

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SOMALIA

29 December 2005

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In Brief

Appeal No. 05AA002; Programme Update no. 2; Period covered: June 2005 to October 2005; Appeal coverage: 111.5%; Outstanding needs: N/A

[\(Click here to go directly to the attached Contributions List \(also available on the website\)\).](#)

Programme Update no. 1 refer to: <http://www.ifrc.org/docs/appeals/annual05/05AA00201.pdf>

Appeal target: CHF 2,639,837 (USD 2,096,800 or EUR 1,700,400)

Related Emergency or Annual Appeals: N/A

Programme summary: The reporting period saw a high level of activity and some significant steps forward on the organisational development front for the national society, with the long-planned branch development review being undertaken during the second half of the year, and a branch development strategy for 2006-2010 formulated and adopted.

The expanded programme immunization (EPI) continued throughout the reporting period and a total of 17.78 and 8.656 women were vaccinated during the reporting period

All the 24 Somali Red Crescent Society-run maternal and child health/out-patient department clinics addressed the health needs of the targeted communities during the period under review. However, sporadic inter-clan fighting flared up in many areas in the southern and central zones as well as Sool, Sanaag and South Galkayo and led to low clinic utilisation and delay in air lifting drugs to the clinics due to rescheduling and suspension of flights.

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This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents).

All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response¹ in delivering 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>

Operational developments

WHO reported 15 polio cases in neighbouring Ethiopia in August 2005, one of them near the border with Somalia. Since then, 42 cases were confirmed in Benadir area, detected by the continuous surveillance system. Following this confirmation, agencies were encouraged to undertake monthly polio vaccination campaigns in Somalia. After a case was confirmed in Mogadishu in September, a joint WHO/UNICEF emergency campaign began, targeting 1.5 million children under age 5 nationwide. Two more campaigns are planned in November and December targeting the same number of children.

Political developments continued as the Transitional Federal Government (TFG) officially departed from Kenya in June. Since that time however, disputes have continued between the different factions in government over its location (in Jowhar or Mogadishu) and the deployment of foreign troops in Somalia. In addition, Islamic fundamentalist groups continued to increase their influence particularly in Mogadishu area.

Recently the government and Jowhar-aligned parliamentary groups gained some political momentum with an important concession from Mogadishu groups that reconciliation talks could go ahead between the two sides without UN mediation, a condition set by the Jowhar group. An Inter-Governmental Authority on Development (IGAD) foreign ministerial summit also successfully took place, a further sign of potential progress. Meanwhile plans were made for a UN/World Bank-sponsored Joint Needs Assessment to establish priorities and strategies for future recovery and rehabilitation efforts in Somalia.

The first elections in Somaliland took place in September, claimed by Somaliland leaders to complete the republic's "democratic process". Shared campaign stances between all 3 main parties included independence or sovereignty from the rest of Somalia and international recognition. The elections were conducted peacefully, despite fears of clashes in Sool and Sanaag beforehand when ballot boxes were being positioned in the disputed regions.

Piracy off the Somalia coast increased markedly throughout the period and has become a general threat to trade and transport in the area. Targets have included numerous cargo ships, including humanitarian supplies, and a passenger cruise ship which was attacked 100 km offshore, but managed to escape after sustaining damage from rocket propelled grenades and light arms. The United Arab Emirates and Kenyan shipping companies have reportedly begun to refuse their ships to transport goods to Somalia. Other reports say that ship owners have asked Somali businessmen to pay security deposits equivalent to the values of ships they want to charter. WFP stated that the rocketing piracy incidents had hampered the transportation of 2,000 metric tones of food from Mombasa to the war-torn country. The TFG has called for international assistance to police the waters.

Health and care

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

Objective: The quality and range of services provided by the network of Somali Red Crescent health facilities inclusive of STI/HIV/AIDS, TB, malaria prevention and control through community participation is increased.

