

SOMALIA: HEALTH, CAPACITY BUILDING, DISASTER PREPAREDNESS AND RESPONSE

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Somalia continues to pose an extremely challenging environment in which to implement humanitarian operations, and since the last situation report the very difficult security situation continues to dictate the Federation's activities. The low level of funds has also limited the programmes activities. But despite the constraints encountered, valuable services have been provided by the Somalia Red Crescent Society (SRCS), and operating branches have continued to offer quality health services to a population marginalised by the conflict.

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 a lack of security and civil order. 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 SRCS has been focusing 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. The need for health care and training of health/medical personnel remains undisputed.

The country's health services collapsed during the war, and whatever access to health services available today are 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 established the following 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.

Latest events

- Many meetings have been held in different parts of Somalia during the quarter in order to end the differences between the clans, but no solution has yet been found.
- The new president of Djibouti, Ismail Omar Gele, has suggested that a conference be held over the Somali problem.
- The Kenya government deployed its troops and tanks to the Somali border after 400 Somali militia men raided army and police sites. On 25 August President Daniel Arap Moi of Kenya officially ordered the suspension of daily flights from Kenya to Somalia and vice versa. The order affected trade link between the two countries, and humanitarian agencies working in Somalia.
- The Somali Refugee Agency (SORA) stated that over 500,000 refugees and IDPs are currently living in 138 camps. SORA reported that some of these people, especially children, women and the elderly are dying from hunger and disease.
- IGAD is to start implementing projects in both Puntland and Somaliland, and closer co-operation will be required between SACB and IGAD. The SACB has therefore initiated a working group comprising the UN, donors and NGOs to review and improve co-ordination. The UN suspended its activities in Somalia on 20 September when Dr. Ayoub Sheikh Yerow, a long serving doctor with UNICEF in Somalia was killed. However, after much discussion they resumed operations on 29 September 1999.

Regional Review

Mogadishu: Political leaders in Mogadishu have continued to hold meetings in order to end the hostilities in town. They are discussing ways of ending the differences between Aideed and the Ethiopians following the close co-operation between Aideed and the Oromos. The Ethiopian "aggression" against Somalia has been condemned by faction leaders loyal to Hussein Aideed.

Members of the Supreme Council of the Benadir administration have discussed ways of reviving the former Benadir police force. The Arab League countries are ready to assist the administration if plans to open the seaport and airport take place soon. A five member Egyptian delegation arrived in Mogadishu on 15 August for a two day visit, and held meetings with key political players excluding faction leaders in Mogadishu. The delegation, who also visited other areas of Somalia, praised Puntland and Somaliland for establishing peace in the areas under their control.

'Spite' killings continue to be reported in different areas of Mogadishu. On 17 August a famous comedian, Nur Osman Jayte, who had participated in an SRCS dissemination programme supported by ICRC, was killed.

An operation to eradicate bandits is in place between Mogadishu and the Hiran region. Road travellers have been disturbed by bandits putting up illegal checkpoints. Some bandits have been killed and several others captured with their weapons.

The main seaport and airport remain closed.

Kismayo: The general security situation in Kismayo is calm. The kidnapping of people and stealing of boats have become common, but all the hostages have been released unharmed so far. The Humanitarian agencies that left Kismayo town following the its capture by allied forces have now returned. A big meeting was held in Kismayo attended by elders and officers of the allied forces to discuss how to enhance the security of the town. Meanwhile, the first ship since the allied forces took control of Kismayo arrived at the port carrying foodstuffs. The allied forces who captured Kismayo town have appointed a new commander for the Kismayo police forces. A fact finding mission by aid agencies, including UNDP and UNICEF, visited the town with the aim of finding ways to resume their activities in Kismayo and the surrounding areas.

The SNF/SNA allied forces took Badade town, a stronghold of Gen. Mohamed Siad Hersi "Morgan", on 24 July following a fierce two day battle between the two militia groups which resulted in many casualties and deaths. Gen. Morgan later lost his last base in Lower Jubba on 12 September, following an attack led by forces of Col. Ahmed Omar Jess. Over 30 people were killed and more than 50 injured after fierce fighting erupted between clan militias in Kismayo on 21 September.

The Director of Bardere hospital was killed in Marery area after being stopped by militiamen at a checkpoint.

Gedo: Most of the towns in the Gedo region captured by Ethiopian troops in June are still occupied, the exceptions being Garbaharey and Burdhubo which are under the control of the SNP. In July two people were detained in connection with Dr. Bohghal's death in January, which led to the ban of external aid for rehabilitation work in the region. Work by the international organisations was not supposed to progress until the murderers were brought to justice. The ban is still in effect, and the SACB will review the matter in October 1999.

