

SOMALIA

HEALTH, RELIEF AND REHABILITATION

CHF 3,303,000

240,000 beneficiaries

Programme No. 01.14/98

Somalia is still suffering from the civil war which started early 1991 and lacks a central government, formal authorities and infrastructure. Fighting regularly forces people to flee their homes and live as IDPs, leaving the country open for militia and bandit activity. The prevailing lawlessness has led NGOs to leave the country or suspend their programmes. However, in parts Somalia, relative peace and stability has enabled humanitarian organisations to continue relief and rehabilitation programmes in collaboration with the local authorities or Somali NGOs.

Export of livestock and fruit is enjoying some growth and production of crops has increased substantially in parts of the north-west and the farming areas of Bay, Bakool and Shebelle. Modern telecommunication systems have been installed in many of the biggest towns but health services are sparse — only available with the support of humanitarian organisations. There is a great need for health care and training of medical personnel.

The Operation

The Federation-supported Somali Red Crescent Society Integrated Health Care (SRCS IHC) programme, with 26 Mother and Child Health/Out Patient Department clinics provides health services to rural populations. Mothers and children are the targeted groups with preventive, curative and education programmes. UNICEF supplies vaccines to inoculate children.

Garoe Community Hospital is supported by SRCS and the International Federation with funding from the Italian Red Cross. The hospital serves people from several of Somalia's north-eastern regions.

A Project Delegation concept has been designed based on agreements between SRCS/Federation and the various PNSs supporting the SRCS IHC programme.

Objectives in 1998

- | To consolidate implementation of the ongoing IHC programme in Baidoa, Garoe, Kismayo and Mogadishu branches;
- | to expand the IHC programme to more branches, subject to the security situation in the regions;
- | to implement the Reproductive and Family Health programme for HIV/AIDS awareness;
- | to implement the improved Community Based First Aid (CBFA) programme;
- | to support the 65-bed Garoe Community Hospital with delegates, supplies and funds, stressing training of the staff and aiming at handover of this community hospital to the Authorities by the end of 1998.
- | to develop its plan for Disaster Preparedness countrywide, based on co-operation with the Regional Delegation for East Africa and other National Societies in the region;
- | to support Institutional Development in headquarters and branches by arranging management training and follow-up workshops for key staff;
- | to assist branches in continuing relevant youth activities.

Support will include the continuation of the Somalia Delegation, with delegates based in Nairobi. The Regional Delegation will give programme support for Institutional Development, CBFA, Disaster Preparedness, Information and Dissemination and the Operational Support Unit (OSU) for the radio communication network, air operations and logistics.

Plan of Action

SRCS Integrated Health Care programme

Presently four SRCS branches run an IHC Programme managed by trained Health Officers and Field Officers. Twenty-six clinics receive medical supplies and funds from the Federation. The programme has still not been expanded to branches in north-west Somalia (Somaliland) but there is great interest in moving to this area in 1998.

Reproductive Health Programme including AIDS Awareness

SRCS's AIDS/HIV awareness programme was restarted in October 1995, funded by Norwegian Red Cross and implemented by SRCS with support from the Federation Somalia Delegation and the Nairobi based consultant CISS. A thorough situation analysis in Somalia, including development of field testing training modules for trainers, a national awareness workshop for policy makers in the National Society, a workshop for facilitators within the SRCS and a national training and communication skills workshop have been carried out. The programme has not yet been implemented in Somaliland. Training materials have been developed for further expansion of this HIV/AIDS Awareness Programme throughout the whole country under SRCS. This programme will be integrated as a part of the SRCS IHC programme.

Community Based First Aid Training (CBFA)

SRCS has reviewed the First Aid training programme for Somalia and developed, translated and printed the Community Based First Aid manual. The programme will continue with training of volunteers in branches and supervisory support, and will be implemented in several new districts. The

CBFA programme will be an integrated part of the SRCS IHC programme, supported by the Regional Delegation in Nairobi.

Garoe Community Hospital

The hospital, which was built with funds from the Italian government and finished by ICRC during the civil war, has been financially and technically supported by the Italian Red Cross Society since November 1993, under the auspices of the Somalia Delegation in Nairobi. Medical supplies are brought in from Nairobi. An Italian Red Cross team has been running a training programme for national staff in what is the only referral hospital for the whole North East region. During 1988 the responsibility of the hospital will gradually be handed over to the authorities in Garoe. Italian Red Cross/Federation/SRCS will focus primarily on training of doctors, nurses and administration staff.

