

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Somalia

Appeal No. MAASO001

4 April 2008

This report covers the period of 01/01/2006 to 31/12/2007 of a two-year planning and appeal process.



Volunteers carry out first aid training in Burao.

In brief

Programme Summary: The Somali Red Crescent Society (SRCS) significantly expanded its core Integrated Health Care Programme (IHCP) in 2006-2007, adding eight new clinics and two new mobile outreach units. In 2006-2007, SRCS clinic facilities, supported by the International Federation, conducted 492,079 clinical consultations. Individual and group health education sessions at the clinic and in the community continued to promote health-seeking behaviour within the community.

This progressive scaling up of the National Society's response to health contributed towards the Global Agenda and the Millennium Development Goals (MDGs) in remote areas of high vulnerability. At the same time, the scaling up is being coordinated with improvements in disaster management, volunteer management, community-based first aid (CBFA) and organizational development. At regional level, nine vulnerability and capacity assessment (VCA) exercises were carried out by SRCS staff and volunteers.

Goal: The main programmatic focus for SRCS was IHCP, which provided essential health care to many communities across all Somali territories. The services provided included promotive, preventive and curative health-care services to the vulnerable people, with emphasis on mothers and children. The goal was to improve the quality of SRCS health services in order to improve the health status of the Somali population through SRCS's network of 51 Maternal Child Health (MCH)/Out Patient Department (OPD) clinics, its community-based activities and support to the Nugal General Hospital in Garowe.

Needs: Total 2006-2007 budget CHF 7,146,566 (USD 5,877,110 or EUR 4,411,460), out of which 100 per cent was covered.

[Click the links below to view the financial reports.](#)

[Report 2006](#)

[Report 2007](#)

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For more detailed information on 2006-7 activities, please refer to:

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAASO00101.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual06/MAASO00102.pdf>

Report 2006-2007 (2006): <http://www.ifrc.org/docs/appeals/annual06/MAASO001ar06.pdf>

Programme Update no. 3: <http://www.ifrc.org/docs/appeals/annual06/MAASO00103.pdf>

No. of people we help: In 2006-2007 a total of 492,079 people benefited from consultations at the MCH/OPD clinics. In addition, activities related to the Expanded Programme on Immunization (EPI) recorded a total of 163,415 beneficiaries comprising 113,782 children and 49,633 mothers. A total of 34,782 patients attended the Nugal General Hospital and 256,394 people benefited from HIV awareness campaigns.

Our Partners: During the period, Somali Red Crescent Society had 36 partners including the Ministry of Health and AIDS commissions in Somaliland, Puntland and south/central Somalia. Movement partners including the American, British, Finnish, German, Italian, Netherlands, Norwegian, Qatari, Saudi and Swedish Red Cross/Red Crescent Societies as well as the International Committee of the Red Cross (ICRC) supported the SRCS in its programmes. Other partners included the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Italian Cooperation and the International Olympic Committee (IOC).

Current context

Conflict, drought, flooding and disease outbreaks had a serious impact on the population of Somalia during 2006-2007. The first meeting of the transitional parliament took place on Somali soil in Baidoa. However, heavy fighting between warlords and the Union of Islamic Courts (UIC) resulted in the UIC taking control of Mogadishu in June 2006 and gradually expanding their territory in the following months.

Progressive build-up of military assets by both sides culminated in a dramatic turnaround in December 2006, where Ethiopian forces over-ran the UIC and supported the TFG to retake control. Despite the arrival of a small contingent of African Union peacekeeping troops (AMISOM) in March 2007, the situation continued to be highly volatile, with an increasing Iraq-style insurgency throughout 2007 leading to a huge increase in weapons-wounded admissions to the major hospitals in the south.

Attacks on public officials and media, hijacking of relief goods, kidnap for ransom of aid workers became more prevalent. US targeted attacks took place on suspected Al-Quaeda presences, both in the south and Puntland. The security situation in Puntland deteriorated significantly in the latter part of 2007, and there was renewed conflict between Somaliland and Puntland forces over their disputed border area. A National Reconciliation Conference in July-August 2007 brought together 3,000 clan representatives but did not involve all key actors and ultimately had limited outcomes. The UN Security Council was unwilling to commit a UN peace force without demonstrable political progress.

Many regions of Somalia also faced a prolonged drought, followed by floods, which compounded the impact of the conflict. Flooded roads and conflict limited access and delivery of aid to many of the most affected areas. An outbreak of Rift Valley Fever in Kenya and Somalia followed the 2006 flooding. There were several waves of population movement out of Mogadishu throughout the period, with AWD/cholera outbreaks in many affected areas. Other outbreaks and risks – including the re-introduction of the polio virus, measles, avian influenza alerts (with a confirmed human case in neighbouring Djibouti) – contributed to the deterioration of the health status of vulnerable Somali populations.