In Gedo region, malnutrition has claimed the 27 lives; mainly infants and children. Reports stated that a widespread famine and drought had stricken the area affecting many people and their livestock. The officials of the region are appealing to the international community to come to their assistance.

Bay/Bakool: Following the removal of Hussein Aideed's troops in June the general situation of the region has improved and the Rahanwiin leaders have started to rebuild the administration and infrastructure. Land-mines have now been removed from Baidoa roads but a few incidents have been reported where people have lost their lives or have been injured due to them. In July six agencies, including WFP, UNICEF, WHO, UNDP, CARE and IMC sent a fact finding mission to Baidoa in order to assess the security situation of the town and now intend to resume their activities there. UNICEF, WFP and MSF have resumed their operations.

A five day meeting was held in Baidoa to work out modalities for a peace process for the war-torn country. Participants included faction leaders from RRA, SPM and SSA. The Baidoa meeting came to a deadlock after the participants failed to agree on some points in the agenda.

An EEC delegation arrived in Baidoa on 18 August and visited the hospital, presidential palace and Deynune village. They held talks with the RRA Chairman and other local authorities, with the main focus of discussion being the current situation and security of the Bay and Bakool regions.

Birds are destroying crops in the two regions forcing farmers to cut down crops prematurely. The Gu harvest was poor and the need for food and shelter continues to be felt along with the increasing rate of unemployment. The price of food in Baidoa has increased, excluding local items, following the closure of the main tarmac road between Mogadishu and Baidoa. Businessmen are trying to resume the trade link between the two towns by reopening the road which has been closed since the RRA and Ethiopians seized Baidoa. The livestock market has improved despite the scarcity of water and grass although a

disease has been threatening the well-being of the animals. Reports from the Bakol region indicates a widespread famine which is greatly affecting the people and livestock in the region, and at least 100 people have died. Water shortage is also being experienced in the area as most of the wells have dried up.

WFP has distributed food in Bay and Bakol, and ICRC non-food items to the people who lost their goods through fire in the Bay region. CARE International and World Vision are in the process of distributing seeds to farmers south-west of Baidoa.

Hiran: The Hawiye meeting in Belet Weyne was closed on 1 July, after new differences appeared between some of the main participants. Omar Hashi was elected Chairman with five deputies and a secretary. On 21 August the Hawiye traditional elders requested foreign troops to withdraw from Somalia and for Somali faction leaders to end their hostilities towards one another in order to form a national government.

Puntland: The general situation in Puntland is calm and peaceful. Drought has continued in most of the north-east throughout the quarter, causing the number of IDP camps to increase.

The UN representative for Somalia held a meeting with Col. Abdullahi Yusuf to discuss security issues and the reconciliation of Somalia. President Abdullahi Yusuf expelled 18 officials and employees of his administration.

Somaliland: The general security situation of Somaliland is stable and calm. Heavy rains and storms hit some areas killing at least four people and injuring 20 more. Some 353 houses were wrecked and 21 fruit farms and 20 wells were completely destroyed.

The population movement stopped following good rains in July apart from Hudisa village and surrounding areas, which received very little rain. Livestock has been affected due to the prolonged drought in Erigavo and Awdal region (Borama). In Burao it rained for three consecutive days early in August.

For the first time since 1995 an aeroplane carrying a government delegation landed in Burao to mark the official opening of the airport. In Las Anod the water situation is poor and the livestock do not have enough grass to eat. In Erigavo business is slow due to the devaluation of Somali shilling. The drought in the Sanaag region continues.

A fact-finding mission from International Solitary of Finland has been visiting all the regions of Somaliland and held talks with the President, members of the cabinet and house of representatives. They also attended a ceremony at Hargeisa Hospital, where medical supplies and equipment from Somaliland communities living in Sweden and Finland were received. Burao hospital has received one year's supply of medical kit from President Egal, but the hospital is still not operational due to the lack of professional staff.

The lifting of the livestock ban has boosted commercial activities and the Somaliland shilling has gained value against the US dollar.

Red Cross/Red Crescent action

Implementation and Achievements •

SRCS IHC Programme

The SRCS Integrated Health Care programme continued providing health services from its 32 MCH/OPD clinics and 12 OPD Health Posts. The Federation is supporting 24 clinics in more stable parts of the country and ICRC 8 and the 12 health posts in the conflict areas. Branches running the

programme under Federation support are Mogadishu, Baidoa, Garoe (with Galkaio), Burao, Berbera, Hargeisa and Borama. Those with ICRC support are Kismayo and Belet Weyn. Security conditions in the south of Somalia continue to hinder expatriates from following up the necessary monitoring. Despite the constraints caused by insecurity the programme is functioning well, with good health services provided by the Somali health staff in the branches, clinics and health posts.

