

Programme Update



Somalia

Appeal No. MAASO001

26/08/2009

This report covers the period 01/01/09 to
30/06/09



Emergency Response Team doing growth monitoring in Allebaday district, Somalia.
Source: Somali Red Crescent Society

In brief

Programme purpose: The Somali Red Crescent Society (SRCS) Integrated Health Care Programme (IHCP) provides essential health care to communities throughout Somalia. SRCS programmes are in line with the Federation Global Agenda goals. The services provided include promoting, preventive and curative health-care services to the vulnerable, with emphasis on mothers and children, in order to reduce deaths and diseases.

Programme summary: In line with Global Agenda goal 2, the SRCS is integrating related health activities in the ongoing health interventions including family health, female genital mutilation, HIV/AIDS and Community Based Health First Aid in Action (CBHFA). Health education and risk reduction are carried through volunteers' net works within the community. The National Societies (NS) staff and volunteers have been trained and received technical support and equipment to respond to community needs. Health and care, disaster management, organisational development, and humanitarian values programmes have strengthened the community based activities focussing on partnerships, networking, advocacy and disease prevention.

Exit strategy support to Garoe hospital was started at the beginning of the second quarter of the year a total of CHF 10,000 (half of the initial amount) is disbursed every month and runs up to September 2009, after which Federation support will be phased out. In the meantime, SRCS is in consultation with other possible partners for taking over support to the hospital.

Financial situation: The total budget for 2009 is CHF 6,432,405 (USD 6062542 or 4238955 EUR), of which 2,563,585 was the income thus 40 per cent of the budget is covered. Expenditure overall was CHF 977,846.

Operational limitations due to access and security constraints have led to a somewhat lower than anticipated implementation in some areas. However, escalating security concerns for volunteers and staff affected operational costs during the reporting period.

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

See also [Somalia country plan 2009-2010](#)

No. of people we have reached: During the reporting period, a total of **73,579** patients were treated at the Maternal and Child Health (MCH) and Out-Patient Department (OPD) clinics from January to June 2009, **17,508** children and **9,267** mothers were vaccinated, **19, 730** children were screened for growth monitoring and **1,771** successful deliveries.

Our partners: SRCS continues to work closely with the Ministry of Health and Labour in all health related issues and remains a member of the health working group. It has adopted the national health policy and guidelines in its areas of operation. There is close collaboration between SRCS and the international and local Non Governmental Organizations (NGOs). World Health Organization (WHO) supports the health programming with laboratory reagents for malaria microscopy. The United Nations Children's Fund (UNICEF) provides mean corpuscular haemoglobin kits and renewable supplies for routine Expanded Program on Immunization (EPI). These target mainly children who are less than five years old and pregnant mothers.

On bilateral basis SRCS Hargeisa coordination office received funds from World Vision for support to orphans and vulnerable children living in the Internally Displace People's (IDP) camps. In Hargeisa they were provided with school fees, books and uniform through the Global Fund initiative. The Food Security Assessment Unit (FSAU) collaborated with SRCS in collection of data, analysis, monitoring, reporting and updating partners and administration on food security and nutrition issues in the Somali communities.

In Somaliland, SRCS in collaboration with UNICEF and World Food Program (WFP) supported the malnourished children in the IDP camps in Berbera and Burao. In Puntland seven clinics have been chosen as a pilot programme to carry out screening of children and provided with UNIMIX for severely malnourished children.

Context

Somalia is facing the worst drought in over a decade. Its impact has been very severe due to the existing acute food and livelihood crisis and chronic vulnerability of the population. Public infrastructure is fragile and the country largely relies on external support for basic services. The coping mechanisms for the nomadic communities have been depleted and are now resulting to migration in search for pastures and water. Factors related to climate change and the recent heavy infestation of locus swarms worsened the situation in the Guban region. The fifteen years of armed conflict has contributed to the worsening of livelihoods of the population, destruction of public infrastructure, recurrent outbreak of diseases, breakdown of the social fabric, and severe disruption of basic health services.

The general situation of Somaliland and Puntland is relatively calm but travelling was restricted as a result of flight suspension due to 29 October bomb explosion in both Somaliland (Hargeisa) and Puntland (Bosasso). Somaliland restriction is lifted but Puntland is still a problem with flights but Federation has been getting assistance from International Committee of the Red Cross (ICRC) just for short missions in and out.

