

Annual report



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of Red Cross and Red Crescent Societies

Somalia

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This report covers the period 01/01/2009 to 31/12/2009.



Somalia Red Crescent Society (SRCS) volunteer administers First Aid for a fire victim in Bossaso. Photo by SRCS.

In brief

Programme purpose: The Somali Red Crescent Society (SRCS) is a leading health service provider in Somalia. It continued to provide basic health care services to the most vulnerable communities of Somalia through its network of 64 Mother and Child Health/Out Patient Department (MCH/OPD) clinics and mobile health units. The Health Care Programme, which focuses on health promotion, preventive and curative services aims to reduce deaths, illnesses and impact from diseases and public health emergencies among the most affected vulnerable populations of Somalia in line with the International Federation of Red Cross and Red Crescent (IFRC) Global Agenda Goals. The services provided adopted an integrated programming approach linking the Primary Health Care interventions with Disaster Management (DM), strengthening the National Society disaster response and disaster risk reduction capacities, enhancing local community resilience, improving organizational effectiveness and promoting principles and values.

Programme summary: The livelihoods of the Somali communities have been affected by the protracted armed conflict and the successive cycles of drought, floods, and outbreaks of infectious diseases. To address the most urgent needs of these vulnerable communities, the SRCS supported by the IFRC provided basic health care services through a network of clinics and mobile health units. The mobile health units operate in the worst drought affected areas to reach the nomadic communities and the Internally Displaced People (IDPs).

The health activities including outreach services, HIV and AIDS awareness were implemented through SRCS volunteers' network and Community Health Committees using tools such as Community Based Health and First Aid (CBHFA) and Branch Emergency Response Teams (BERT) linking health to disaster management and branch development activities.

The integration of these programmes helped to enhance efficiency, improve organizational effectiveness and strengthen the human resource capacity of the National Society. The disaster management programme focused on building community resilience and strengthening the response capacity of SRCS personnel.

The organizational development (OD) programme focused on governance support, empowering the branches and enhancing the managerial capacity of SRCS staff through regular training and coaching. Through the SRCS youth clubs, the branches managed to recruit 1,580 young volunteers to join the NS strengthening its volunteer base. Resource mobilization activities at branch level enabled the branches to cover basic costs from the proceeds of rental of premises, computer classes, internet cafes and basic First Aid training.

Financial situation: The total 2009-2010 budget is CHF 6,432,405 (USD 5,901,289 or EUR 4,097,073), of which CHF 2,314,090 (36 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 2,231,311 (34.69) of the budget; however, the overall expenditure compared to the received funds during the reporting period is 96.42 per cent of the income.

The original budget plan of CHF 8,635,224 has been revised downward during the second quarter of 2009 to become CHF 6,432,405. The programme activities have been adjusted to reflect the potential funding which was affected by the global financial downturn.

[Click here to go directly to the attached financial report.](#)

No. of people we have reached: The 32 SRCS maternal and child health/outpatient departments (MCH/OPDs) in Somaliland and Puntland reached 590,610 beneficiaries through its static, outreach and mobile clinic services. The clinics outpatient consultation services reached 347,940 people, administered vaccination for 100,020 children under five years of age and 46,800 women of child bearing age of which 3,810 pregnant women received Ferrous and folic acid to treat anaemia. Vitamin **A** supplementation to boost the children immune system and prevent night blindness was given to 6,700 children, whereas 95,650 children were screened for malnutrition. The trained midwives and traditional birth attendants at clinic level managed 1,240 normal deliveries and referred 177 complicated cases to hospitals for further management.

The HIV and AIDS activities focused on raising the awareness with focus on the groups at risk. In order to reach a wide audience, SRCS in collaboration with the local media (Radio and TV stations), local authorities, community elders, women groups, schools, and religious leaders reached an estimated number of 400,000 people with prevention, advocacy and awareness messages. The activities including peer education, focussed group discussions and cross border activities benefited 730 staff, volunteers, youth and women groups who are engaged in the implementation of SRCS HIV and AIDS programme.

Through the DM programme SRCS branches responded to floods, drought and fire outbreaks. A total of 6,300 beneficiaries were reached through the drought response and 1,800 beneficiaries through the response to fire outbreaks, floods and other hazards.

Our partners: The Movement partners include the American, British, Finnish, German, Netherlands, Norwegian and Swedish Red Cross Societies and the Saudi Red Crescent as well as the International Committee of the Red Cross. Other partners include the World Bank, UNICEF, WHO, Food Security and Nutrition Analysis Unit (FSNAU), UNFPA, World Vision International, MSF and the local health authorities in Puntland and Somaliland.

Context

The decades-long protracted armed conflict in most parts of central and southern Somalia, and clan-based rivalry in other parts have had a devastating effect on the Somali people causing massive population displacement. This volatile situation has been worsened by successive cycles of drought, floods, outbreaks of infectious diseases such as cholera resulting in eroded livelihoods, aggravating poverty, increasing food insecurity and vulnerability.

