some of the branches continued to constrain the health promotion activities.

Solutions
The delegation will look into alternative means, like using commercial flights, to ensure the delivery of drug supplies to the clinics.

Increase the training of the SRCS field officers to build their capacity to be more prudent and forceful in the monitoring. This will improve the quality of the health services in the clinics, especially in those areas not accessible to the delegation staff.

Timely reporting to UNICEF about the breakdown/ lack of cold chains to ensure the availability of the vaccines to the mothers and children.

The SRCS leadership is going to give priority to the volunteer management issues in the second quarter by organising a training workshop on volunteer management for all the 19 branches with financial and logistical backing from the ICRC and technical facilitation by the Federation.

Disaster Management

Goal: **The vulnerability of 900,000 people in the disasters prone regions of Somalia is reduced.**

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

Progress/Achievements
Implementation of the activities to achieve the expected results of this objective has not started in the first quarter. However, ICRC continued its support to the First Aid training of trainers activities where participants from 19 branches were trained in two workshops.

Constraints
The budget has not been approved due to lack of funding.
The security situation in the most disaster prone regions has not improved to allow for the training of the selected branches in vulnerability capacity analysis and preparation of the contingency plans.

Solutions
The Delegation and the National Society will review the programme activities and prioritize the interventions taking into consideration the availability of funds and the reality of the security situation on the ground. The budget will be reviewed in line with the expected income to allow for the budget approval process to be completed.

Organisational Development

Goal: The capacity of the Somalia Red Crescent Society to adequately function and manage its programmes that assist the most vulnerable people is increased.

Programme Objective: **The National Society's institutional capacity and its progress towards operating as a well-functioning National Society is enhanced through Secretariat support**.

Progress/Achievements
Implementation of the activities to achieve the expected results of this objective has been partially met in the first quarter: As part of the restructuring of the National Society, 18 out of 19 branches have established a regional branch committees. However, these committees are yet to be activated, awaiting the review of the statutes of the National Society to clearly define the roles and responsibilities of the chairmen and secretaries of the branches.

The finance development initiative was put on hold for the first quarter awaiting the finalisation of the restructuring process. The development of the volunteer management policy has been deferred to the second quarter, when the National Society is going to organise a workshop on volunteer management with financial and logistical backing from the ICRC and technical facilitation from the Africa OD unit and Nairobi Regional Delegation. The development of management systems, human resource systems and structures will follow after the development of the strategic plan in the third quarter of the year.

Constraints
The budget for the OD programme was not approved in the first quarter due to lack of funding.

The deteriorating security situation in south central zone and elections in Somaliland delayed the holding of the National Society All-inclusive meeting to look into the strategic issues of branch development, volunteer management policy, and the terms of reference for the branch committees.

Solutions
The delegation and the National Society will review the programme activities and prioritise the interventions taking into consideration the funding reality. The budget will be reviewed in line with the expected income to allow for the budget approval process to be completed.

Humanitarian Values

Goal: Red Cross and Red Crescent Fundamental Principles and Humanitarian Values are known and respected throughout Somalia and, as a result, discrimination against vulnerable groups is reduced.

Programme Objective: The Federation Secretariat supports Somalia Red Crescent by increasing its capacity to promote Red Cross and Red Crescent Fundamental Principles and Humanitarian Values.

Progress/Achievements
With the acknowledgement of the ICRC lead role in the promotion of humanitarian values in Somalia through its support to the Somali Red Crescent activities in communication and tracing, the Federation support focused on building the humanitarian values actions within the well established health programme. The fight against stigma and discrimination associated with HIV/AIDS is one area where SRCS health staff is building capacity as an on going activity to address the problem through the health programme.

The visit of the regional information delegate to the three zones of Somalia to work with the SRCS communication officers to promote the activities of the National Society will be undertaken in the second quarter.