The health indicators for Somalia are among the worst in the world, with an infant mortality rate (IMR) of 86/1000 live births; an under five mortality rate (U5MR) of 135/1000 (UNICEF 2006); and a maternal mortality rate (MMR) of 1,044/100,000 (UNICEF 2007). Life expectancy at birth is 45 years for women and 43 years for men (UNICEF, 2002). Hence, the need for continuous basic health care is immense. At the same time, the deteriorating environment and the increased number of targeted assassinations and kidnaps reduced the ability of all humanitarian actors to work in the field.

Progress towards outcomes

Disaster Management

The disaster management programme has primarily been funded through the Tsunami operation. The main objective of the programme has been to strengthen SRCS' capacity and that of the communities it serves to prepare for and respond to disasters. In the reporting period, the following achievements were realised:

Programme Component: Disaster Preparedness

Outcome

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).

Achievement

- During Emergency Response Team (ERT) drills, 400 families equivalent to 2400 people benefited from non-food items such as tarpaulins, mosquito nets, soap, and water trucking.

Programme Component: Disaster preparedness at institutional and community levels

Outcomes

- Increased SRCS capacity to organise effective and efficient disaster response.
- Improved SRCS capacities (structural and human) to respond effectively to and recover from common disasters/emergencies (including drought, floods, cyclones, and Tsunami).

Achievements

- In February 2009, ERT training for 24 SRCS members of staff was conducted in Hargeisa. Health, disaster management and other professionals were trained together. The training had both theory and field experiences; the field exercises addressed drought and flooding scenarios.
- In the flooding scenario, mosquito nets and tarpaulins were distributed to 100 families whereas in the drought scenario, tarpaulins and water were distributed to a further 100 families. In both scenarios, screening of malnourished children was done and identified cases treated with Plummy nuts and referred to the SRCS supported MCH and OPD clinic in Alleybaday town.



Berbera branch volunteers preparing ERT drill materials. Photo by SRCS

As a follow up of the national level ERT training exercise, Berbera, Garoe and Gal kayo branches formed branch emergency response teams (BERT). Each BERT consists of 20 members, mainly the core staff in the branch and active volunteers. During the reporting period, each BERT conducted a drill. Most parts of Somalia are hard hit by the current drought and so all the branches selected a drought scenario in their drill. The drills therefore addressed real life situations by distributing non-food items such as tarpaulins, mosquito nets and soap to vulnerable communities in pre-selected villages.

300 families were reached by this intervention. In order to prepare more branches for response to emergencies and disasters, the remaining six branches in Puntland and Somaliland have been equipped with materials for conducting drills.

Construction of Bossasso branch naadiga commenced during the reporting period. Once completed, this will bring to a total of nine such facilities in Somaliland and Puntland branches. A naadiga is a club where volunteers meet to plan activities and carry out training. It also serves as a recreation centre offering indoor games and entertainment. This is an initiative within the framework of the SRCS volunteer management guidelines.

Programme Component: Disaster risk reduction

Outcome

Vulnerability of communities to the impacts of disaster in disaster-prone areas reduced through timely information, capacity building and livelihood resilience to disaster risk.

Achievements

- Vulnerability and Capacity Assessment (VCA) training and field exercises were conducted in Hargeisa and Merka branches. Findings of the VCA exercises are cross-cutting and feed into programming of all SRCS programmes.
- Disaster management officers for the two branches were recruited for follow up of DM and CBHFA activities

Health and Care

Programme Component: MCH/OPD/Hospital

Outcomes

- Improved access to quality and gender-sensitive health services to women, children, men and young people.
- Improved nutritional status of women and children.
- Improved access to immunisation of children and women.

Achievements

- A total of 159,271 consultations were registered in the reporting period. Medical supplies were provided by UNICEF and the Federation. The programme offered the much needed health interventions thereby reducing morbidity and mortality rates in Somalia.
- The Expanded Programme on Immunization (EPI) recorded a total of 59,098 beneficiaries who were vaccinated, comprising 40,117 children and 18,981 mothers.

The programme focused on steadily increasing the immunisation coverage of under-five children and pregnant women. Daily immunisation sessions were carried out at the clinics. UNICEF provided the EPI with supplies and equipment. Community Health Committees (CHCs) and Traditional Birth Attendants (TBA) assisted in mobilising communities during the accelerated vaccination campaigns; they traced defaulters in the area; and encouraged mothers to have their newborns vaccinated.