An estimated number of 1.55 million people are displaced across the country of which 900,000 were newly displaced due to the escalation of the conflict in and around the capital Mogadishu (UNHCR, October 2009). According to FAO/FSNAU (Food Security and Nutrition Analysis Unit-Somalia) 2009 report, 3.64 million Somalis or 42 percent of the total population of Somalia are in need of livelihood support and humanitarian assistance.

The general humanitarian situation in Somalia, which remained a complex emergency, has been complicated by the disappearance of humanitarian space that is, the social, political and security opportunities for implementing humanitarian activities and delivering aid. Increased criminality targeting humanitarian aid workers has worsened the situation and increased the security costs. According to the Humanitarian Response Index Report 2009, thirty seven aid workers were killed in Somalia in 2008, two thirds of the total killed worldwide. Killing of aid workers continued in 2009 as well. For example, on 21st July, 2009, a staff member of the Somali Red Crescent was killed in cross fire in Mogadishu.

Sea piracy has increased in 2009, rendering the Somali coast as one of the most dangerous waters in the World for ship cargo and fishing boats. This has severely affected and compromised the delivery of aid shipments by sea. The rise of Al Shabab Al Mujahideen group as a new non state actor in the Somali conflict controlling large parts of south and central Somalia including two thirds of the capital Mogadishu has diminished the humanitarian space and accessibility to the beneficiaries leading to slowing down programme implementation.

The massive population movement have increased the pressure on the vulnerable host communities in the relatively stable parts of the country such as Puntland and Somaliland, exhausting water resources, food, and the basic services infrastructure. The rural communities coping mechanism has been eroded and severely stressed by the successive cycles of drought, floods, dramatic increase in food prices and continuing currency devaluation.

The combination of persistent insecurity and increased violence in large parts of Somalia and the climate induced hazards such as drought and floods have severely affected the basic services delivery system. As a result Somalia health indicators are considered among the worst in the World. According to WHO statistics 2009, the maternal mortality rate is 1400/100,000, Under Five mortality 142/1000 live births (male 140/100), female 144/1000), and life expectancy is 45 years (male 44, female 46).

Throughout the decades of the civil strife which developed into a situation of an open ended conflict with no sign of abating, and despite the growing challenges facing the humanitarian aid delivery in Somalia, the Somali Red Crescent continued to provide basic health services to the most affected vulnerable populations. SRCS through its network of branches managed to respond to drought, floods, fire outbreak disasters and other hazards, providing capacity building support to local communities to enhance their resilience and empower their local branches. The National Society network of clinics increased from 15 clinics in 1992 to 64 static and four mobile clinics in 2009.

Progress towards outcomes

Health and Social Services (HSS)

Programme Component: Mother and Child Health/Out Patient Department (MCH/OPD), Hospital

Outcome 1: Improved access to quality and gender-sensitive health services to women, children, men and young people.

Outcome 2: Improved nutritional status of women and children.

Outcome 3: Improved access to immunisation of children and women.

Achievements:

The overall service utilization in both the static and mobile clinics has increased from 325,220 in 2008 to 347,940 in 2009. The immunization coverage for children under five increased from, 86,970 to 100,220 whereas for women of child bearing age the coverage increased from 34,950 to 46,800. The growth monitoring for malnutrition increased from 82,500 to 95,650. The clinic midwives and TBAs operating in the clinic areas managed 1,240 deliveries and performed 5,850 post and ante natal consultations.

Ten tones of medical supplies and consumables were procured and delivered to the clinics through the SRCS branches in various locations, ensuring a regular supply on a quarterly basis. Minor medical equipment such as thermometers, BP machines and stethoscopes were replaced on an annual basis or as when needs arise.

Nutrition status of children under five years of age is closely monitored by the SRCS health workers at clinic level. Routine screening of children is performed at the clinic level for growth monitoring. During the reporting period 21,770 children were screened of which 70 diagnosed with oedema, 230- severe malnutrition; 300- moderate malnutrition and 21,430 recorded normal weight. The children found to have severe malnutrition with complications were referred to hospitals for admission and further treatment. Those without complications were referred to the Outpatient Therapeutic Programme centres managed by SRCS health clinics for case management.

The children who were found to be moderately malnourished and without complications particularly from the IDP camps and urban poor, were referred to the Supplementary Feeding Programme Centres supported by hospitals and other agencies, such as MSF for further case management. The SRCS volunteers and clinic staff routinely follow up the cases and provide nutrition education to parents to promote faster recovery of their children.

In the reporting period 100,220 children were immunized against the six top killer diseases and 46,800 mothers received complete doses of tetanus toxoid vaccine. Clinic staff advice mothers and care givers on the correct vaccine doses and intervals that their children needed before return for the next immunization dose. The possible side effects and simple safety measures to manage the effects at home were highlighted to the mothers and care givers.

Through the participation in the accelerated immunization campaigns organized in partnership with UNICEF adopting approaches such as Reach Every District (RED) by administering immunization in three successive rounds of outreach SRCS was able to increase the immunization coverage to 80 percent in the areas where it runs static and mobile clinics.