Federation Coordination

Goal: **The Somalia Red Crescent Society has taken the necessary steps to revive its governance structures and become a well-functioning national society able to respond effectively to the needs of the vulnerable people in Somalia.**

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

Progress/Achievements
Though the delegation and the leadership of the national society are operating from neighbouring Kenya due to the security situation, the delegation staff played a proactive role in working directly with the branches in the field. The delegation staff has carried out monitoring and supervision visits to most of the branches in Somaliland in the north west and Puntland in the north east to provide technical support to the branches in implementing the planned activities. On the other hand the delegation continued to give support to the President and the Secretary General of the SRCS on governance issues and general programming.

Regular contacts are maintained with the ICRC Cooperation and health departments and the representatives of the Norwegian, German and American Red Cross. These contacts allow for a good coordination and harmonisation of the support to the SRCS.

The delegation continued to build on its partnership with the World Bank, WHO, UNICEF to promote the SRCS programmes.

Constraints
The deteriorating security situation in the south and central zone prevented the delegation staff from carrying out monitoring and supervision visits to Bay region and Mogadishu and its environs.

The delegation and the leadership of the national society are operating from neighbouring Kenya and this hampers the day to day management of the activities at the branch level. Those most affected are the branches in the south and central zone.

Solutions
Inaccessibility is a persisting constraint. With the peace on the horizon, hopefully one day the delegation and the leadership of the national society will be able to operate from inside the country.

International Representation

Goal: The Federation has a high profile as a key humanitarian actor and advocate in the region with the added advantage of a network of national societies able to deliver services at community level.

Programme Objective: The coordination and support from the international community to the Federation's strategic direction and priority areas in Somalia have increased.

Progress/Achievements
The delegation staff continues to play an active role in the Somalia Aid Coordination Body sectoral committee meetings and working groups. The health staff is regularly attending the working groups meetings on HIV/AIDS, malaria, cholera and TB. The Head of Delegation attends the SACB consultative meetings and the health sector committee meetings. The delegation is using these forums to build partnerships and establish networks to support the SRCS programmes.

For further information please contact:

- *Mr. Nur Hassan Hussein, Secretary General, Somali Red Crescent Society, phone +254 2 2713785,*
- *Delegation contact, Ahmed Gizo, Head of Delegation, ifrcso01@ifrc.org,, phone +254 2 2728294*
- *Regional Department, Josse Gillijns, Regional Officer, josse.gillijns@ifrc.orgl, phone +41 22 730 42 24*

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 (SPHERE Project) in delivering assistance to the most vulnerable.

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

Somalia

ANNEX 1

APPEAL No. 01.09/2003 **PLEDGES RECEIVED** 25/06/03

CASH

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
REQUESTED IN APPEAL CHF ---------->				**2,365,687**		**TOTAL COVERAGE 67.6%**
CASH CARRIED FORWARD				42,927		
AMERICAN - RC		40,000	USD	55,620	22/01/03	GAROE CLINICS
BRITISH - RC				267,140	03.03.03	CLINICS OPERATION
BRITISH - RC		10,000	GBP	21,480	03.03.03	HEALTH & CARE
CYPRUS - RC				344	24/01/03	
FINNISH - GOVT/RC		42,887	EUR	62,765	05.02.03	HEALTH & ORGANISAT. DEV.
GERMAN - RC		50,000	EUR	73,775	28.04.03	YAGORI/ERIGAVO CLINICS
NETHERLANDS - GOVT		11,679	EUR	17,232	10.03.03	SOMALI RC HEALTH STAFF
NORWEGIAN - GOVT/RC		2,000	NOK	377,500	06.03.03	4 BAIDOA CLINICS
SWEDISH - GOVT		1,200,000	SEK	192,000	08.04.03	HEALTH & CARE, DISASTER MGT, ORGANISATIONAL DEV.
WORLD BANK		239,370	USD	325,544	30.04.03	REHABILITATION HEALTH SECTOR
WORLD BANK		95,394	USD	129,735	30.04.03	REHABILITATION HEALTH SECTOR
SUB/TOTAL RECEIVED IN CASH				1,566,062	CHF	66.2%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
NETHERLANDS	DELEGATE(S)			32,361		
SUB/TOTAL RECEIVED IN KIND/SERVICES				32,361	CHF	1.4%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT

Somalia

ANNEX 1

APPEAL No. 01.09/2003 **PLEDGES RECEIVED** 25/06/03

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