

ANNUAL REPORT



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

1 May 2004

In Brief

Appeal No. 01.09/2003 ([Click here to access the 2003 Appeal](#))

Appeal target: CHF 2,365,687 (USD 1,606,970 or EUR 1,607,189)

Appeal coverage: 88.4%. ([Click here to access the Final Financial Report](#)).

Appeal 2004: Somalia no. 01.05/2004 ([Click here to access the 2004 Appeal](#))

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.

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Overall analysis of the programme

Somalia has been without a recognized functional central government for over a decade. Most regions are run by clan based local authorities, each protected by its own militia. Accessibility to most parts of the country remained a big challenge to humanitarian actors with the exception of Somaliland in the North West and to some extent, Puntland in the North East where there is relative stability and ease of access. Against this background, the [Somali Red Crescent Society](#), supported by its partners from the Red Cross/Red Crescent Movement, and other international partners like the World Bank, the European Union and United Nations agencies continued to provide humanitarian assistance to save lives of the most vulnerable people, especially children and women.

The health programme is the backbone of the national society's activities supported through the International Federation and represents 85% of the appeal budget for 2003. The support from ICRC, sister societies and other partners enabled the national society to run its 49 clinics, two hospitals and three physiotherapy centres. With the technical support from the Federation delegation staff and regular supply of drugs, equipment and other equipments, the national society network of Mother and Child Health/Out Patient Department clinics provided basic primary health care to the rural and nomadic communities. The impact of the immunization campaigns increased the vaccination coverage by 3% among the children and 6% among the women of child bearing age.

The HIV/AIDS awareness campaigns run by the Somalia Red Crescent health staff and volunteers increased the knowledge of the targeted communities about the transmission of HIV/AIDS and prepared the ground for

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effective campaigns to fight stigma and discrimination against people living with HIV/AIDS. The Development of the Information, Education and Communication materials coupled with the training of trainers workshops on Participatory Education Theatre groups enhanced the skills of the Somalia Red Crescent staff and volunteers to effectively scale up the awareness campaigns against HIV/AIDS. The translation of the ARCHI tool kits into Somali enabled health staff and volunteers to relay the appropriate health messages to the communities during the campaigns.

The training on disaster management and the installation of telecommunication equipment enhanced the capacity of the branches to respond to the emergencies. Health staff and volunteers actively engaged the communities in the disaster prone areas like the middle and lower Shabelle to mobilise their local resources to prevent the outbreak of cholera. The induction courses for the governance at branch level and branch management courses for the branch secretaries enabled the national society's senior management to give valuable input to the development of the national society's strategic plan and to enhance the unity among the members of the national society.

The insecurity and consequently, lack of accessibility remained the major constraint for the Federation delegation to provide any support. There was limited movement in the areas of South and Central zone as well as the borders between Somaliland and Puntland due to sporadic violence, banditry and tension. This also constrained the free movement of the leadership of the national society to have frequent interactions with the branches governance to improve dialogue between the members of the national society and revive the national society's governance structures.

Objectives, Achievements, and Constraints

Health and care

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

Objective: The Federation Secretariat provides support and assistance to the national society to enable it to access the technical and financial resources required in implementing its health programming.

Progress

In the year 2003, the Somalia Red Crescent Integrated Health Care programme recorded 231,479 consultations against 250,903 recorded in 2002, indicating an 8% decrease. Similarly, the number of children screened for growth monitoring declined by 2.9% from 66,484 in 2002 to 64,523 in 2003. However, immunization coverage for both children under five years and mothers recorded some modest increases in 2003. In the year under review, 46,499 children below the age of five were immunized, showing an increase of 3% over the 2002 figure of 45,109. The number of women of child-bearing age immunized in 2003 increased by 6% from 21,375 in 2002 to 22,619 in 2003