Table 1 Statistics SRCS IHC programme (24 clinics)

Clinics	Estimated population	Total Patients					Vaccinations			
		Children < 5 yrs	5-14 years OPD	>14 yrs (M) OPD	>14 yrs (F) MCH/OPD	Ante +Post Natal	Total MCH+OPD	Children < 5 yrs	Women	Total
3rd Quarter 99	641,400	24,117	16,972	26,607	30,764	15,515	113,975	10,183	3,781	13,964

Mogadishu Branch: 2 clinics

Clinic Activities The most common ailments were malaria, intestinal parasites, anaemia, mumps and wounds. There was a measles outbreak in Afgoi, in the Lafole area, in July and in August whooping cough was reported. The cholera outbreak earlier in the year has decreased, but there is an increase of malaria in both Afgoi and Balad. EPI activities are going on well. The midwife and TBAs attended 136 deliveries and visited 309 houses in Balaad, and 221 deliveries and 396 houses in Afgoi during the quarter.

Training/Health Education In Afgoi five CHWs and TBAs from five villages trained in the prevention and treatment of cholera and malaria, and the value of EPI activities to the community. Also, in July more than 230 people comprising students, women and youths benefited from HIV/AIDS awareness sessions held in Mogadishu. Lectures on STD and AIDS were also given to the staff and volunteers of Balad clinic. Discussions and suggestions on the community's role on prevention of the disease was emphasised.

First Aid courses are conducted on a monthly basis. In July the participants received certificates and identity cards during a colourful ceremony held in Mogadishu. In August 56 out of 80 people who had earlier registered for first aid classes did their final examination. Two other first aid classes started on 12 August in Mogadishu and Merca. In September 98 out of 100 first aid recruits passed their final examinations.

Following the malaria outbreak in Balad and Afgoi refreshment training on the prevention and treatment of the disease was given to the community. Some 120 people benefited from a health education lecture, where topics on the advantages of draining water from pond using mosquito nets and other methods of malaria prevention were given in August. The Afgoi clinic staff, volunteers, CHWs and TBAs trained on the early treatment of malaria and in Balad the clinic staff and volunteers looked at how to assess and treat different war wounds, the symptoms of internal bleeding and ways of handling victims as they are transported from one area to another. 185 mothers from the town and villages benefited from a health education meeting held in the Afgoi clinic. The importance of EPI activities for mothers and children was discussed, including the danger of the six killer diseases. The Health Officer, Afgoi head nurse and a youth leader participated in a micro planning workshop in Merca from 18-21 September 1999 for the upcoming National Immunisation Days (NIDs). They also facilitated a three day workshop on malaria control organised by Al-Hijra local NGO for 30 TBAs and CHWs from Afgoi and Wanalaen districts.

Community Involvement

Garbage collection has been going for some months in Afgoi following an initiative by the MCH/OPD clinic staff. Community leaders have paid incentives to the three people assigned as town cleaners. The community received wheel barrows, forks, brooms and shovels from the head nurse after a meeting on environmental hygiene. The clinic staff in Afgoi helped to raise money for the repair of the well inside the clinic compound and the community has been co-operative in paying charges for the use of the well.

Following the clashes in Balad the community elders assigned an ad hoc committee to clinic security to enable the MCH/OPD to run smoothly.

Branch Activities The branch activities are going well. Four separate field trips are conducted in Balad and Afgoi on a monthly basis. The Acting Director for Information and Dissemination, together with the tracing & dissemination officers, attended a dissemination & tracing workshop in Djibouti organised by the ICRC from 1-5 August 1999.

The branch chairman is on top of his duties and has been given the position of Acting Director of Information and Dissemination. Mogadishu branch Health Officers visited Afgoi and Balad MCH/OPD clinics and reported the general situation of the two regions to be good. However, the Shabelle river is full of muddy water.