Health Education emphasizing the importance of immunization for both children and mothers was also provided. However, the overall vaccination rate remained low in the nomadic settings where the lifestyles, lack of awareness, as well as limited access to health facilities lead to low immunization coverage in the nomadic areas.

The overall goal of the safe motherhood programme is to reduce both maternal, neo-natal mortality and morbidity during pre-natal and post-natal care. Health promotion, preventive and curative services were provided to ANC/PNC mothers through static, outreach and mobile clinics activities using volunteer networks, trained community health committees and clinic staff. The health promotion activities mainly targeted women at household level where 10,510 women and children were reached in the reporting period. Out of the beneficiaries reached 3,810 women received iron and folic acid and 6,700 children received vitamin A supplementation.

Programme Component: Community Based Health and First Aid (CBHFA)

Outcome 1: Improved community involvement in prevention of water, sanitation and hygiene related diseases.

Outcome 2: Community engagement in public health emergencies.

Outcome 3: Improved communities' Basic First Aid skills in target population.

Achievements:

The SRCS health workers and volunteers used the education and promotion sessions conducted at the health facilities and community level to raise awareness, sensitize communities and promote personal hygiene and health seeking behaviours.

Community members including Traditional Birth Attendants (TBAs) and volunteers received training on, HIV prevention, stigma and discrimination reduction, encouragement of breast feeding and recommended weaning practices, application of domestic water treatment and purification techniques including personal hygiene and environmental sanitation. During the reporting period 102 TBAs received refresher training to upgrade their skills.

As part of the SRCS preparedness strategies to reduce vulnerability to water borne diseases and to promote personal hygiene practices, Participatory Hygiene and Sanitation Transformation (PHAST) training was introduced in the schools and at household level in all the areas covered by the clinics.

During the reporting period 24 volunteers' instructors were trained on CBHFA to sensitize the communities on aspects of community health, disease prevention, community emergency health preparedness. Additionally, 50 other volunteers were selected for comprehensive training using the seven modules of CBHFA.

In collaboration with the local authorities SRCS mobilized 50 volunteers to conduct sanitation and environmental health campaigns. This was followed by distribution of sanitation tools for 15 volunteers from the IDP camps mainly in Galkayo and Bossaso in Puntland

To reach out to the most active members of the targeted communities, SRCS Bossaso branch in Puntland selected two volunteers from each of the 15 IDP camps in Bossaso town and trained them on CBHFA. After they have completed the training, they were provided with sanitation tools to undertake hygiene promotion activities in the camps.

SRCS branches continued the basic First Aid training for the new volunteers and youth groups where 90 new recruits received the training to enhance the community response to health emergencies.

Programme Component: HIV and AIDS

Outcome 1: Reduced vulnerability to HIV through community mobilisation, outreach activities and advocacy.

Outcome 2: Reduced HIV infections among SRCS target population.

Outcome 3: Strengthened capacity of staff and volunteers.

Outcome 4: Expanded HIV/STI treatment, care and support.

Achievements:

SRCS HIV and AIDS activities are integrated in the overall health programme to maximize efficiency, effectiveness and accomplishment of program goals throughout the country. The clinic staff, volunteers and community own resource persons, disseminated HIV information in their respective communities through health education sessions, awareness campaigns and advocacy. Through the awareness campaigns at branch, clinic and community level the SRCS in collaboration with local media, religious clerics (Shiekhs) school teachers, students, women groups and youth reached an estimated number of 400,000 beneficiaries

As part of its campaign to discourage harmful practices, SRCS mobilized fifteen clinic staff and six Religious clerics (Sheikhs) to spearhead its community education to discourage Female Genital Mutilation/Cutting (FGM). This was achieved through holding public gatherings, use of drama and the media and encouragement of religious clerics to talk about the complication of FGM practice during Friday prayers sermons. During the reporting period SRCS managed to conduct 144 FGM education sessions reaching 8,700 people.

Cross border activities to raise awareness about HIV and AIDS in Lawya'ado and Zeila areas of Somaliland reached 127,000 people. Culturally accepted IEC materials with HIV and AIDS prevention, stigma and discrimination reduction messages were used during the commemoration of the World Aids Day (WAD) where 1250 staff and volunteers were mobilised to reach an estimated 400,000 people.

Peer education has been used to raise the awareness of the youth, 150 youth volunteers and members of women groups received peer education training. The trained groups conducted peer to peer sessions to raise the awareness of the targeted groups on HIV and AIDS and its prevention.

To enhance the cross border activities 15 volunteers and SRCS HIV and AIDS focal point staff were trained in cross border activities as ToT and Peer Educators. The trained groups conducted focussed group discussions attended by 465 participants consisting of youth, women groups, and uniformed forces (army and police).

Information Education Communications (IEC) materials with HIV prevention, stigma and discrimination reduction messages were produced and distributed to the communities. During the reporting period 6,300 posters, 78,000 brochures and 2,000 stickers and 3,200 T-shirts, 600 Key holders, 600 pens and seven billboards were distributed to the branches and clinics throughout the country.