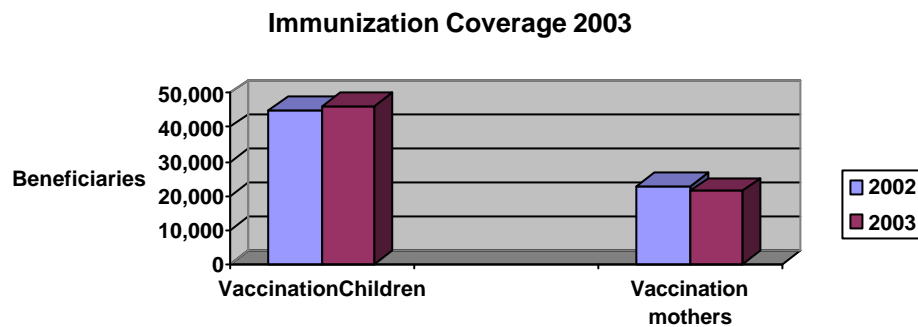
Attendance at the clinics: 2003

Period	Consultations	Vaccination Children	Vaccination Mothers	Growth Monitoring
2003	231,479	46,499	22,619	64,523
2002	250,903	45,109	21,375	66,484
% Increase (decrease)	(8)	3	6	(2.9)

The drop in consultation in 2003 compared to 2002 is attributed mainly to the severe drought in Puntland that resulted in population migration from the clinics' focal areas while in search for water and pasture. Most of the nomadic population moved to the north-east, south-east and south-west towards the Ethiopian border.

Immunization

The modest increase in the number of children and mothers immunized in 2003 is attributed to outreach activities carried out by some of the clinics in their respective catchment areas, the continuous health education sessions conducted at the clinic level, as well as the volunteers' involvement in tracing the defaulters.



The rather lower coverage in immunization in some of the clinics is due to the interruption of the Expanded Programme of Immunization activities during the year, particularly in the clinics under the Baidoa branch where immunization activities were suspended over the last four months of 2003 following the departure of the International Medical Corps, the NGO that distributed the vaccines to clinics in Bay region.

Despite increased community health education, misconception about vaccines among the rural and nomadic communities has largely contributed to the insignificant progress in immunization coverage.

Roll Back Malaria

Besides distributing impregnated bed nets/insecticide treated mosquito nets, the Somalia Red Crescent clinics in the malaria zones have stepped up efforts to improve diagnosis and treatment of malaria under the Roll Back Malaria programme. Public Health Care laboratory activities commenced at the Kansahdere and Isha clinics under Baidoa branch in Bay region. Similarly, the Public Health Care laboratory at the Adadley clinic under the Hargeisa branch in Somaliland started operating towards the end of the year.

Red Crescent volunteers and clinic staff distributed 19,000 Insecticide Treated Mosquito Nets provided by WHO to the south and central zones through the clinics, and emphasized their use as a front line device to prevent malaria during health education campaigns. The Baidoa branch has put in a request for the supply of more Insecticide Treated Mosquito Nets for distribution following an increase in the demand from the community members; this is a positive indication of uptake of the health information campaigns.

HIV/AIDS

The current HIV/AIDS prevalence rate stands at less than 1% (UNICEF 2001). One of the priorities for the HIV/AIDS prevention and control programme is to build the capacity of the local communities by scaling up awareness campaigns and social mobilization to develop an integrated approach to tackle the low rate of knowledge of HIV transmission among the Somali population. This aims at maintaining the present low prevalence rates.

The implementation of the Somalia Red Crescent HIV/AIDS strategy gathered momentum in 2003. The national society is taking the lead among other actors in the health sector in conducting activities aimed at informing and educating the Somali population on the prevention and control of HIV/AIDS. This culminated into the national society's HIV/AIDS programme being identified by the Somalia Aid Coordination Body HIV/AIDS working group to take the lead role in developing Information Education Communication materials for the whole of the country

The process of developing various culturally and linguistically acceptable Information Education Communication materials and messages for various target groups commenced through a consultative meeting for the Somalia Red Crescent health officers from the three zones, backed by the organizational development and communication team from the headquarters, and the Somalia delegation health department staff. Draft messages translated into illustrations had been completed by the end of 2003 and include posters, leaflets, audio and video cassettes. In addition, the training of the volunteers' theatre groups for community awareness performances took off with a Participatory Educational Theatre training-of-trainers workshop for 39 participants from the six national society's branches in Somaliland. Community theatres would be used to complement, reinforce and clarify other messages as a communication strategy to influence the behavioural change in the community. The [ARCHI 2010](#) tool kits

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were translated into the Somali language and printed for distribution to the branches to be used in the scaling up of the volunteers health activities including HIV/AIDS awareness campaigns. These tools will be used along with the Information Education Communication materials.