The deteriorating security and political environment brought with it increasing challenges particularly in terms of logistics, access and movement of personnel as well as monitoring and supervision. Despite these constraints, the SRCS with support from the International Federation managed to continue and even expand its programme activities throughout the country. Financial support obtained through the International Federation's multi-donor funding strategy also increased through 2006-2007. The needs expressed by communities and partners include the scaling up of activities by the National Society, supported by the increased capacity at branch and coordination office level.

Disaster Management

During the reporting period, SRCS Disaster Management programme was mainly funded via the South East Asia and East Africa Earthquake and Tsunami Programme (Emergency Appeal No. 28/2004). The American Red Cross made an additional grant over a period of three years to support disaster preparedness activities of five branches in tsunami-affected areas with an overall aim of enhancing the capacity of selected tsunami-affected communities and SRCS branches to reduce the risks and impacts from disasters.

The main objective of the disaster management component was to increase the National Society's disaster management capacity to effectively mitigate, prepare for and respond to disasters. Vulnerability and capacity assessments (VCA's) remained key activities at selected branches for the National Society. Major hazards were identified as drought, disease outbreaks and conflict, while some vulnerabilities arose as a result of poor health infrastructure, poor state of the road network, lack of educational institutions and technical skills. The National Society's strong volunteer network across all the regions was one of its biggest strengths. A VCA trainer's guide was developed by SRCS and the Federation and 125 Red Crescent volunteers and 22 staff were trained.

SRCS initiated new CBFA programmes in branches that undertook VCAs. Information gathered and analyzed during VCA provided an entry point for the CBFA-in-action programme. A CBFA training of trainers (ToT) workshop was held in April 2007 during which 20 ToTs from 10 branches and all SRCS disaster management staff were trained. Each participating branch formulated an action plan to roll out its CBFA programme, using Federation-developed materials. A community CBFA training timetable was also formulated during the workshop. Reference materials for training developed under the Federation's global *CBFA in Action* initiative were translated into Somali. An assortment of CBFA materials were dispatched to SRCS branches in the three zones of Somalia. These included stretchers, first aid kits, CBFA jackets and caps, blankets and public address systems.

VCA trainings and exercises were carried out initially in Galkayo, Burao and Jowhar branches. A Somali VCA curriculum and trainers guide was developed based on the experiences from these pilot exercises. These were used to roll-out VCA process in six more branches across the country. Volunteers were trained from every sub-branch alongside the already trained regional volunteers. The VCA results were used for community awareness campaigns on disasters to enhance the capacities of the already trained community and National Society towards a more strategic approach to disaster management. As part of strengthening the disaster management programme, disaster management officers were recruited from the branches where VCA exercises took place. The officers oversaw the CBFA in action programme and management of volunteers in their respective branches.

A Public Health in Emergencies (PHE) workshop was held in Boroma, Somaliland on 24 to 31 August 2007. A total of 36 participants (SRCS staff) drawn from Puntland, Somaliland and South Central Zone (SCZ) were trained on general disaster management, disaster response tools and public health issues during emergencies. The ICRC and World Health Organization (WHO) also participated.

SRCS staff and volunteers continued to participate actively in response to emergencies occasioned by floods and diarrhoeal outbreaks. They gave first aid to conflict affected populations in Mogadishu and other towns of southern and central Somalia, collected and buried the people who lost their lives, trucked water and distributed relief items to IDPs. Community awareness campaigns, needs assessments - in collaboration with other agencies and the MoH - and distribution of relief items were carried out in Somaliland and Puntland, where diarrhoeal outbreaks were reported.

The Federation's regional information technology and telecommunications (IT&T) department continued to give support to branches in Puntland for better preparedness to disasters. An IT&T review came up with recommendations regarding how to improve the IT infrastructure within the National Society.

Health and Care

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

Objective: Improved quality of health services through a network of MCH/OPD clinics, mobile clinics, the Garowe Hospital and community based activities.

Achievement

There was a significant increase of diarrhoeal diseases and malnutrition especially in 2007 due to flooding following drought and chronic conflict leading to population movement. The SRCS responded to Acute Watery Diarrhoeal disease (AWD) outbreaks with timely interventions at the community, clinic and hospital levels in cooperation with the Ministry of Health (MoH) and other stakeholders. To respond to the high malnutrition rate in Somaliland, particularly among internally displaced people (IDPs) in Berbera and Burao, a pilot project was launched together with the United Children's Fund (UNICEF) and the World Food Programme (WFP) in late October.

