Plan 2010-2011

International Federation
of Red Cross and Red Crescent Societies

Somalia

Executive summary

Map of Somalia[1]

The Somali Red Crescent Society (SRCS) has operated continuously throughout the country's period of civil strife and is credited as being the largest indigenous humanitarian organisation with representation and services across Somalia. SRCS programmes are aligned towards the Federation's Global Agenda goals.

The health programme serves an estimated 600,000 beneficiaries through 62 maternal and child health/outpatient department (MCH/OPD) clinics and four mobile clinics. The permanent clinics are structured to serve the immediate neighbourhood communities. Outreach services reach communities in a range of 20 km. The mobile clinic reaches the remote villages; Internally Displaced Persons (IDP) camps and sometimes services are redirected to the disaster sites within short notice. Rehabilitation services to physically disabled persons will continue to be provided with support of the Norwegian Red Cross in Mogadishu, Hargeisa and Galkayo branches. Support to the Nugal general hospital in Garowe will end in September 2009. The **integrated health care programme** works in the direction of building synergies with the National Society's disaster management, organisational development, and humanitarian values programmes. During the 2010-2011 periods, the integrated Community Based Health and First Aid (CBHFA) will link the disaster management programme and branch development. The synergy of these programmes helps to achieve increasingly effective results at community and household levels.

The **disaster management programme** has primarily been funded through the Tsunami operation that ends in March 2010. Through the Tsunami operation, SRCS established DM positions at national level as well as in 13 branches. In 2010, it is the first time for the DM programme to be integrated and included in the annual appeal. The programme will build on the established structures and activities, with modification where necessary to enhance relevance. The programme will focus on organisational disaster preparedness and response, and community preparedness components.

The **organisational development programme** will focus on the following components: support national society organisational development, and increased capacity of local community, civil society and SRCS staff and volunteers. Volunteering and Youth development programme components are cross-cutting and integrated in other Programmes activities.

The total 2010-2011 budget is CHF 6,675,283 (USD 6,238,582 or EUR 4,541,008)

<Click here to go directly to the budget summary of the plan>

[1] http://www.geographyiq.com/images/so/Somalia_map.gif

Country context

Somalia is one of the most impoverished countries in the world, being the last country on the 2008 UNDP Human Development Index list of 179 countries. Decades of civil war and persistent insecurity in many parts of Somalia has caused serious population displacements. Increased frequency of disasters, including the Tsunami, epidemics and the ongoing prolonged drought, has badly impacted on livelihood. Increasing food prices and inflation rates has made people extremely vulnerable to hazardous events. Health wise, the situation is extreme. Most health indicators are ranked amongst the worst worldwide. Infant and under five children mortality rates are 86 and 134 per 1000 respectively and the maternal mortality is between 1400 and 1044/100 000. Consequently, life expectancy is well below 50 years at birth (UNICEF, 2007).

Indicators	Somalia
Population (millions)	8.7
Persons living with HIV, adults (%)	1
Orphans due to HIV and AIDS	8,800
Malaria cases (per 100,000)	81
Population with access to improved sanitation (%)	29
TB cases (per 100,000)	372[2]
Under-five mortality rate (per 1,000 live births)	29
Life expectancy at birth (years)	47.1
GDP per capita (PPP US$)	46.5
Probability of not surviving past age 40(%)	38.9
People without access to an improved water source (%)	29
Children underweight for age(% ages 0-5)	32[3]
Life expectancy at birth (%)	41.1

National Human Development Index: Somalia

The country relies largely on external support. Out of the meagre government and UN total budgets, and allocations to health is below 5 per cent and 10 per cent respectively, very little is allocated to prevention, immunisation and community health. The SRCS health care programme and its service profile are absolutely vital, filling parts of a wide service gap that needs further attention. Continuous fighting in the South and Central, piracy in the coast line, hijacking and killing of the international staff reduced the ability of all humanitarian actors to work in the field. Security situation in the last year has been poor and thus the entire allocated budget could not be consumed since planned activities were not completed. With improved security situation especially in Puntland, implementation rate is expected to be improved. Democratization process and coming presidential elections in Somaliland September 2009 might increase instability. Last year, insecurity affected the rate of implementation due to reduced accessibility the programme area and this led to low consumption of the allocated budget. This is, however, not foreseen in view of the improved security situation in the programme area. Inflation rate has increased up to three times in most parts of Somalia, making prices of fuel and essential commodities very high. These factors have made some budget lines to be slightly higher than in the previous planning periods.