Progress/Achievements:

Maternal and child health (MCH) and out patient department (OPD) health care services

¹ Humanitarian Charter - <http://www.sphereproject.org/>

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- Promotive activities:
- The promotive activities were expanded to cover statistics on vitamin A supplementation to prevent night blindness in children between 6-60 months and Iron and folic acid tablets to reduce anaemia during pregnancy and puerperium, unlike in the past years.
- Behavioural change for groups and individuals was emphasised to promote health seeking behaviour, during health education sessions at the clinic and community levels respectively.
- In the current reporting period, out patients department and ante natal clinics/post natal clinics recorded 90,849 attendances.

Immunization services:

- The Expanded Programme on Immunisation (EPI) activities continued to be provided despite a few breakdowns of cold chain equipments in Mogadishu and Puntland clinics in the reporting period. The health officers continued to supply the vaccines using cool boxes, and vaccine supply from UNICEF continued throughout the reporting period despite its temporary cessation of operations in Puntland following a security incident.
- A total of 17,780 children and 8,656 women were vaccinated during the period. With the support from UNICEF, the clinic staff and volunteers responded to and controlled the measles outbreak in Mogadishu area in the middle of the year.



A clinic staff stands outside one of the SRCS MCH/OPD clinics.

- A measles vaccination campaign for northern Somalia was completed in October 2005. This was the first coordinated effort to vaccinate all children between six and fifteen years old against measles, thus decreasing substantially the burden of the disease among the child population. The southern and central zones will be covered early in 2006.

Growth monitoring:

- Growth monitoring activities continued to be undertaken; weighing of children at the clinic and outreach sites by the clinic staff continued smoothly. Data collection and analysis on growth monitoring was emphasized to enable proper follow-up of malnourished children and provide advice on nutrition to the mothers on a regular basis. Based on data available from January to October, a total number of 39,939 children were screened for malnutrition conditions; 140 children had oedema; 828 had severe malnutrition and 5,342 had moderate malnutrition. In the period under review (May to October) 19,697 children did not present any signs of malnutrition condition and were registered as normal status according to the clinic records.
- Children with moderate and severe malnutrition were referred to the therapeutic and supplementary feeding centres run by other agencies and supported by UNICEF. Food is supplied and distributed by World Food Program (WFP) but sea pirates operating along the coastline and continuous clan fighting slowed down food delivery and distribution activities in many areas, particularly in the central and southern zones of Somalia.
- Due to increased malnutrition cases reported at the clinics, the national society requested UNICEF to provide a nutrition officer to back up the SRCS volunteers and clinic staff during food demonstration activities in Afgoi and Balaad clinics in Mogadishu branch and also in Isha and Hawaldaq clinics in Baidoa branch. The nutritional officer trained the volunteers on how to trace and identify malnourished children in the community and refer them to the feeding centers.

Constraints:

- Sporadic inter-clan fighting flared up in many areas in the southern and central zones as well as Sool, Sanaag and South Galkayo and led to low clinic utilisation and delay in air lifting drugs to the clinics due to rescheduling and suspension of flights.
- *Vulnerability to diseases has been reduced*
- Cholera prevention activities continued in the reporting period, coordinated through the Somalia Aid Coordination Body (SACB). Special emphasis was directed towards chlorination of wells and health education activities. Despite confirmed cholera cases in Jowhar in October, there were no deaths and no widespread outbreak in Somalia.

Support to supervision, monitoring and evaluation of health activities

Garowe hospital:

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- The hospital continued to serve as the only referral public medical institution in Nugal region of Puntland. In the reporting period, 1,958 attendances were recorded with 463 admissions, 139, discharges and 54 deliveries. The out patient and dressing room recorded 949 attendances while 448 and 123 were recorded at the laboratory and X-ray unit respectively. 48 operations were also performed.
- A surgical review mission was undertaken with support from the International Committee of the Red Cross (ICRC) to review the theatre equipments, working procedures, staffing issues and general performance of the hospital. The review identified several areas for improvement including clarifying the respective roles of the hospital board and management, the community, the Puntland state health authorities, Somali Red Crescent Society and the Federation. The equipments used at the operation theatre were also found to have outlived their usefulness and total replacement was recommended; this will be carried out before the year end.