Capacity building of national society staff, volunteers and community members was accelerated during the year. Two training-of-trainers workshops were held for 91 national society health staff and volunteer leaders - the first in Hargiesa in Somaliland for branches in the north-west and north-east regions; and the second in Beletweyne in Hiran region for the south and central zone branches. These new trainers have in turn trained about 1,000 persons as community and peer educators on HIV/AIDS.

The national society further demonstrated its commitment to play a lead role in the fight against HIV/AIDS and stigma and discrimination in Somalia: all the 19 branches took a lead role in their regional community activities to commemorate the [World AIDS Day](#) on 1 December 2003. The national society mobilized over 1,500 volunteers and staff to carry out diverse activities including route marches, debates, drama performances and public awareness drives to mark the day. The Somalia delegation supported the national society with T-shirts, posters and logistics.

The Somalia Delegation sponsored a number of the national society's health staff to participate in the International Conference on AIDS and sexually transmitted infections in Africa (ICASA) held in Nairobi in September 2003 and the satellite meeting for the Red Cross/Red Crescent societies from the East Africa region that preceded the conference. The participation of the national society candidates was aimed at giving them the opportunity to interact and share experiences with their peers from other national societies in the region as well as to expose them to international efforts against HIV/AIDS.

Capacity building

All the 72 core health staff in the respective clinics and 48 volunteers assisting them with immunization and health education campaigns received at least one refresher training course in their respective fields during the year. They also benefited from other training programmes in diverse fields such as HIV/AIDS, nutrition, immunization, maternal and child health, and counselling care etc organized by other partners such as UNICEF, WHO, and Food Security Assessment Unit. The continuous training for the health staff and volunteers in the various fields of health services improved the quality of services at the clinic level. These training opportunities also motivated the staff to put more effort to maintain high standards of services delivery.

The Somaliland health officer undertook two exchange visits in 2003; to the Sudanese Red Crescent where she attended an Integrated Management of Childhood Illnesses course in Sudan organized by WHO; and to the Kenya Red Cross HIV/AIDS family and home based care programme in Mombasa for a first hand experience of an HIV/AIDS programme in a Muslim community. This was part of the Federation delegation's strategy to provide greater exposure for the national society health staff from other national societies with similar circumstances in the East Africa region. Following the Integrated Management of Childhood Illnesses course in Sudan, the health officer is gradually introducing the programme in the Somalia Red Crescent Integrated Health Care Programme.

The health activities of Adaadley and Shiekh clinics in Somaliland were documented into best practice series with technical support from the health and care department of the Nairobi regional delegation. This is aimed at sharing national society's Integrated Health Care Programme activities with other national societies and partners.

Volunteering

Despite tensions at the common border between Somaliland and Puntland, the Somalia Red Crescent volunteers responded to the emergency caused by the severe drought in the Sool and Sanaag regions in northern Somalia. They assisted the Food Security Assessment Unit in rapid assessment and screening of children in the drought affected areas and in the distribution of food aid. The volunteers and the health staff from Las Anod branch participated in the emergency relief activities in the camps for internally displaced persons in Dorfaqod and Taleh districts.

The volunteers carried out cholera prevention and control campaigns in the south and central zones; participated in the distribution of oral rehydration and chlorination of wells, and disseminated basic health messages on prevention measures at the household level in the mosques and Koranic schools as part of preparedness for the

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cholera season. The volunteers also actively participated in the National Immunization Days campaigns conducted by WHO and UNICEF for polio eradication in Somalia.

Somalia Post Conflict Health Service Recovery Project

The Qarhis community in Puntland contributed funds to construct a fence wall to protect the Qarhis clinic from encroachment identified as a priority activity by the Community Health Committee. The Federation Somalia delegation contributed two thirds of the cost through funds from World Bank for Somalia Post conflict health sector recovery project.