National Society priorities and current work with partners

Since the early 1990's the Somali Red Crescent Society has run its Integrated Health Care Programme (IHCP) providing preventive and curative health care and health education services in all regions of the country, focusing on mothers and children. The Somali Red Crescent Society will continue its existing core programmes into 2010-2011 with modifications to enhance their relevance. All programmes are in line with the Federation Global Agenda goals. To optimise effectiveness, SRCS will integrate its programme activities through human resource capacity building and volunteer mobilization to deliver services and respond to emergencies.

SRCS has been working and will continue to partner with the following:

[2] http://www.gftbsomalia.org/index.php?option=com_content&task=view&id=20&Itemid=
[3] http://www.unicef.org/infobycountry/somalia_statistics.html

Table 1: Partners supporting Somalia Red Crescent

Partner	Programme component
British Red Cross	Coordination and management
Finnish Red Cross	Health services in Somaliland, OD, CBHFA, HIV/AIDS, Coordination and management
Netherlands Red Cross	Health in Somaliland, three clinics
Norwegian Red Cross	OD, Puntland Galkayo clinics, Coordination and management Bilateral three rehabilitation centres
Swedish Red Cross	Un earmarked funding
German Red Cross	Bilateral supporting four clinics in Somaliland and four through Federation in Puntland. Youth and WatSan programme in Somaliland bilateral
International Committee of the Red Cross (ICRC)	Promotion of humanitarian principles and values; disaster management planning /disaster response in conflict-affected communities, ICRC supports SRCS programming in the South and Central Somalia.
UNICEF	MCH kits, renewable supplies and vaccines
WHO	laboratory reagents for malaria microscopy, training
World Food Programme (WFP)	Population movement emergency operations
World Vision	Support to SRCS orphan and vulnerable children program
Food Security Assessment Unit (FSAU)	Collaborate with SRCS to collect analysed data, on food security and nutrition

Secretariat supported programmes in 2010-2011

Disaster Management

The disaster management programme budget is CHF 796,403 (USD 750,610 or EUR 524,829)

a) The purpose and components of the programme

Programme purpose
To reduce the number of death, injuries and impact from disasters

Programme component 1: Disaster preparedness and response
Component outcome: Improved capacity of SRCS and the target communities to prepare for and respond to disasters

This component will aim at strengthening the capacities of the SRCS and targeted communities to reduce disaster risk, and render effective and timely response services during disasters and emergencies. This will primarily be done through pre-positioning relief items in selected branches and conducting emergency response drills at national and branch levels. Early warning systems will also be established at local levels and contingency and response plans developed, at different levels of the organisation. With support from the International Federation, the SRCS will develop a disaster response contingency plan and standard operating procedures to enhance preparedness for disasters such as floods, fires and disease outbreaks. This includes setting up coherent and effective disaster response strategies, identifying operational models, linking up disaster response stakeholders on different levels, and defining management responsibilities of each stakeholder

Programme component 2: Community preparedness
Component outcome: Improved self-reliance of individuals and communities to reduce their vulnerabilities to public health emergencies and disasters

The community-based preparedness and mitigation component is focused at the community and where applicable school levels. Activities under this component will be integrated with CBHFA activities, and will mainly be providing training to school children, teachers and their communities. Volunteers in the IDP camps will also receive a similar training. The training focuses on promoting a culture of safety in target schools and surrounding communities; and ensuring that at risk communities are well-prepared and have the capacity to take risk reduction measures and respond to local disasters.

Organisational and community preparedness will pave way for effective response to disaster and emergencies. Branches will be supported to assess and rapidly respond to emergencies. Information dissemination on disasters/emergencies through newsletters, DMIS, etc will be enhanced. The Federation DREF tool will be utilised where necessary to improve response capacity and efficacy of the National Society.

b) Potential risks and challenges

SRCS DM programme has been weakened over the decades of civil unrest in Somalia, thanks to tsunami funds for rejuvenating the programme. The greatest risk facing this programme is lack of adequate resources, after close down of the tsunami operation funding.

Health and Care

The health and care programme budget is CHF 4,448,392 (USD 4,157,375 or EUR 3,026,117).

a) The purpose and components of the programme

Programme purpose
Develop, promote and strengthen community based health and care programs focusing on preventive, promotive and curative aspects

Programme Component: Maternal and Child Health/Out Patient Department (MCH/OPD)
Component outcome: Improved health services are provided to the target communities through the network of MCH/OPDs, outreach and mobile clinics.