Community involvement and participation in the management and resourcing of the SRCS MCH/OPDs

- The traditional birth attendants, who form part of the birthing process in Somalia, continued to conduct deliveries in the village environments. 96 traditional birth attendants, attached to the clinics in the three regions of Somalia, have been trained since January to October on community obstetric care aimed at improving their skills in home obstetric care with correct identification of high-risk cases and early referral to the clinics. More traditional birth attendants will be trained to cover all the 46 SRCS clinics in the future. The training was intended to strengthen the set standards on home based care services and referral system to the health facilities. In the reporting period a total of 1,677 successful deliveries were conducted by the clinic midwives and the traditional birth attendants.
- Community sensitisation on clinic management and resourcing through the trained community health committees continued to pick up slowly. The clinic staff and the branch health officers continued to provide health services to the community in close collaboration with the community health committees who showed commitment to provide the essential support to their clinics. The trained community health committees provided the needed management support to the clinics. They provided security at the clinic and during outreach activities and also played a lead role in social mobilisation and response to the outbreak of measles in the reporting period.
- The Red Crescent volunteers and other community own resource persons (CORPS) within the three regions of Somalia continued to assist the clinic staff during the reporting period. They assisted the clinic staff during the measles outbreaks and during national immunization days. More volunteers will be trained in the 19 branches on STI / HIV/AIDS and on water and sanitation programmes.
- The volunteers continue to sensitize the communities using printed information, education and communication (IEC) materials on various health issues like environment, personal hygiene, nutrition, ante natal clinics/post natal clinics, importance of immunization, breast-feeding, vitamin A and also popularize and promote the use of public health facilities where trained staff and quality drugs are available. This will increase the community awareness and promote health seeking behavior in future.

HIV/AIDS awareness

- HIV/Aids awareness activities targeting different segments of the community continued at the clinic sites and during outreach activities. Arrangements with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) were finalised, with GFATM funding obtained by the Federation/SRCS to target IEC, and anti-stigma and discrimination material production and training. Aactivities were delayed due to awaiting development of the communication strategy and harmonisation and development of IEC materials, which is being undertaken by UNDP.
- With the expiry of the current SRCS HIV/AIDS strategy (2002-2004), a consultant was hired to prepare a new strategy (2005-2009) which is in line with the national society's 5-year health strategy and partners' strategies for Somalia. The new strategy will focus on the prevention and control of the spread of STIs and HIV/AIDS as well as advocacy against stigma and discrimination. The strategy is under final review by governance, and the implementation of activities is expected to begin in January 2006.
- Preparations were made for World AIDS Day, including printing of posters and t-shirts with anti-stigma messages for distribution to all branches.

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Malaria

Management of malaria cases and childhood diseases has improved

- In the reporting period, funds were received from the GFATM malaria programme to undertake malaria prevention and control activities in Somalia. The national society will use this opportunity to train its health staff and volunteers on malaria case management, prevention and control measures. A training curriculum and IEC materials on malaria were jointly developed by the Federation's Somalia delegation health department and UNICEF and will be used to train and equip the SRCS volunteers with the basic malaria knowledge and malaria messages to pass to the community.
- 14 SRCS clinic laboratory technicians were trained by WHO on malaria microscopy to improve the diagnosis of malaria cases at the clinic level. Four clinic staff from the southern and central zones participated in a malaria case management training workshop held in Nairobi. They will serve as trainers of trainers (ToT) on malaria case management and train other health workers and volunteers at the SRCS clinics.

Disaster management

Goal: The vulnerability of the Somali people to disasters is reduced.