Qarhis Clinic Laboratory

A World Bank Team led by the Country Director for Kenya, Eritrea and Somalia paid a working visit to Qarhis in Puntland in June 2003 to follow up progress of the Qarhis pilot project and to interact with the community members. Results of an interim evaluation of the project conducted in July highlighted the great success in increasing community participation in the management and sourcing of the health services – the community contributed 15% of the clinic's operating cost, expanded the range and quality of services at the clinic to include laboratory services, and supervised clinic staff. Weaknesses identified included the inability of the Garowe branch to adequately support the Qarhis Community Health Committee due to inadequate capacity. Immunization coverage was also found to be relatively low despite UNICEF supplying the cold chain facilities, drugs and vaccines. The movement of residents in search for pasture and water owing to drought that hit the Qarhis clinic concentration area also severely constrained the Qarhis Community Health Committee from collecting the community's 15% contribution of the clinic operating cost in the second half of the year.

An evaluation of the pilot cost sharing of the Sheikh and Adadley clinics in Somaliland was conducted during the year with a view of providing valuable inputs for the development of the generic 'Community Management Model' and to allow for a standard model to be developed for all the national society's clinics. The evaluation results are still under analysis. The timely development of the model and will greatly influence the replication of the community management model in the four selected clinics in Puntland and Somaliland.



Treating patients in Kalbarye clinic (Puntland)



Weighing of infants and children in Kalbarye Clinic (Puntland)

Eighteen (18) Community Health Committees from Puntland and Mogadishu branch were trained and provided terms of references, roles and responsibilities, communications guidelines and assisted to develop action plans for their respective communities. These tools have tremendously enhanced the skills of the trainees.

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A household survey sponsored by WHO, UNICEF and the Ministries of Health and Labour carried out in Somaliland in 2002 was validated in July 2003 through a workshop attended by eight Somali communities. The statistics from this survey will greatly assist in health planning for Somaliland.

In line with a Memorandum of Understanding signed with partners at the inception of the piloting phase, WHO provided quarterly quality control activities at the Qarhis laboratory to ensure that services provided conform to the stipulated quality standards. However, training of the laboratory technician to expand the range of the services beyond the malaria microscopy test was not achieved. The Somalia delegation and the national society's Garowe branch made concerted efforts to get the Ministry of Health of Puntland to honour its commitment in the Memorandum of Understanding to pay its contribution of 5% of Qarhis clinic operating costs to the clinic fund. Unfortunately this was not achieved.

Partnership

UNICEF renewed its Partnership Cooperation Agreement with the Somalia Red Crescent that guaranteed the continuation of the supply of essential drug kits to 47 out of 49 national society's clinics till the first quarter of 2004. The agreement further ensured the supply of vaccines to the clinics for the Expanded Programme of Immunization.

Many of the national society's health staff benefited from the various training opportunities organized by UNICEF in the course of the year, particularly on HIV/AIDS, reproductive health, nutrition and mother and child health care. These collaborative capacity building activities further enhanced the quality of services provided by the health staff.

WHO continued to provide technical support to the clinics, including, training and quarterly quality control visits to the clinics with Primary Health Care laboratories to ensure conformity to quality standards. They also equipped the newly-established laboratory at Adadley in Somaliland with a microscope and provided reagents for malaria microscopy test.

Both WHO and UNICEF regard the national society as a credible and reliable partner in most of their field of activities including National Immunization days and Expanded Programme of Immunization acceleration campaigns.

The local health authorities continued supporting the national society and its programming in different zones of Somalia. In Puntland, the director general of health participated in the Qarhis piloting phase evaluation while the Ministries of Health and Labour of Somaliland participated in the validation of the Somaliland household survey workshop and the evaluation of the cost sharing system of Shiekh and Adaddley clinics.

Garowe Community Hospital

Considering the Somalia context and the country health services standards, Garowe community hospital is considered to be fairly efficient in delivering reasonably good health services to the community in the Nugal region of Puntland. A consultant hired by European Union Somalia unit to assess the management and performance of the public hospitals in Somalia reported Garowe Community Hospital to be the best run hospital in Puntland and Somaliland though there is still room for improvement. The range of the health care services offered include general surgery, radiographic imaging (x-ray), laboratory, maternity, paediatric and ophthalmic surgery services are considered the best in the region.