Disaster Preparedness (DP)

Before the civil war the National Society had a well functioning disaster preparedness system, including personnel, warehouses, vehicles and a workshop. Over the last two years some SRCS officers have been following training workshops arranged by the Federation's Regional Delegation for Eastern Africa and SRCS has thus been able to improve its human resource capacity building in DP. In 1998 SRCS will implement a small programme for building a DP system in the areas covered by its branches.

Institutional Development (ID)

Institutional Development will be given high priority in 1998, with the main focus on strengthening SRCS as the only national organisation in the country, sustainability, community involvement and governance. The new structure — introducing a co-ordinator for the Somaliland branches which remain a part of the SRCS — has been accepted by all Red Cross/Red Crescent partners.

Youth Programmes

Branches already run extensive youth programmes including First Aid training, health education, drama, quizzes and sports activities. In 1998 programmes will concentrate on building up a core of voluntary action teams in areas outside the geographical territory of the branch.

Evaluation

Three reviews of the SRCS IHC-programme have been made since the first implementation, the last one in late 1996 as an Internal Review by the SRCS. Recommendations focusing on SRCS as responsible for implementation, running, training, monitoring and reporting are now being implemented.

Capacity

SRCS, founded in 1963, has its headquarters in Mogadishu, with seven branches and three offices in different regions. It is not only the biggest but also the only existing national organisation in Somalia. An SRCS liaison office based in Nairobi, together with Federation and ICRC, assists in-country operations.

SRCS is still heavily dependent on financial support from the Red Cross/Red Crescent Movement. The only governing body is the Executive Committee with its five members, which last met in December 1996.

During 1997 the process of handing over more responsibility for the Integrated Health Care programme from the Federation to the SRCS has continued. Branch staff manage the programme with

the guidance and monitoring of Federation Delegates in Nairobi, who make regular visits to the clinics.

Project Delegations

Italian Red Cross has from November 1993, under the umbrella of the Federation, been supporting Garoe Community Hospital with delegates and funds. The 65-bed hospital is the only referral hospital performing operations in the north-east of Somalia. For most of 1997 the hospital has, due to security constraints, been without delegates permanently present. A review team working with SRCS has come up with, inter alia, recommendations that training of the staff by SRCS personnel will be preferred in the future.

Swiss Red Cross supported the SRCS IHC programme in the Mudug and Nugaal regions from 1994-96 based on a bilateral agreement with SRCS. Together with the seven clinics opened under this agreement and the other seven clinics under the agreement between the International Federation and SRCS, Swiss Red Cross has, throughout 1997, been supporting all 14 SRCS IHC clinics in these north-eastern regions. The Swiss Red Cross-supported water programme in Mudug continued throughout 1997 with drilling of bore holes and rehabilitation of water systems.

Belgian Red Cross (Balad) and *Spanish Red Cross* (Afgoi) have both been supporting one clinic each in the Mogadishu area. A Belgian Red Cross plan to open a clinic in Hawadle was cancelled due to security problems.

Throughout 1997 *German Red Cross* supported all six clinics under Kismayo branch. The area has long been tense, making it difficult for Federation Delegates to monitor. Officers from the donor Society have also on some occasions been blocked from visiting.

Norwegian Red Cross has for years been the biggest donor Society. From 1997 it took up financial responsibility of the four MCH/OPD clinics under Baidoa branch. Since 1982 Norwegian Red Cross has supported the SRCS Rehabilitation Programme for Disabled in Somalia, with its orthopaedic workshop and physiotherapy department in Mogadishu south and physiotherapy department in Keisany, Mogadishu north, giving services to amputees and disabled, and training to local staff. This programme also has an orthopaedic workshop in Hargeisa, Somaliland, and a mobile unit for production of prostheses in the field. The next phase will be Community Based Rehabilitation using ten newly graduated Physiotherapy Assistants as part of the branch/clinic network.

Co-operation

The Federation regularly attends inter-agency meetings to share information and ideas, to co-ordinate health interventions and to work out standardised procedures and programmes. It is a permanent member of the Somali Health Sector Steering Committee, where the main supporters of health programmes in the country are represented. SACB (Somalia Aid Co-ordination Body) the main co-ordination body for Somalia, consisting of the main donors, all UN agencies, the Federation, ICRC, SRCS and NGOs, meets once a year.

The Federation Delegation is in permanent contact with ICRC's Somalia Delegation, which hosts SRCS in Nairobi. Joint Federation/ICRC missions are frequent.