- Growth monitoring activities continued throughout the reporting period and a total of 45,263 children were screened for various levels of malnutrition, 54 had oedema, 740 were severely malnourished and 1,200 were moderately malnourished. Severely malnourished children were given Plumy Nut which provides between 70–80 per cent recovery rates.
- The volunteers and the clinic staff followed up the cases and provide nutrition education to their parents for faster recovery. 12,583 children received vitamin A supplementation to prevent night blindness and to strengthen their immune system to enhance healthy growth and development.
- Health promotion, preventive and curative services were provided for Antenatal and Postnatal Care (ANC/PNC) mothers and a total of 35,278 consultations were recorded in the reporting period. Out of these consultations a total of 9,806 received iron and folic acid and 21,002 received vitamin A supplements.
- Traditional birth attendants facilitated deliveries in the villages. A total of 2,452 deliveries were conducted and 107 referred for further management and a total of 25 midwives and 58 TBAs had refresher trainings in the reporting period.

Programme Component: Community based first aid (CBFA)

Outcomes

- Improved community involvement in prevention of water and sanitation related diseases.
- Community engagement in public health emergencies.
- Improved communities' basic First Aid skills in target population in simple context.

Achievements

- In Somaliland a total of 324 volunteers were trained on First Aid and EPI, nutrition and prevention of common health problems.
- The national health officer attended as a CBHFA master facilitators training in Swaziland. During the workshop, facilitators used different participatory methodologies which gave participants a chance to express their ideas and views in relation to CBHFA in action approach. It is anticipated that the skills from the training and lessons learned, will assist the health officer to roll out CBHFA in Somalia.
- To increase health awareness as well as health seeking behavior, SRCS has routine individual and group health education. The activity is provided at the clinic by clinic staff and at community level by the volunteers. About 25,200 community members including traditional birth attendants and volunteers received health education.

Programme Component: HIV and AIDS

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

Achievement

- A total of 450 volunteers, youth in and out of school and women groups were trained on peer education on HIV and AIDS. Topics covered included reproductive health, HIV and AIDS, sexuality and gender, Sexually Transmitted Infections (STI), drug

abuse, life skills, peer education and peer counselling skills. The SRCS prevents the spread of HIV and AIDS in Somalia through awareness campaigns and advocacy on prevention of stigma and discrimination.

Outcome 2: Reduced HIV infections among SRCS target population.

Achievement

- During the cross border activities in Somaliland SRCS staff and volunteers in the target locations conducted weekly awareness sessions to sensitize the communities on the risk of HIV infections. The target groups are drivers, travellers, youth, women and general population. A total of 35,000 people benefited from the weekly sessions.

Outcome 3: Strengthened capacity of staff and volunteers

Achievement

- HIV/AIDS awareness campaign was held in Gal kayo branch and Puntland. The head nurse and midwives facilitated three days health education awareness raising sessions on HIV/AIDS in 5 schools in their villages. At least 1,500 children of primary and secondary schools were reached. The clinic staff distributed HIV/AIDS brochures and leaflets to the teachers and students.

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

Achievements

- On bilateral basis, SRCS continued to implement HOPE project with the support of World Vision International. They re-organized ten Community Care Coalitions for OVC in five districts in Hargeisa.
- Eight OVC supporting groups were formed (each 25 children). Fifty HIV positive mothers in five support groups formed TALOWADAG Coalition in Hargeisa. The mothers are receiving psycho-social counselling at the Talofa Centre.
- 200 OVC support groups have been given materials such as shoes and clothes. Eleven drama presentations were developed and performed on PMTCT and STI, VCT, child rights and stigma and discrimination reduction; 100 people were trained on home based care and 96 households with 463 children (226 girls & 237 boys) visited where psychosocial and counselling support services were being provided.
- SRCS participated in two coordination meetings organized by AIDS commission in both Somaliland and Puntland and the health and nutrition coordination meeting organized by the Ministry of health.

Organizational Development/Capacity Building

Programme Component: Governance capacity building and support

Outcome: Strengthened governance participation and monitoring capacity.

Achievement

- The SRCS held an “All-Inclusive” meeting in Hargeisa in January 2009. The “All-Inclusive” meeting is the highest governance body of the National Society, equivalent to a General Assembly, and brings together all the SRCS governance and management at both branch and coordination office levels.

Programme Component: Management and staff effectiveness, support and security

Outcome 1: Increased branch capacity to deliver integrated services, and expanded support to the branches by the zone offices.

Achievement

- SRCS continued to strengthen its interventions with the network of volunteers to provide assistance to the most vulnerable people at the grass root level through community education and awareness creation on health related issues. The primary aim is to reduce the morbidity and mortality from common diseases in respective communities by changing community attitude and practice.