In collaboration with NGOs active in HIV and AIDS prevention in Somaliland, SRCS trained ninety six volunteers and eighteen staff on anti-retroviral therapy/voluntary counselling and testing (ART/VCT) using IFRC HIV prevention, treatment, care and support package for community-based volunteers. The training aimed to create a linkage between SRCS volunteers and ART/VCT centres to facilitate referral of potential HIV positive cases and support people living with HIV and AIDS (PLHIV).

Disaster Management (DM)

The SRCS DM programme continued to be funded primarily from the tsunami operation with funding the IFRC multilateral support and the American Red Cross. Specific donor reports for the period under review have been produced and shared with the respective donors.

Programme Component: Disaster response (Emergency and Recovery)

Outcome 1: Impact of disasters and emergencies on people's lives in Somalia reduced through adequate and timely response measures (life-saving assistance, shelter and basic health care).

Achievements:

Many branches where SRCS is implementing the MCH/OPD clinics have responded to the outbreaks of infectious diseases such as cholera, acute watery diarrhoea and other health emergencies. Prevention activities in Galkayo and Garowe branches included chlorination of water points. During the reporting period, 72 volunteers from the two branches were involved in chlorination of 3,538 water points, 249 shallow wells and 20 protected shallow wells.

Bossaso branch in Bari region responded to the fire outbreak and bomb blast by evacuating the victims and providing First Aid. In Mogadishu the SRCS branch responded to the suicide bomb blast which targeted the University graduation ceremony in December, 2009 by providing First Aid. In many locations, especially in south central Somalia where the armed conflict is escalating, SRCS branches assisted in the burial of the dead bodies.

Programme Component: Disaster Preparedness (Community and institutional levels)

Outcome 1: Increased SRCS capacity to organize effective and efficient disaster response.

Outcome 2: Improved SRCS capacities (structural and human) to effectively respond to and recover from common disasters/emergencies (including drought, flood, cyclone, and Tsunami).

Achievements:

Despite the continuous hostile environment in Somalia, SRCS has continued to offer health care services and support vulnerable communities during emergencies. National level Emergency Response Team (ERT) training and exercise for 24 members of staff was conducted in Hargeisa at the beginning of the year. The training adopted the field school concept comprising of two parts: five days theory followed by five days practical, hands on exercises in the field. During the response exercise, 100 drought and flood affected families were assisted with tarpaulins, mosquito nets, plump nuts for the malnourished children, and water trucking.



SRCS Branch ERT responds to floods disaster.
Photo by SRCS

Similar exercises for branch level teams, popularly known as BERTs have been conducted in 9 branches. Each BERT has 20 members (branch staff and active volunteers). The exercises were conducted focused on drought and floods scenarios.

The IFRC Somalia Representation facilitated an induction course on disaster management for SRCS DM officers from the three zones of Somalia. The training which took place in Berbera branch, Somaliland from 3-12 December, 2009 was attended by 26 participants from all the SRCS branches focused on the use of the DM cycle and its practical application, IFRC disaster response tools, Sphere Standards in disaster response planning, H1N1 pandemic awareness and preparedness, basic logistics and warehouse management.

Programme Component: Disaster risk reduction

Outcome 1: Vulnerability of communities in disaster-prone areas reduced through timely information, capacity building and enhanced community resilience to disaster risk

Achievements:



Interviewing community members during a VCA exercise. Photo by SCRS

SRCS has used Vulnerability and Capacity Assessment (VCA) tool to map the hazards in the disaster prone areas and to promote community resilience by initiating community-based risk reduction activities such as CBHFA. During the reporting period, 14 out of 19 branches have conducted VCA exercises. Cumulatively, 268 volunteers and 41 staff have been trained on VCA and participated in exercises in their respective branches.

Radio communication remains the most effective and cheap option during emergencies and in the event of telecommunications network failure. In order to improve communication during emergencies, four High Frequency (HF) radios were procured and fitted in field cars of Berbera, Bossasso, Galkayo and Garowe branches. Ten Very High Frequency (VHF) radios and five VHF repeater stations for the same branches have

been procured and installed. Moreover, Hargeisa coordination office and Garowe branches were equipped with portable HF radios to enhance the communication capacity in these two locations.

Organisational Development/Capacity Building

The SRCS organizational development programme focused on the NS governance support, empowering the branches and enhances their management capacity, strengthening the volunteer base through the youth clubs activities, resource mobilization and relationship building.

Programme Component: Governance capacity building and support

Outcome 1: Strengthened governance participation and monitoring capacity

Achievements:

The IFRC Somalia Representation continued to provide technical support to the SRCS leadership at the coordination offices in the three zones and at Nairobi level within the framework of its capacity building support to the NS. Regular consultation meetings were held between the NS leadership and the Country Representative to streamline the capacity building support to the SRCS branches.