Statistics for Garowe Community Hospital in 2003

PERIOD	Admissions	Discharges	Deaths	Laboratory	OPD/ER*	Operations	Deliveries	X-ray	Dressing	Total
2003	1,743	1,212	36	2,034	4,596	309	226	1,657	4,120	15,933
2002	1,763	1,728	40	3,434	7,349	154	203	1,601	2,768	19,040
% Increase (decrease)	(1)	(30)	(10)	(41)	(37)	101	11.3	3	49	(16)

* Out Patient Department/Emergency Room

The hospital provided 15,933 consultations in 2003 compared to 19,040 in 2002, indicating a 16% decrease. This is attributed to the return of Internally Displaced People in 2002 who flocked Garowe town due to insecurity and inter clan fighting. It could also be the result of the opening of more private clinics and pharmacies that share some of the prospective clients with the hospital.

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Morbidity and Mortality.

The leading causes of morbidity and mortality at the hospital in 2003 were trauma, acute respiratory tract infection, urinary tract infection, diarrhoea and typhoid fever.

Five leading causes of morbidity and mortality: Garowe hospital 2003

Period	Trauma	ARI	Malaria	Diarrhoea	UTI*	Typhoid Fever
2003	753	517	461	383	115	109
2002	697	958	645	800	903	98
% Increase (decrease)	8	(46)	(29)	(52)	(87)	11

* UTI = urinary tract infection

There was a decrease in the morbidity and mortality during the June 2003 cholera outbreak due to the continued support from the Federation in terms of technical expertise and medical supplies e.g. improved diagnosing facilities. Health education continued to be offered to the patients at individual, household and community levels to raise awareness and reduce infection rates and transmission of communicable diseases.

Constraints and solutions

The long and severe drought in some parts of the country resulted in population movements to areas outside the clinics focal areas thus affecting the utilization rate of the health facilities. On the other hand the population at some clinics catchment areas might be overestimated which might be the reason for the low coverage. The Federation delegation is working with the national society and the health authorities to conduct a head count in selected clinics for the under-five children and women of child bearing age in order to ascertain the estimated population the programme is serving.

Inadequate transport facilities at the branch level especially in Puntland did not allow the health teams at the clinic level to conduct regular outreach services. The national society has been advised to rationalize the available means of transport while the Federation delegation is considering the hire of a second car for Garowe branch for outreach services.

Five clinics in Puntland lacked human resources for a considerably long time due to recruitment difficulties. The Federation and the national society requested the health authorities in the affected areas to assist in identifying suitable candidates to accelerate the recruitment process.

The misconception among the nomadic and rural communities about vaccines has impacted negatively on the overall immunization coverage. Consultation with the local health authorities and UNICEF will be conducted to place emphasis on Expanded Programme of Immunization acceleration and outreach services.

Insecurity brought about by continuous clan and factional fighting affected social mobilization drives and accessibility. With the developments in the peace process, it is hoped that some sanity will prevail to minimize the effects of insecurity and improve accessibility.

There is a high turnover of middle management health staff in whom the Federation and the national society has invested owing to uncertainty surrounding future funding of the programme. A long term funding strategy will be the answer to ensure long term sustainability of the health service provided by the programme.

Disaster Management

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

Objective : The capacity of the 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

Expected Result 1: The Somalia Red Crescent has provided timely warning and assessment of emergencies within the country.

The shifting of the national society priorities during the first half of 2003 has led to delays in conducting training on assessments at the branch level. However, training on health emergencies was conducted at the clinic level; it enabled the branches in south and central Somalia to effectively participate in community mobilization in preparation for seasonal outbreaks of cholera.

Expected Result 2: Community groups in 10 branches have been formed.

The expected result was not achieved due to the delay in preparing the contingency plans at the branch level. Priority was given to conducting a series of workshops to establish branch focal points on disaster management in all the 19 branches. Six workshops on the basics of disaster management were organized for 105 participants from the 19 branches.