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

Following the tsunami disaster, all disaster management support for SRCS is channeled through the tsunami emergency appeal. Please click on the link below to view the Tsunami Plan of Action 2005-2010:

http://www.ifrc.org/cgi/pdf_appeals.pl?04/2804PlanofAction2005-2010-revised.pdf

Organisational development

Goal: Somali Red Crescent Society capacity to deliver effective services to the vulnerable people is increased.

Objective: Somali Red Crescent Society local branches, Headquarters co-ordination, resource mobilisation as well as volunteers' role in the implementation of Somali Red Crescent Society plans at the grass root level is strengthened.

Progress/Achievements:

Somali Red Crescent Society governance and management capacity increased

- The first meeting of the expanded Executive Committee since last year's all-inclusive meeting in Djibouti took place in Hargeisa in June, and the meeting included a training session on governance roles for the new members facilitated by the Federation. A second Executive Committee meeting was held in Garowe in November, establishing a regularity and cohesiveness in the governance processes that had been lacking for some time.
- The long-planned branch development review was undertaken during the second half of the year, and a branch development strategy for 2006-2010 formulated and adopted. Developing a strategy that will affect all branches required a participatory approach to achieve a sustainable end product with ownership at all levels in the national society. SRCS branch staff and volunteers required an opportunity to contribute to the aim and direction of the strategy, and the review represented the widest consultation exercise ever seen by the national society. The finally adopted branch development strategy was the result of the following steps:
- Visits to 15 regional and 5 district branches, introducing six thematic areas with some 26 issues on branch development. The main objectives of the visits were to capture the current situation and discuss the relevance of issues for the strategic planning.
- Engaging the branches in forming the strategy: a referral document entitled "Towards the Branch of Tomorrow" was sent out to all branches. 88 sub-branches (over 90% of all sub-branches) conducted

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meetings in all parts of Somalia, gathering a total of 2,415 people with an average of 27 people in each meeting and answering a number of questions.

- All 19 regional branch chairpersons and branch secretaries were invited to a workshop on 26-30 October 2005 in Hargeisa. Sessions covered most of the issues given priority by the branch visits and subsequent district level meetings. The basis of the strategy was focused and the priorities for an initial plan of action were identified.
- A draft strategy document was circulated to the regional branches in November. Comments were processed and incorporated by the team facilitating the exercise consisting of key SRCS management personnel and an external consultant.
- The final strategy was endorsed and adopted by the SRCS Executive Committee in November, and represents a major milestone in the national society's organisational development. The Executive Committee also mandated a management group to work further on the plan of action for the coming years based upon the priority areas identified.

Humanitarian values

Goal: To promote awareness of the humanitarian values, IHL, Red Cross Red Crescent Principles and the Somali Red Crescent activities.

Objective: To increase the knowledge of the IHL, Red Cross Red Crescent principles, humanitarian values, the Somali Red Crescent' activities and the protective value of the emblem, among the community members, national society's staff and volunteers.

Progress/Achievements:

Principles and Humanitarian Values understood and upheld

- The ICRC continued to lead in the Movement's promotion of Humanitarian Values through the communication and training department of the SRCS and with the aim of promoting understanding of the International Humanitarian Law (IHL), the Red Cross/ Red Crescent Principles and national society activities.

Coordination, cooperation and strategic partnerships

Goal: The Federation coordination role is accepted and respected by all partners in Somalia with the view to enhancing good cooperation and successful partnerships.

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

Progress/Achievements:

Federation, ICRC and PNS coordination

- The Federation continued to strengthen its cooperation with the ICRC, UN agencies, international organisations and donors. The reinforced Movement coordination structures ensured continued regular Movement meetings with SRCS, ICRC and other partner national societies (PNS) with interest in Somalia.
- Following the work carried out in Somaliland early this year with the support of the British Red Cross to produce media and presentation materials of the work done in four of the SRCS clinics in Somaliland, a follow-up exercise will be carried out early in 2006 to document the progress during the year and remaining needs.