The main activities in all the SRCS clinics focus on reducing mortality and morbidity treating common diseases, like acute respiratory infection (ARI), diarrhoeal diseases, skin and eye infection, anaemia and malnutrition as well as maternal and child health ailments and diseases.

The clinic staff will provide nutritional screening and health education for every child who attends clinic, outreach or mobile services. Severely malnourished children will be given Plumy Nut and Unimix in collaboration with UNICEF and WFP. Those with oedema and other complications will be given vitamin A, measles vaccination and if necessary antibiotics in the clinic. Safe motherhood is one of the essential health services provided in the clinics. SRCS clinic staff will work closely with the traditional birth attendances (TBA) in managing and assisting in safe delivery including antenatal and postnatal care (ANC/PNC). Health education in the immediate clinic catchment area will be done through outreach whereas in remote communities through mobile clinics. Health education activities include nutrition, EPI, ANC/PNC, FGM/C, treating minor illnesses and hygiene education and promotion. Under the HIV and AIDS Global Alliance framework, SRCS will scale up its activities to reduce vulnerability to HIV/AIDS and its impact through preventing further infections, reducing

stigma and discrimination of PLWHIV (people living with HIV/AIDS). SRCS volunteers will be trained and carry out community mobilisation on non remunerated blood donor recruitment.

SRCS with the support of the International Federation of Red Cross (IFRC) will provide training for the clinic staff on patient management, safe motherhood and clinic management at least once a year. The CHC will be trained on clinic, human resource and financial management. SRCS will train peer educators to carry out education and counseling at community level. Community volunteers and PLWHA caretakers will be trained in Home Based Care (HBC) SRCS will translate materials into the Somali language to be used by volunteers when training communities. SRCS will expand its CBHFA *in action* programme by integrating it with other activities like health, disaster preparedness and management, youth/volunteer and branch organization development. Good coordination will be established in the ongoing activities to minimize duplication and avoid service gaps. The CBHFA activities include social mobilization during out breaks, chlorination of wells, hygiene promotion through PHAST, detection and referral of cases to the clinics. Psychological support is an integrated component in CBHFA.

Monitoring will be done regularly to ensure successful implementation of activities. The facility staff will submit monthly reports to the health officers. The health officers will monitor all the health facilities to detect deviations and constraints to ensure appropriate corrective measures are taken. Depending on the security situation IFRC health team makes quarterly monitoring and supervision visits. SRCS staff and the community will be carried out internal evaluation on annual basis. External evaluation of the programme will be carried out after every two years if the situation allows.

b) Potential risks and challenges

The SRCS health programme is fully funded from external sources, which is not sustainable in the long run. Logistics and communication constraints lead to delays in delivery of supplies and inadequate monitoring of programme by the delegation staff. Increased transportation cost has a negative impact on delivery of services, trainings and supervision.

Organisational Development

The Organisational Development budget is CHF 1,058,510 (USD 1,025,908 or EUR 696500)

a) The purpose and components of the programme

Programme purpose
To increase local community, civil society and Red Cross/Red Crescent capacity to address the most urgent situations of vulnerability

Programme component 1: Support National Society OD Process
Component outcome 1: SRCS governance and management ability to effectively lead the NS and its service delivery improved
Programme component 2: National Society leadership and management development
Component outcome 2: The HIV/AIDS, CBHFA and DM activities in South and Central Somalia are effectively operating

Volunteering and Youth development programme components are cross-cutting and integrated into other Programmes activities. Volunteer and youth activities are in line with the Volunteer Management Guidelines of the Ururka Bisha Cas. Recruitment and training of volunteers is a valuable investment for SRCS and the community. The retention of volunteers is therefore of great importance. This requires purposeful and well planned activities and an opportunity to spend social time together. The *Naadiga* concept will encourage and retain volunteers.

To enhance organisational effectiveness, the management (Branch Secretaries and Finance Officers/Volunteers) will be trained on financial management and reporting procedures and guidelines. Standardised operational tools will be adapted to the society's requirements, and PMER training provided to management and staff. To strengthen the community based activities in South and Central Somalia, IFRC will support SRCS to undertake HIV/AIDS, CBHFA and DM activities through capacity building, production and distribution of IEC material. IFRC in liaison with ICRC will support volunteers and staff to response to emergencies.