Outcome 2: Streamlined reporting procedures responding to Somali standards and partner requirements

Achievements

- Meetings between the Federation and the SRCS regarding programme issues focusing on increasing the local community and SRCS capacity in addressing the most urgent situations of vulnerability took place on an adhoc basis.
- Emphasis was given to the interpretation of information generated at the clinics in order to assist in planning and reporting. Strategic planning and development meeting to provide inputs for 2014 strategy was held in Hargeisa, Gal kayo and Mogadishu.

Programme Component: Resource mobilisation and partnerships

Outcome: A closer co-operative mechanism and a longer-term secure external support structure

Achievements

- Health, DM and branch secretaries participated in the health planning meeting where they come up with the draft activities and budget for 2010. The outcome of the meeting was the development of 2010/2011 plan.
- SRCS supports the construction of volunteer clubs (*naadiga*) at branch level. A *naadiga* serves as a resource and multi-purpose centre for volunteers and to support their work in the branches. Garoe Naadiga is complete and Bosasso is in the process of construction.

Principles and Values

Programme Component: Fundamental Principles and Humanitarian Values

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

Achievement

- Red Cross and Red Crescent day (8 May) was celebrated in all regions of Somalia/Somaliland. SRCS volunteers, staff and members of the respective communities participated. SRCS branch secretaries and SRCS coordinator made a speech mainly related to Red Cross and Red Crescent Movement.

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

Achievements

- SRCS staff with the support of the volunteers conducted health education sessions about HIV and AIDS, prevention, care and support for people living with HIV, stigma and discrimination reduction targeting community members and travellers. The clinic staff reached 3,490 persons including truck drivers, youth, business people, women, men and students in schools.
- In March, HIV and AIDS awareness sessions in Bosaso's IDP Camps and village's 21 volunteers engaged themselves in stage plays related to HIV/AIDS.

Outcome 3: Information education and communication (IEC) materials with stigma and discrimination reduction messages produced and distributed.

Achievement

- A total of 120 women from four branches in Puntland were trained in gender and sexuality, reproductive health, HIV and AIDS, and STI counselling. The participants included women groups and participants from the Ministry of Women Affairs.

Challenges

- Security concerns and difficulties of access increased considerably as humanitarian aid workers were specifically targeted in a number of incidents of attack and kidnap for ransom. Logistical and communication challenges continue to be among the constraints of working in Somalia for example air lifting supplies and staff within and outside Somalia for workshops and other activities.

Working in partnership

During the period, SRCS worked in partnership with the Ministries of Health and AIDS commissions in Somaliland, Puntland and south/central Somalia. Other partners include UNICEF, the World Health Organization and FSAU. The FSAU collects data, analyzes, monitors, reports and updates partners and local administration on food security and nutrition situation in the Somali communities. It provides trainings on nutrition and gives technical support to the agencies and organizations which are carrying out nutritional surveys and surveillance. SRCS is a partner and key player for all assessments, surveys and sharing nutrition information.

SRCS also work closely with World Vision on a bilateral basis on care of 200 orphaned children in refugee camp in Hagias through the global fund initiative.

Movement Partners are the American, British, Finnish, German, Netherlands, Norwegian and Swedish Red Cross Societies as well as the International Committee of the Red Cross.

Contributing to longer-term impact

The National Society's strategic planning process for the next five years will be finalized in 2009. Response to emergencies including drought and Acute Watery Diarrhoea outbreaks has reduced the impact of the disasters. The health programme continues to reduce illnesses and deaths of vulnerable women and children, and other patients who have no access to other health facilities. The community approach to health care provision and disaster management by SRCS builds local capacities to address communities' own vulnerabilities through the CBHFA in action.

Regular monitoring and supervision was carried out on weekly basis by the branch health officers and on a monthly basis by the national health officers. The clinics staffs were

supervised to ensure compliance on use of SRCS implementation guideline inline with standard norms which all staff should fulfil. The Federation staff conducts monitoring on quarterly basis depending on the security. The gaps Identified are rectified through on job trainings.

Looking ahead

The priority in the next 6 months is to finalise all pending trainings for the clinic staff, CHC, volunteers and monitoring and evaluation training for the branch staff. Depending of the security medical supplies and equipments for the remaining quarters will be sent to the NS. The Increment Hazard Control Plan (IHCP) and other programmes have expanded and bound together existing activities. The SRCS Strategic Plan 2010-14 will review all programme components and consider how they can best become mutually supportive in serving vulnerable communities and people in an effective and economic way and increase the capacity through trainings and other capacity building activities.

There is a global recognition of the crucial role played by SRCS in the humanitarian sector in Somalia. It is therefore essential that the Movement continues to assist the National Society and guarantees its long-term economic security and sustainability.

How we work

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".

Global Agenda Goals:

- 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.

Contact information

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