First Aid training in Gaowe Branch as part of disaster preparedness activities.

Expected Result 3: The Somalia Red Crescent branches in ten regions have prepared contingency plans for floods, drought and epidemic outbreaks and made them operational by end of 2003.

This expected result was not achieved due to the postponement of the selection of three branches until the general training on the basics of disaster management is completed in all the 19 branches. The focus of the Federation support on the contingency plans will be on the epidemiological outbreaks while the ICRC will address the emergencies related to drought, food security and floods.

Expected Result 4: The Somalia Red Crescent branches in ten regions have contributed to international monitoring and response to disaster situation in Somalia by working closely with the ICRC, Food Security Assessment Unit, WHO and UNICEF.

The statistical data from Somalia Red Crescent Mother and Child Health/Out Patient Department clinics and hospitals on epidemiological trends, vaccination, growth monitoring and nutrition is often used by Food Security Assessment Unit, WHO and UNICEF. It is considered by the partners to be a valuable contribution to the international monitoring on morbidity, nutrition and vaccination trends in the country.

Impact

The wide network of Somalia Red Crescent branches and clinics which cover the 19 regions of the country has enabled the national society to easily mobilize the local communities and has made them aware of the risks of seasonal epidemiological outbreaks. The disaster management teams identified and trained as focal points at the branch level set the stage for establishing the community groups who will be trained during the preparations of the contingency plans for epidemiological emergencies. The radio equipment fitted in the cars of the six branches in Somaliland enhanced the communication network of the national society. The mobile phones were used effectively during the emergency intervention to mitigate the effects of the severe drought that hit Sool and Sanag regions in north east Somalia.

Constraints

Security and accessibility is a major constraint for the humanitarian work in Somalia - most parts of the country especially in the south and central are inaccessible due to the deteriorating security situation. This forces the national society to change plans and priorities to accommodate the volatile political and security situation.

Organizational Development

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

Objective: The national society's institutional capacity and its progress towards operating as a well functioning national society is enhanced through Secretariat support.

Progress

The Somalia Red Crescent restructuring process that started in 2001 was completed at the end of 2003; branches in all the 19 regions of Somalia have been established with active members.

The Somalia delegation assisted the national society's organizational development department in conducting four training workshops on governance for 86 participants who included branch chairpersons and branch committees from 13 branches in the south, central and north east zones. Two other workshops on branch management were organized for 23 branch secretaries and volunteers from all the 19 branches of the country.

The Federation Somalia delegation with technical assistance from the regional organizational development delegate organized two consultative meetings for the senior staff of the national society for technical guidance in preparing the national society strategic plan. A draft plan developed at the end of the meeting was to be presented at the Somalia Red Crescent All-inclusive meeting scheduled for October 2003 but postponed until mid-2004. However, the Federation, the Norwegian Red Cross and the ICRC assisted the national society to organize meetings for the branches in the three zones of Somalia to discuss their 2004 work plans and give their inputs to the development of the national society strategic plan and the volunteers' management policy. Norwegian Red Cross provided funds for the three meetings while the ICRC assisted with the logistics. Though the national society strategic plan was not finalized, the delegation has put more emphasis on the training of the national society staff and volunteers at branch level to manage and coordinate the humanitarian activities at the branch level.

Impact

For the first time the staff and volunteers and leadership of the branches have gained better and clear understanding of their roles in their respective communities. This enabled them to make valuable inputs to the national 2004 work plan.

Constraints

Due to the unpredictable political and security situation in Somalia, the delegation and the leadership of the national society are operating from the neighbouring Kenya. This rather unusual situation poses a huge logistical challenge for the management of the national society. Under such circumstances the day to day hands on management of the national society has been compromised. The long-term solution will come with the moving of the national society leadership and the delegation inside the country. This can only happen if there is peace, security and stability in the country.

Humanitarian Values

Goal: The 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.