Support to the SRCS Strategic Development Plan process:

Following the resolution of SRCS All-Inclusive meeting in Djibouti, 8-9 July, 2008 to start the process of developing a new Strategic Plan for the NS 2010-2014, the IFRC Somalia Representation provided technical and financial support to the NS to hold series of meetings for the governance and technical staff of the NS to have a strategic dialogue on the NS priorities.

In January 2009 the SRCS Executive Committee held its first meeting in Hargiesa, Somaliland to follow up on the implementation of the resolutions adopted by its All-Inclusive meeting in Djibouti the previous year. The Executive Committee meeting decided to form a technical working group to kick start the process of developing the NS strategic plan.

The SRCS technical working group comprised of 16 members representing the three zones of Somalia held a consultative meeting in Hargiesa 9- 12 March, 2009 to plan for the process. Following the first meeting in March 2009, the technical working group conducted three zonal consultative meetings between April and June 2009 in Mogadishu, Galkayo (Puntland) and Hargiesa respectively. The outcome of this wide consultation process is a first draft strategy which was presented to the SRCS Executive Committee in its meeting held in Garowe (Puntland) 2-4 November, 2009. The SRCS Executive Committee endorsed the draft strategy and approved its sharing with the RCRC partners for comments.

To allow for a wider consultation with RCRC partners, the IFRC Somalia Representation organized a partnership meeting for the RCRC partners based in Nairobi on 16 December, 2009 in which the NS presented its strategic development plan. A constructive dialogue has taken place in the meeting and the input of the partners was incorporated in the final draft which will be presented to the SRCS All-Inclusive meeting (General Assembly) during the first quarter of 2010 for adoption.

Programme Component: Management and staff effectiveness, support and security

Outcome 1: Increased branch capacity to deliver integrated services, and enhanced support to the branches by the three coordination offices at the three zones

Outcome 2: Streamlined reporting procedures to meet the standards of the partners and donors

Achievements:

The SRCS continued to strengthen its volunteer base through establishment of youth clubs, which known in Somalia as "Nadigaas". The youth clubs which were established in Garowe, Galkayo in Puntland and Berbera, Burao, Borama in Somaliland provide a range of activities for the youth including computer skills, First Aid, and regular classes for the students in schools covering subjects such as Mathematics, Science and English language. The Naadiga is also serves as a recreation centre offering indoor games and entertainment for the youth. Through these youth clubs the branches were able to recruit 1,576 young volunteers(286 in Garowe, 540 in Galkayo, 300 in Berbera, 200 in Borama and 250 in Burao) to strengthen their human resource capacity, hence increasing the volunteer base of the NS. Young volunteers often engaged in community work such cleaning campaigns, environmental protection activities, commemoration of RCRC Day, and World AIDS Day. For example, Berbera branch in Somaliland train 30 volunteers every month in computer skills. All branches running youth clubs also offer internet services for the youth and the community members against a nominal fee.

To enhance the management capacity of the NS at the coordination offices, The IFRC Somalia Representation supported the NS in its decentralization process. The SRCS coordinators in Somaliland and South and Central Somalia were empowered by the leadership of the NS through further decentralization and delegation of authority to implement the NS programmes. Two senior management positions were created to strengthen the SRCS Field Coordination offices in Mogadishu and Hargiesa in Somaliland.

The senior management of the SRCS at the coordination offices participated in the IFRC General Assembly (GA) in Nairobi 18-24 November, 2009. They have participated in the different working groups and side meetings. The GA meetings represented an opportunity for the SRCS coordinators to be exposed to the functions of the highest body of the IFRC governance.

To enhance the reporting capacity at branch level, the IFRC Somalia Representation organized training on planning, monitoring, evaluation and reporting (PMER) in Hargiesa, Somaliland from 24 to 27 October, 2009. The workshop was attended by 30 participants from the three zones of Somalia. The training which was facilitated by the PMER unit of East Africa Zone office and Somalia Representation addressed topics including project management cycle, planning, monitoring, evaluation and introduction to IFRC planning and reporting guidelines and formats.

The IFRC Somalia Representation programme staff provided technical support to the SRCS staff at branch level with focus on programme staff responsible for preparing the monthly reports on how to interpret and analyse the statistics generated from the clinics reports.

The IFRC Somalia Representation organized two planning meeting for all SRCS branch secretaries and programme staff from the three zones to discuss the NS priorities to be included in the country plan and budget for 2010-2011. The first meeting took place in Hargiesa, Somaliland from 26-29 April, 2009 and the second meeting took place in Garowe, Puntland from 13-14 May, 2009.

Programme Component: Resource Mobilization and partnerships

Outcome 1: Enhanced cooperation mechanism for a longer term sustainable support

Outcome 2: Analyse SRCS contributions, cost recovery, and longer term institutional cost coverage

Achievements:

The SRCS supported by the IFRC continued to enhance its cooperation and relationship with its partners within the RCRC Movement as well as other external partners. The NS conscious about the sustainability of its programmes and diversification of funding sources started income generating activities at branch level. SRCS branches in Hargiesa and Berbera, in Somaliland and Garowe in Puntland are running business centres, renting premises and internet cafes to generate income to contribute to the covering of basic overhead costs.