The SRCS health task force submitted a preparedness Plan of Action for awareness campaigns and water chlorination during AWD outbreaks. Through awareness creation, 284,626 people were reached at community level and 24,190 were reached at household level. A total of 9,195 water sources were chlorinated including wells, berkads, tracks and household water in six branches in Puntland and Somaliland.

Two clinics were opened in Somaliland in Hargeisa and Lasanod branches in August 2006. The clinics at Balad and Afgoi were handed over to ICRC due to deteriorating security in South and Central zones in end of 2006. In Puntland, two new clinics were opened in Garowe and Galkayo branches in October 2007. The mobile clinic pilot was successful both in Somaliland and Puntland and two more mobile clinics will start in early 2008 as well as new static clinics in Berbera and Lasanod branches. This will bring the total number of SRCS clinics to 51 (26 clinics are supported by ICRC in South and Central zone) reaching an estimated 469,990 people.

The clinics recorded 492,079 visits at the MCH/OPD from January 2006 to December 2007 and 11,355 successful deliveries. Expanded Program of Immunization (EPI) activities were carried out in all clinics and 113,782 children and 49,633 mothers were vaccinated during the reporting period. A total of 125,646 children were screened for growth monitoring: 168 had oedema, 714 severe malnutrition and 4,445 mild malnutrition.

A broad range of trainings for health staff and volunteers were provided including Integrated Management of Childhood Illnesses (ICMI); malaria testing, diagnosis and treatment; refresher course for MCH nurses and auxiliary nurses in Puntland; and Public Health in Emergencies (PHE).

Community members and volunteers participated in several trainings including; Participatory Hygiene and Sanitation Transformation (PHAST), psychosocial support ToT, HIV/AIDS information, education and communication (IEC) material use as well as advocacy against stigma and discrimination. The trained, gender-balanced community health committees (CHC) continue to be

the link between the community and SRCS health team. The volunteers were subsequently involved in health education campaigns, clinic support activities, outreach services and home visits. Health planning meetings and reviews, bringing together SRCS health staff from all zones with the delegation and partners, were held annually.

Nugal General Hospital.

Despite a high turnover of hospital management and key staff, 34,782 consultations took place in 2006 and 2007. With the expiry of the latest memorandum of understanding (MoU) and nomination of the new director, management team and hospital board, consultations between Nugal General Hospital management, MoH and SRCS are underway to discuss future arrangements and a new MoU.

Constraints

The lack of qualified health professionals continues to challenge the health sector and quality service provision in Somalia. Working in Somalia presents the same persistent constraints including logistical and communication challenges. Security concerns and issues of access are becoming increasingly problematic with continuing conflict and incidents of targeting of international personnel.

Organizational Development

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

Objective: The Somali Red Crescent Society's institutional capacity and progress towards operating as a well-functioning national society is enhanced through the Federation Secretariat support.

Achievements

Evidence of the National Society's organizational development progress was demonstrated by its successful overall result (74%) in its first non-governmental organization benchmarking audit by SGS that was completed in December 2006. A plan of action developed in February 2006 for the branch development strategy captured key areas to be achieved in the coming years. Standardized plans for the *Naadiga Mutadawiciinta* (Volunteer Club), as proposed in the branch development strategy and plan of action, were approved by the SRCS leadership. Two pilot Naadiga clubs were established in Galkayo and Burao branches. Both branches constructed a building where volunteers could come together to plan activities as well as access indoor games, internet, cafeteria and library services. Other activities included football, volleyball and drama. Based on the pilots, construction of three more Naadigas was underway by the end of 2007, with more planned in other branches for 2008.

Membership recruitment continued strongly in most branches, with a new round of membership materials ordered by the Federation for SRCS to cover additional demands for 2007 membership. This had a positive impact on volunteer recruitment, especially in those branches where disaster management/CBFA/volunteer management officers had been identified and recruited. The SRCS disaster management and organizational development planning was integrated during the appeal period to improve its service delivery at branch level.

The Federation supported SRCS governance to hold regular Executive Committee meetings within Somalia. Regular management meetings were also supported, giving field managers the opportunity to come together for planning and coordination of SRCS activities. These meetings, which involved the SRCS leadership and coordination office managers as well as selected senior field staff, were held in Nairobi and facilitated by the International Federation and ICRC.