Objective: Progress

The Federation support complements the ICRC support to the national society's communication activities which include the dissemination of the humanitarian values and the Red Cross Red Crescent Fundamental Principles. All other national society programmes supported through the Federation have a component of advocacy on behalf of the most vulnerable and promotion of humanitarian values. The national society's volunteers and staff consistently and systematically addressed the issue of discrimination and stigma against people living with HIV/AIDS. All training workshops in the field of health, organization development, First Aid and disaster management include a component on promotion of humanitarian values and Red Cross Red Crescent Fundamental Principles.

Impact

The well coordinated approach between the Federation and the ICRC towards support of the national society's humanitarian values activities led to an increase in the dissemination coverage at branch level, through the traditional dissemination activities, the HIV/AIDS awareness campaigns, the health education sessions and various training activities at branch level. This has resulted in more understanding of the needs of the disadvantaged groups and increased knowledge about the Red Cross/Red Crescent principles and values among the Somalia Red Crescent volunteers and the general public.

Constraints

The deteriorating security situation in most of south and central regions restricted the access of the Federation and national society staff to the districts of those regions, hence compromised the quality of technical support provided to the branch staff. Long term solutions will only come with stability and peace. Meanwhile, the national society, the Federation and their partners will consider alternative interventions based on the different scenarios that might emerge. Creation of coordination offices for the national society like the one for Somaliland for three or four zones in the north east, central, and south could be an alternative so that adequate technical support can be provided to the branches and clinics.

Coordination

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

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

Progress

Due to some internal constraints mainly, disagreement and resentment from Somaliland branches over the representation of the regions in the executive committee, the national society leadership was unable to strengthen its executive committee with the nomination of some new members to the board, who is only composed of four members. This has impacted negatively on the revival and the energizing process of the governance structure at the national level. However, the same structure at branch level progressed positively towards creating well-functioning local committee able to respond relatively efficiently to the needs of their communities. Despite these constraints the Head of Somalia delegation continued to work closely with the President and the Secretary general and other members of the Board to address governance issues while the delegation staff gave technical support to the branch leadership and the health staff. This included regular monitoring and supervision visits to the branches.

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Regular coordination and consultation meetings are maintained with the ICRC, Norwegian Red Cross, German Red Cross, American Red Cross and the Netherlands Red Cross offices based in Nairobi to harmonize the support of the Red Cross partners to the national society.

The partnership with the World Bank, UNICEF, WHO and UNDP is growing from strength to strength. The Federation is assisting the national society to conclude a tripartite agreement with WHO and the health authorities in order to formalize the WHO support to the health programme. This includes supply of laboratory equipment, reagents, training of the health staff, supplies for the Roll Back Malaria programme and basic development needs for the local communities at the clinic level.

Impact

Board membership has not yet been strengthened which delays the restructuring process of the national society in branches. However, branch leaderships went through changes with the creation of local branch committees since 2002. Positive on-going support from all sister national societies to the Somalia programme is evident, especially the bilateral offices of Norwegian Red Cross and German Red Cross. Coordination with ICRC is excellent, with regular exchanges of views even if sometimes agendas differ.

Constraints

Accessibility to some parts of the country is a major challenge to the humanitarian activities in Somalia. The continued management of operations from Kenya base deprives the branches on the ground of the day-to-day contact and interaction with their governance and management, which could resolve a lot of logistical and communication problems. Different viewpoints among the governance and management did not facilitate

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.

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

The successful partnership with the World Bank, WHO, UNICEF and UNDP and other humanitarian actors in Somalia has demonstrated the Federation's credibility as a reliable partner able to coordinate the humanitarian assistance to the needy people of Somalia. Through the Somalia Aid Coordination Body forums, the Somalia delegation continued to play its role as an active member of the humanitarian community in Somalia. The delegation staff are active members of the various working groups and task forces under the umbrella of the Somalia Aid Coordination Body. The head of the Somalia delegation continued to maintain his regular contacts with diplomatic missions to solicit support for the Somalia Red Crescent humanitarian activities.

Impact

The national society and the Federation both achieved a high profile as a humanitarian actor and are now respected by all partners. Many partners attended a meeting organized by the national society in collaboration with the country delegation.

Constraints

Slow working path of Somalia Red Crescent leadership to address internal and external challenges.