The IFRC Somalia Representation supported by the resource mobilization and donors relations unit started a dialogue with the World Bank to secure funding for the SRCS health programme. An application for a grant from the Japanese Social Development Fund (JSFD) was submitted to the World Bank for consideration. Similar channels of communication for future funding were opened with the Japanese, German and Danish embassies based in Nairobi.

Relationship with UN agencies operating in Somalia is strengthened. UNICEF, the main supplier of Mother and Child Health (MCH) kits continued to support SRCS clinics with the kits and vaccines, vaccine cold chain and vaccine carriers. WHO continued to supply reagents to the SRCS clinics laboratories and training of SRCS health staff members. A dialogue was started with UNFPA to support SRCS HIV and AIDS programme.

Alongside the IFRC General Assembly meetings in November 2009, Somalia Representation organized a meeting for the Arab Red Crescent Red Cross Organization members to brief them about the SRCS priorities and plans for 2010-2011. The SRCS leadership and the coordinators from Hargiesa and Mogadish presented their activities and needs. The meeting was also attended by the ICRC.

Community Health Committees (CHC) at clinic level in Puntland and Somaliland contributed to the running costs of the clinics. In some clinics, the CHC cover the salaries of the watchman and the cleaner. In some clinics nominal fee is charged for consultation. Income generating activities (IGAs) started in some branches, but the proceeds are far too low to cover the basic costs.

The concept of cost sharing is widely accepted by the local communities, but due to successive cycles of drought, shortage of food, insecurity and general deterioration of livelihoods, the contribution from both the local communities and local authorities remained inadequate to cover the basic overheads let alone covering the programme costs.

Humanitarian Values and Principles

Programme Component: Fundamental principles and humanitarian values

Outcome 1: Increased awareness of the RCRC Fundamental Principles and Humanitarian Values is promoted among the target communities.

Outcome 2: Stigma and discrimination towards all vulnerable groups is reduced.

Outcome 3: Produced and distributed IEC materials with stigma and discrimination reduction messages.

Achievements:

Through the commemoration and celebration of the RCRC Day on the 8th of May, the World AIDS Day on 1st of December, the World First Aid Day on 11 September, the International Volunteers day 5th December and the Water World Day 22nd March, the SRCS supported by the IFRC launched awareness campaigns to educate the general public about the RCRC Movement and its principles and values. This was done through celebrations, public rallies, involving school children, youth, religious leaders, elders and women groups. The SRCS branches used local media outlets to disseminate the knowledge about the RCRC Movement.

In 2009, more than 580,000 people were reached through the rallies, public gatherings and celebrations and over two million viewers and listeners through the local radio and television stations.

The IFRC Somalia Representation and SRCS produced information, education and communication (IEC) materials in Somali language with messages to promote the RCRC principles and values advocating for tolerance and reduction of stigma and discrimination. The SRCS produced and distributed 6,300 posters, 78,000 brochures, 3,200 t-shirts, seven billboards, 600 key-holders, 600 pens, 2,000 stickers. In addition to these materials which mainly addressed the HIV and AIDS pandemic, the SRCS with support from the EARO HSS unit produced 2,600 posters and 27,000 brochures on H1N1 pandemic to raise the awareness among the general public about the pandemic.

Constraints or Challenges

- Increased insecurity led to diminished humanitarian space and limited accessibility to beneficiaries. Insecurity has also resulted into an increase in security costs as it became mandatory that all SRCS/IFRC field monitoring visits be escorted by armed security personnel. The armed security personnel are requested to travel in separate hired vehicles as it is strictly prohibited to carry armed personnel in vehicles clearly marked with the Red Crescent emblem. This has added extra cost and strained the limited budget.
- The air freight to transport medical supplies from Nairobi to Somalia has increased affecting the overall transport cost budget line. Although the IFRC Representation always try to solicit for free transportation by requesting cargo space in ECHO or ICRC flights, sometimes this free space could not be secured and the IFRC was obliged to resort to commercial flights at a fee.
- It has been acknowledged by the Movement partners that due to increased cost of living in Somalia, SRCS started to lose staff who leave the NS to seek employment with better paying organizations. This trend has obliged the movement partners to agree to increase the salaries of SRCS staff, hence the increase on the overall personnel cost in 2009. Losing of trained staff also hampered the implementation of programme activities
- Increased demand on SRCS services due to increased vulnerability with limited opportunities to raise funds locally, hence the dependence on external support which is affected by the global financial downturn.
- The global financial crisis has affected the allocation of funding to humanitarian aid and Somalia has seen a decline in the level of funding which affected the SRCS programmes. More efforts have been to mobilize resources through strong advocacy and improvement of performance and accountability.
- The management of the operation SRCS from a neighbouring country has its limitations, affecting the quality of monitoring and support to the SRCS field staff.