Collaboration with external partners

- The delegation continued to work closely with other organisations during programme implementation to share information and experience both on ongoing and planned projects. The SRCS and the Federation continued to be active members in the SACB. Apart from the organised SACB meetings, the SRCS and Federation continued to take part in field coordination meetings organised by the health authorities with involvement of other state and humanitarian actors.

Donor support

- Funding partnerships were concluded with a number of organisations. These included the GFATM for HIV/AIDS activities, UNDP for LICUS support to the health programme in Puntland, and the World Bank Japanese Social Development Fund for support to the health programme in tsunami affected areas. A proposal was also submitted to the Italian government for continuing its support to Garowe hospital in 2006/7.

Representation

Goal: The Federation represents and advocates for and on behalf of the national society to command recognition as a key humanitarian actor.

Objective: The Federation effectively represents the national society both within and outside the Movement with the aim of supporting the Somali Red Crescent in addressing the needs of the most vulnerable.

Progress/Achievements:

Advocacy and sensitisation

- Regular involvement in humanitarian and diplomatic events and fora maintained the profile of the Federation during the year, including at the historic departure of the transitional federal government from Kenya hosted by President Kibaki at State House, Nairobi.
- The Federation's Somalia delegation was involved with the Fragile States Initiative, managed by DFID/World Bank for Somalia that plans to establish a set of principles for donor engagement in fragile states and post-conflict environments. After giving input into the preparatory consultancy, the head of delegation participated in a discussion workshop with donor representatives and selected international organisations to identify priorities.
- The World Bank carried out a review of its involvement in Somalia in recent years through its Post Conflict Fund and LICUS initiative. The review looked at the work of all partners and the Federation emerged in a very favourable light, with strong programmatic results. The delegation widely circulated the programming and learning tools developed through the World Bank partnership which helped to profile the community management model for primary health service provision piloted by national society. Ongoing representation with the World Bank resulted in further LICUS funding next year as well as the new partnership through the Japanese Social Development Fund, which attracted media attention.
- Meetings were held with David Bassiouni, heading the UN team on the upcoming Somalia Joint Needs Assessment (JNA), and the World Bank counterparts. The Movement partners in Somalia (SRCS, Federation and ICRC) will assist the JNA process through information and dialogue, but maintain an independent observer status.

[Contributions list below; click here to return to the title page and contact information.](#)

APPEAL No. 05AA002

PLEDGES RECEIVED

28/12/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				2,639,837	TOTAL COVERAGE 111.5%	
OPENING BALANCE				1,053,785		
BRITISH - RC		100,000	GBP	218,100	02.02.05	SOMALILAND
FINNISH - GOVT/RC		90,000	EUR	139,410	29.03.05	HEALTH, ORGANISATIONAL DEV.
NORWEGIAN - GOVT/RC		700,000	NOK	130,900	17.01.05	ORGANISATIONAL DEVELOPMENT
NORWEGIAN - GOVT/RC		1,690,000	NOK	330,395	17.01.05	HEALTH, HIV/AIDS, BAIDOA CLINICS
NORWEGIAN - GOVT/RC		1,400,000	NOK	273,700	17.01.05	ORGANISATIONAL DEVELOPMENT
SWEDISH - GOVT		900,000	SEK	153,900	26.04.05	ORGANISATIONAL DEVELOPMENT, HEALTH & CARE
SWEDISH - RC		300,000	SEK	51,300	26.04.05	HEALTH & CARE
UNDP		199,440	USD	253,288	19.08.05	
UNICEF		189,500	USD	245,213	12.10.05	
SUB/TOTAL RECEIVED IN CASH				2,849,991	CHF	108.0%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
GREAT BRITAIN	DELEGATE(S)			73,000		
FINLAND	DELEGATE(S)			19,400		
SUB/TOTAL RECEIVED IN KIND/SERVICES				92,400	CHF	3.5%

ADDITIONAL TO APPEAL BUDGET

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