In 2010, SRCS and the Federation will strengthen the current co-operation mechanism between SRCS and its Movement partners. The SRCS will explore the formation of an *Operational Alliance* in conjunction with the development of its strategic direction for 2010-2014.

Principles and Values

The Principles and Values programme budget is CHF 90,175 (USD 84,990 or EUR 59,425).

Programme purpose
To promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion

Programme component 1: Promotion of Fundamental Principles and Humanitarian Values
Component outcome 1: Enhanced knowledge, understanding and application of the Fundamental Principles and Humanitarian Values.
Programme component 2: Anti-discrimination and violence reduction
Component outcome 2: Vulnerable communities ability to combat discrimination, intolerance and violence is enhanced

This programme will work closely with the reproductive health, CBHFA, HIV and AIDS activities to reduce stigma and discrimination through community sensitisation sessions in clinic locations and in outreach communities. It will widen the message on humanitarian values to include principles and practices of intolerance, discrimination and social exclusion.

Somalia Red Crescent Society staff and volunteers will receive refresher talk/seminar on Red Cross/Crescent Fundamental Principles and Humanitarian values during the World Red Crescent day and World AIDS day.

b) Potential risks and challenges

There is persistent HIV-related stigma and discrimination with cases in which HIV-positive individuals have been shunned by or experienced physical abuse from family members, friends and other community members. There is little known about gender based violence due to non existing reporting and cultural values.

Role of the secretariat

The coordination and management budget 2010-2011 is CHF 581,804 (USD 548,350 or EUR 383,409).

a) Technical programme support

The Federation Somalia delegation based in Nairobi coordinates financial and technical support to the National Society. It includes monitoring, coaching and capacity building for the staff to ensure effective programming. Mid-year, annual and specific reports that individual donors require are provided to the stakeholders by the Federation to monitor the progress and achievements of the programmes.

b) Partnership development and coordination
The SRCS and the Federation work in close collaboration with respective local authorities, United Nations agencies and other humanitarian agencies working in Somalia. Collaboration is geared towards learning, updating experience and sharing information at different levels. The SRCS and the Federation are members of the health sector committee of the Coordination of International Support to Somalis (CISS) that reviews and coordinates all health activities in Somalia. Movement partners, including the International Committee of the Red Cross (ICRC) and the Partner National Societies directly supporting Somali programmes, hold regular information sharing forums to coordinate their efforts. Movement support comes from a range of partners including the British, Finnish, German, Netherlands, Norwegian, Swedish Red Cross societies and other partners including the World Bank.

c) Representation and advocacy
The country representative will continue to work closely with the SRCS President and Coordinators in the field to ensure the National Society is well represented in inter-agency and other international forums that take place in the country, either by a National Society representative or by a Federation representative depending on the context.

Promoting gender equity and diversity

The SRCS has a gender-balanced composition of health staff and 2 out of the 3 National Health Officers are female. Most of the volunteers in all clinics are young, majority being female. It is intended that there should be a wider variety of all age groups and mixed gender balance among volunteers in all branches.

All community health committees have both female and male members who assist SRCS in managing clinics and act as further links between the National Society and the community. The IHCP is primarily targeting women and children. Clinic staff and volunteers give health education on various topics including female genital mutilation (FGM) as well as HIV and AIDS.

Quality, accountability and learning

SRCS has initiated strategic planning process in 2009 for the period 2010-2014. The process has started at the management level in consultation with the programme staff. German Red Cross in collaboration with SRCS did an evaluation of the bilateral health program in Somaliland end of 2008 and Puntland in 2009.

Regular monitoring of programme activities is undertaken by the delegation and SRCS staff. Reports are collated and compiled by the National health officers and send to the delegation for analysis. The final reports are shared with relevant stakeholders. The clinic, community and branch reports are used to measure coverage and impact of the programme in the communities served. All SRCS departments meet twice a year to share experiences, review and plan implementation of activities.

Budget summary

Programmes	2010 budget (CHF)	2011 budget (CHF)	Total budget (CHF)
Disaster Management	388,490	407,913	796,403
Health and Care	2,147,091	2,301,301	4,448,392
Capacity Development	516,349	542,161	1,058,510
Coordination	290,902	290,902	581,804
Principles and values	43,988	46187	90,175
Total	**3,386,821**	**3,588,464**	**6,675,283**

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.

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