Working in partnership

With continued support from the IFRC, the ICRC and the Movement partners including the Norwegian, Finnish, German, Swedish, the Netherlands, American Red Cross Societies and the Saudi Red Crescent Society the Somali Red Crescent was enabled to deliver vital humanitarian services to the most affected vulnerable people of Somalia. The Movement partners work very closely with the NS to plan, implement and monitor the progress of the programmes. The Movement partners hold regular consultation meetings to review plans and harmonize the support to the NS.

The Somali Red Crescent and the IFRC Somalia Representation has a long well established working relationship with the World Bank. Contacts with the World Bank beefed up during 2009 to secure funding for the health programme in 2010-2011. SRCS supported by the IFRC maintained and strengthened its working relationship with the UN agencies such as UNICEF, WHO, UNFPA, FAO/FSNAU-Somalia. SRCS also work in partnership with other organizations such as World Vision in orphanage and vulnerable children support and Danish Refugee Council in support to IDPs in Somaliland.

The support from both the Movement and the external partners has enabled the SRCS to scale-up its outreach activities, reaching more people in remote areas, specially the nomadic communities and the IDPs who have limited access to the health services. The increasing in programming has thus contributed to the achievement of IFRC Global Agenda Goals and by extension to the achievement of the MDGs.

Contributing to longer-term impact

The SRCS programmes, HSS, DM, OD as well as the promotion of principles and values contribute to achieving the Global Agenda Goals. The services of the network of clinics, static and mobile and the outreach services contributed to reducing illnesses and deaths of many vulnerable people, especially women and children. The response to the localized disasters such as drought, floods fire outbreaks, armed conflict has saved many lives. The SRCS branches and local communities have been empowered through the implementation of these programmes. The disaster risk reduction initiatives such as branch emergency response teams drills, water hygiene, CBHFA have contributed to enhancing the community resilience.

With support of the IFRC and Movement partners, the NS embarked on developing its new strategic plan 2010-2014. The wide consultation process concluded by organizing a partnership meeting at the end of the year, where SRCS presented its Strategic Plan to the Movement partners. The SRCS programming guided by the National Society priorities stipulated in the Strategic Plan is aligned to the IFRC Strategy 2020 and the Global Agenda Goals. Regular monitoring of the programme implementation has been achieved through field visits to ensure adherence to the agreed activity plans and compliance with standards.

Looking ahead

In 2010, the National Society will start implementing its new Strategy 2010-2014. The programmes will be aligned to the priorities identified in the Strategy. Partner National Societies will align their support with the National Society priorities. The National Society programming will be synchronized towards more integration between programmes to maximize efficiency and effectiveness. During 2010-2011 the IFRC will focus more on Governance Support to assist the leadership of the National society in the implementation of the agenda of the Strategic Plan, empowering the coordination offices in the three zones and strengthening the branches through tailor made branch development programme.

How we work	
<p>The International Federation's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>The International Federation's work is guided by <u>Strategy 2020</u> which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
Contact information	
<p><i>For further information specifically related to this report, please contact:</i></p>	
<ul style="list-style-type: none"> • In Kenya: SRCS Coordination Office based in Nairobi: Dr. Ahmed M. Hassan, President, Somali Red Crescent, email: info.bishacas@africaonline.co.ke; phone +254.20.271.3738; fax: +254.20.271.8862. • In Kenya: IFRC Somalia Representation based in Nairobi: Ahmed Gizo, Country Representative, email: ahmedadam.gizo@ifrc.org; phone + 254.20.283.5000, (direct line) +254.20.283.5132; fax +254.20.272.9070. • In IFRC Africa Zone: Dr Asha Mohammed, Head of Operations, Johannesburg, Email: asha.mohammed@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230 	
<p><i>For Performance and Accountability (planning, monitoring, evaluation and reporting) enquiries:</i></p> <ul style="list-style-type: none"> • In IFRC Africa Zone: Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230 	
<p><i>For pledges towards the plans:</i></p> <ul style="list-style-type: none"> • In IFRC Africa Zone: Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; E-mail zonerm.southafrica@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230 	