Humanitarian Values

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

Objective: The Federation Secretariat supports SRCS by increasing its capacity to promote the Fundamental Principles and Humanitarian Values.

Achievements

HIV/AIDS awareness activities targeting different segments of the community continued at clinic level and during outreach activities. The NS, with support from GFATM, produced and distributed IEC materials on stigma and discrimination as well as trained on the same. In 2006-2007, SRCS trained 223 ToTs on HIV and AIDS stigma and discrimination reduction as well as IEC development and use. The trainings were conducted in collaboration with three AIDS commissions from the three zones

Three awareness rallies were conducted in each zone reaching an estimated 256,394 people. IEC materials including 9,500 posters, 302,000 brochures, 3,000 stickers and 4,500 T-shirts were produced and distributed. Twelve billboards with anti-stigma messages were developed and distributed to be put up in the main streets of all major towns.

World Aids Day was commemorated in all the regions of Somalia using the themes of “Come Closer...” and “Stop AIDS - Keep the Promise”. A total of 1,440 volunteers including 280 Community’s Own Resource Persons (CORPS) and 175 clinic staff and branch secretaries took part in the 2007 World Aids Day, reaching an estimated 123,490 people and 3,900 primary and secondary school students. IEC materials consisting of 6,000 posters, 12,000 brochures, 6,000 polo-shirts and 5,500 stickers were distributed during this event. Four billboards with different messages were put up in the main street of Hargeisa.

Working in partnership

The proven track record of the SRCS and the International Federation in delivering on core programmes encouraged a wide range of long-term partnerships and a successful multi-donor funding strategy. In addition to community links through the sub-branches and CHCs, the National Society maintains close national level collaboration with the MoHs and AIDS commissions in the three zones. Participation in the Coordination of International Support for Somalis brings together a range of international and non-governmental organizations, United Nations agencies as well as other donor agencies.

There was strong technical and financial support from a wide range of Movement partners namely the American, British, Finnish, German, Italian, Netherlands, Norwegian, Saudi and Swedish National Societies. Close practical coordination was maintained with the ICRC Somalia delegation, including regular Movement meetings – chaired by the SRCS – to share information and updates on security and related issues.

Partnerships with the World Bank, GFATM, Italian Cooperation and the International Olympic Committee were extended to key programme areas and new beneficiary groups, while the long running partnerships with UNICEF and WHO in the Integrated Health and Care Programme helped to expand the level and coverage of clinical services and the provision of EPI services, outbreak surveillance and response. The SRCS also participated in global polio eradication and measles campaigns.

Contributing to longer-term impact

The progressive scaling up of the SRCS health response contributed significantly to the achievement of the Global Agenda and the Millennium Development Goals in remote areas of high vulnerability, and where limited or no other health services are available.

The support given by the International Federation empowered the leadership of the National Society and enhanced capacity building within its management at field level, as evidenced by the successful outcome of the first SGS audit for the SRCS. The full implementation of the branch development strategy should contribute towards the achievement of a shared vision and direction for the future. Due to the positive profile and image of the SRCS, other organizations have shown increased interest in working with the National Society for wider coverage to reach the most vulnerable populations.

Looking Ahead

This reporting period has seen continued and increased donor support due to successful programme implementation. New or increased commitments have been offered by a number of partners within and outside the RC/RC Movement for the coming years. The programme budget was reviewed and revised upwards, increasing the overall Somalia 2006-2007 appeal from CHF 4,849,350 to CHF 7,146,566. This reflected the scaling up and programme expansion outlined above and included a review of SRCS salary scales carried out in coordination with all the operational Movement partners in Somalia in 2006.

The steady and successful expansion of the health programme throughout 2006 to 2007, reaching a total of 51 static MCH/OPD clinics and two mobile units, will be consolidated in 2008-9. No further static clinics are anticipated, although the success of the mobile units may be replicated in a few further sites. Meanwhile the CBFA programme will continue to scale up and is anticipated to become a core activity of the SRCS in 2008 to 2009 and beyond. The programme strives to identify and meet community needs in the more remote areas of the country as well as increase the National Society's volunteer response capacity beyond the regional hubs and into communities that have less or no access to basic services.

SRCS will implement the Federation's Global Alliance Approach in its HIV/AIDS activities from 2008. The purpose of this approach is "to do more... and do it better", by use of three programmatic outputs: preventing further HIV infection, expanding care and support and reducing stigma and discrimination, while also strengthening SRCS to deliver and sustain scaled-up programmes.

How we work	
<p>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) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at http://www.ifrc.org</p>	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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