

# **SOMALIA**

## **HEALTH, CAPACITY BUILDING, DISASTER PREPAREDNESS AND RESPONSE**

CHF 2,197,000  
560,000 beneficiaries

Programme no 01.14/99

### The Context

Somalia continues to suffer from the civil war that began in 1991. Since then, the country has been without a central government or a formal administration. Almost all infrastructure was either destroyed or paralysed due to lack of security and civil order. Sporadic clashes and open conflict still occur from time to time in certain areas of the country, like Gedo, Bay, Bakool, Kismayo and Mogadishu and its surroundings. People are forced to flee their homes and live as internally displaced. A number of political initiatives failed to create a better climate between the warlords and their militia groups. The prevailing security situation and the ensuing lawlessness has forced some NGOs to leave the country or to suspend their programmes. Regions in the

North-east (Puntland) and North-west (Somaliland) have, however, been enjoying relative peace and stability, enabling organisations and agencies to continue relief and rehabilitation programmes in collaboration with the local authorities and/or Somali NGOs.

The infrastructure of the Somali Red Crescent Society (SRCS) was completely destroyed during the war years. The National Society has lost its country-based resource mobilisation capacities. SRCS has so far not been able to re-establish its governing bodies, except from the Executive Committee which has been meeting on a regular basis. The last such meeting took place in August 1998, when the five committee members announced that SRCS will now focus on three major issues: security and the working environment in the country; the challenges facing SRCS as a National Society; and a review of the programmes and activities. A self-assessment and review process will be initiated in early 1999. Meanwhile, the need for health care and training of health/medical personnel remains undisputed.

### The Operation

The country's health services collapsed during the war, and whatever is available today is possible because of external support. SRCS remains the only national humanitarian organisation in the country, serving as the main implementing body for health services. In the years to come, these services will have to be gradually transformed into partnerships with

local authorities. This will be a time-consuming process, given the country's wrecked economy and infrastructure.

Within this context, the Federation will concentrate on supporting SRCS's Integrated Health Care (IHC) programme. Twenty-eight outpatient clinics for Mother/Child Health, as well as one hospital will continue to provide health services to rural populations. Most clinics are the only health care provider in large geographical areas. Mothers and children are the targeted groups, receiving both preventive and curative health care. Vaccination for children is provided in all clinics with assistance from UNICEF. Outpatient services include treatment of minor illnesses and injuries. SRCS health staff run clinics in Hargeisa (Somaliland), Mogadishu, Kismayo, Garoe, Afgoi and Baidoa, requiring minimal expatriate assistance.

The Garoe Community Hospital, supported by the SRCS/Federation with financial assistance from the Italian Red Cross, is the only hospital serving several regions in North-western Somalia.

In 1999, an essential element of SRCS's capacity building efforts will be aimed at revitalising its emergency response capabilities by focusing on training in disaster response management and the development of a disaster preparedness and relief policy.

In 1999, the Federation, both through its country delegation and the Regional Delegation in Nairobi, will provide technical services to SRCS in support of its renewed commitment to strengthen the National Society's local capacities through institutional and resource development.

### Objectives

- Continue providing essential health services through support of the SRCS IHC programme in Baidoa, Garoe, Kismayo, Balad, Afgoi, and Hargeisa and Berbera (Somaliland) branches.
- Support the 65-bed Garoe Community Hospital through training of health personnel and upgrading of hospital management skills.
- Enhance the institutional development and response capacity at headquarters and branch levels.

### Plan of Action

- Health

### IHC Programme

The 28 clinics, which have been expanded recently, will continue to receive material and financial support. In 1999, training of health personnel will be upgraded with the aim to make training initiatives more widely available. Clinics without cooling facilities will receive

refrigerators. Dissemination on immunisation will be carried out. Each SRCS branch will be required to elect a health committee to increase community involvement in the IHC programme - including the sharing of responsibilities. The key activities will consist of expanding the immunisation programme, technical assistance for developing health committees, health and management training to staff and improving the skills of health educators and first aid trainers, traditional birth assistants and community health workers.

#### Garoe Community Hospital

Training of the hospital staff will be improved and intensified. To consolidate training methods and initiatives, joint training will be carried out at the Keisany Hospital. Key activities will include the improvement of the quality of service and strengthening the capacity of Garoe hospital in the management and monitoring of its services.

- Institutional Development and Response Capacity

#### Building Institutional and Response Capacities

The aim of the programme is threefold: to revitalise the governance of the National Society; to facilitate material and financial independence by promoting community participation in meeting the material, human and financial needs of SRCS; and to review the National Society's emergency response capacity in case of sudden disasters.

While the SRCS, with technical support from the Federation, will carry out a self-assessment, one key activity will be to revitalise the sense of volunteerism by upgrading and implementing training programmes at the district level. Additionally, SRCS, together with the communities involved, will identify needed essential emergency stocks for local prepositioning, and improve its preparedness level, especially for the outbreak of disease, floods, drought and conflict.

#### Resource Planning

SRCS would be unable to carry out its health services without an external resource base. While self-reliance initiatives are seriously considered as part of National Society's future strategies, this will inevitably take time. For this reason, it is crucial to continue the 1998 level of support in 1999, noting that SRCS and the Federation have reduced programme costs by 30% from 1998 to 1999 - while at the same time expanding the scope of the programme. This trend is expected to continue for the next two years.

#### Capacity

- The Operating National Society

SRCS operates the IHC programme through five branches, with supervision by branch health officers, field health officers, national health officers and the SRCS health co-ordinator. This system has proven to be extremely effective and economical and will therefore continue.

Garoe Municipality will be encouraged to play a more active role in the hospital programme, so that the project can finally be turned over to the community itself. The Executive

Committee will draw up long-term plans and strategies for improving quality and sustainability of services.

- The Federation

The Federation's country delegation is currently based in Nairobi because of the prevailing security situation. A head of delegation, a finance delegate and a health officer are assigned to the country delegation. They monitor and provide technical and strategic support to both SRCS and participating National Societies.

The Federation's Regional Delegation, also based in Nairobi, provides a range of technical support services to the National Society, including Institutional Development, Health and Disaster Preparedness and Response. Major procurements are handled by the Regional Delegation's Logistics Centre.

#### Co-operation

Co-operation among SRCS, the Federation and the ICRC is excellent. All components of the Movement are active in co-ordination meetings with other NGOs, UN agencies and donors, such as those held by the Somalia Aid Co-ordination Body (SACB). The Federation is a permanent member of the Somalia Health Sector Steering Committee.