International Federation of Red Cross and Red Crescent Societies

MAASO001 - Somalia

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAASO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	0	5,091,013	584,686	177,917	578,789	6,432,405
B. Opening Balance	0	466,595	65,779	0	484,280	1,016,654
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>		0			69,132	69,132
<i>Finnish Red Cross</i>		81,916	8,869			90,785
<i>Finnish Red Cross (from Finnish Government)</i>		464,192	50,259			514,451
<i>Italian Red Cross</i>		0				0
<i>Netherlands Red Cross</i>		0				0
<i>Netherlands Red Cross (from Netherlands Government)</i>		0				0
<i>Norwegian Red Cross</i>		36,506	19,351			55,857
<i>Norwegian Red Cross (from Norwegian Government)</i>		328,556	174,155			502,711
<i>Sweden Red Cross (from Swedish Government)</i>		143,681	71,840			215,521
<i>Taiwan - Private Donors</i>		10,855				10,855
<i>UNDP (UN Agency)</i>		55,235				55,235
<i>UNICEF (UN Agency)</i>		33,164				33,164
<i>World Bank</i>		148,882				148,882
C1. Cash contributions		1,302,988	324,474		69,132	1,696,594
<u>Outstanding pledges (Revalued)</u>						
<i>Saudi Arabian Red Crescent</i>		-7,215				-7,215
<i>UNICEF (UN Agency)</i>		-5,316				-5,316
<i>World Bank</i>		-154,572				-154,572
C2. Outstanding pledges (Revalued)		-167,104				-167,104
<u>Inkind Personnel</u>						
<i>Finnish Red Cross</i>					74,400	74,400
C5. Inkind Personnel					74,400	74,400
<u>Other Income</u>						
<i>Miscellaneous Income</i>		-361,944				-361,944
<i>Services</i>					55,489	55,489
C6. Other Income		-361,944			55,489	-306,455
C. Total Income = SUM(C1..C6)	0	773,940	324,474	0	199,022	1,297,436
D. Total Funding = B + C	0	1,240,535	390,253	0	683,302	2,314,089
Appeal Coverage	#DIV/0	24%	67%	0%	118%	36%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	466,595	65,779	0	484,280	1,016,654
C. Income	0	773,940	324,474	0	199,022	1,297,436
E. Expenditure		-1,351,570	-316,881		-562,860	-2,231,311
F. Closing Balance = (B + C + E)	0	-111,036	73,372	0	120,442	82,778

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		0	5,091,013	584,686	177,917	578,789	6,432,405	
Supplies								
Shelter - Relief	251,300		5,112	10,112			15,225	236,075
Construction - Housing				7,135			7,135	-7,135
Construction - Facilities/Infrastruc			134,989				134,989	-134,989
Construction Materials			17,710	8,009			25,719	-25,719
Clothing & textiles			0				0	0
Food	6,372		4,248				4,248	2,124
Water & Sanitation	22,965		10,122	361			10,484	12,482
Medical & First Aid	694,154		127,123				127,123	567,031
Utensils & Tools			1,557				1,557	-1,557
Other Supplies & Services	50,044		7,636				7,636	42,408
Total Supplies	1,024,836		308,499	25,617			334,116	690,719
Land, vehicles & equipment								
Vehicles			-50,244				-50,244	50,244
Computers & Telecom	65,475			1,903		1,338	3,241	62,234
Office/Household Furniture & Equipm.						805	805	-805
Total Land, vehicles & equipment	65,475		-50,244	1,903		2,143	-46,198	111,673
Transport & Storage								
Storage	162,376		5,987	334		441	6,763	155,612
Distribution & Monitoring			9,215	1,629			10,843	-10,843
Transport & Vehicle Costs	422,303		227,404	14,763		15,867	258,034	164,269
Total Transport & Storage	584,678		242,606	16,726		16,308	275,640	309,038
Personnel								
International Staff	85,527		1,062	829		228,911	230,802	-145,274
Regionally Deployed Staff	100,709							100,709
National Staff	105,337		17,116	5,089		144,883	167,088	-61,751
National Society Staff	1,318,670		458,311	105,463		-252	563,522	755,148
Consultants	10,000		7,046			52	7,097	2,903
Total Personnel	1,620,244		483,535	111,380		373,593	968,509	651,735
Workshops & Training								
Workshops & Training	1,242,737		218,924	96,625		2,914	318,463	924,274
Total Workshops & Training	1,242,737		218,924	96,625		2,914	318,463	924,274
General Expenditure								
Travel	114,508		4,478	12,592		5,150	22,220	92,288
Information & Public Relation	186,340		13,886	6,480		206	20,572	165,768
Office Costs	515,489		52,377	14,669		6,338	73,383	442,106
Communications	72,163		8,923	2,216		5,041	16,179	55,984
Professional Fees						786	786	-786
Financial Charges	46,661		27,375	12,400		29,101	68,876	-22,215
Other General Expenses	578,789		36,919	9,111		-30,310	15,720	563,069
Total General Expenditure	1,513,951		143,958	57,468		16,311	217,736	1,296,215
Programme Support								
Program Support	380,485		96,901	23,067		32,387	152,355	228,130
Total Programme Support	380,485		96,901	23,067		32,387	152,355	228,130
Services								
Services & Recoveries			995				995	-995
Shared Services						144,000	144,000	-144,000
Total Services			995			144,000	144,995	-144,995
Operational Provisions								
Operational Provisions			-93,602	-15,906		-24,797	-134,305	134,305
Total Operational Provisions			-93,602	-15,906		-24,797	-134,305	134,305

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
	A						B	A - B
BUDGET (C)		0	5,091,013	584,686	177,917	578,789	6,432,405	
TOTAL EXPENDITURE (D)	6,432,405		1,351,570	316,881		562,860	2,231,311	4,201,094
VARIANCE (C - D)			3,739,443	267,805	177,917	15,929	4,201,094	