Table 2 Statistics for the Mogadishu branch

Clinics	Estimated population	Total clinics Attendance								
		Vaccinations								
3rd Quarter 1999		< 5 yrs MCH	5 - 14 yrs OPD	> 14 yrs (M) OPD	>14 yrs (F) MCH/OPD	Ante' + post natal	TOTAL	Children < 5 yrs	Women	TOTAL
Balad	40000	1697	1830	1255	1441	1934	8157	1295	410	1705
Afgoi	50000	3524	2417	1654	1420	3221	12236	2959	1465	4424
TOTAL	90000	5221	4247	2909	2861	5155	20393	4254	1875	6129

Garoe branch and Galkayo office: Fourteen clinics

Clinic Activities Clinic activities are all running smoothly. During visits it was observed that some of the clinics need painting and minor repairs. Communities will be encouraged to do this work as this is part of the planned co-operation. Common diseases seen included ARI infections, upper respiratory tract infection, anaemia, intestinal worms, skin diseases and watery diarrhoea. Malnutrition continues to exist in the region even though a UNICEF supported feeding programme is going on in the clinics for most of the malnourished children. Super mix food has been distributed to 85 people suffering from ARI, malaria, anaemia or fever as observed by the medical team in Awrulus and Yoonbays villages. EPI activities are hampered due to the lack of cold chains supplied by UNICEF. Due to logistical reasons Kalabeyr and Qarhis clinics will now be under supervision of the Garoe Field Health Officer, while Jeriban and Buryaqab clinics will be supervised by the Galkayo Field Health Officer. The branch Health Officer in Garoe will still be the overall responsible for the SRCS IHC programme in Puntland.

The common diseases seen in August were upper respiratory tract infection, anaemia, malaria and intestinal worms. Eight people out of 98 admitted at Bossaso hospital suffering from Cholera died. There is no SRCS office in Bossaso. Garoe branch is, together with central and local authorities, planning a cholera prevention campaign where all the partners will contribute to the programme. Outbreaks of measles and influenza were reported in Garoe and other areas in the North East as was hunger. Fifteen cases of whooping cough were reported in Galinsor clinic and one case in Bali Busle in August. Measles still occur in the region. Contact has been established with UNICEF in Bossaso to assist in vaccines for whooping cough and other diseases. UNICEF will be visiting Garoe and Galkayo and will meet with the SRCS to address these matters.

The common diseases that were treated in September were upper respiratory tract infection, intestinal worms, ARI infection, diarrhoea, anaemia and malaria. An outbreak of bloody diarrhoea has been reported from Balibusle clinic and at least 40 people have been infected but no deaths have been reported. The number of measles cases continues to be large. This month 56 cases were reported. Visits were made to five clinics i.e. Galkayo, Balibusle, Qarhis Baadwayn and Kalabeyr. As of September Qarhis and Kalabeyr were officially handed over to Garoe branch and Buriyaqar will come under the Galkayo office. Jariban clinic, which is currently under Garoe, has not yet been handed over to Galkayo but plans to do this are underway. EPI activities are running smoothly and all clinics received their vaccines except for Kalabeyr clinic. The problem facing the Garoe cold chain remains unsolved and the Eyl refrigerator is not functioning. The head nurse of Galkayo clinic has not been able to participate fully in his work due to insecurity between his clan and another clan. SRCS Garoe sent a medical team to two villages where an outbreak of ARI infection, malaria, bloody and watery diarrhoea has been reported. The team managed to treat 320 persons.

Training/Health Education Seven people from the clinics managed from Galkayo attended the midwife training held in July. The topics discussed were MCH activities including EPI, pathological conditions like preclamsia, anaemia, abnormality, complicated cases, risk factors during and after pregnancy, child care, prevention of eye infections, and care of the umbilical cord. The training was facilitated by Siraad Aden, Mohamed Atto and Rondi from MSF - Holland, who is based in Galkayo, supporting the Community Hospital.

The staff of Galkayo and Kalabeyr clinics received a short course on dressing wounds from the Galkayo Field Health Officer, which was completed during the field trips. The staff were also briefed on how to keep track of patients records and the sterilisation of equipment. Twenty-four people attended a one day training course on the chlorination of water, which was conducted in Garoe where messages on cholera were also distributed. Facilitators included a representative from WHO, Puntland authority and SRCS Garoe Health Officer.

Community Involvement The Galkayo office has been helpful in providing health services to some villages which do not have clinics or regular provision of health services. Distribution of super-mix to those in need is ongoing. UNICEF has distributed the second phase of super-mix to four clinics, that is, Balibusle, Badwayn, Kalabeyr and Qarhis. Many mothers and children have benefited from the supply and the health of many children has improved.

Branch Activities The SRCS President, Federation HoD, SGs of SRCS and Norwegian Red Cross together with other officials visited Galkayo Office in July, participating in the opening of the SRCS Rehabilitation Centre. Other visitors during the month included Aisha O. Maulana, the Federation Health Officer and Hawa Siad Muse, the SRCS National Health Officer.

During the visits made by the branch staff they treated children in villages, many of whom had been sick for more than 20 days. The people of these villages do not have access to any health services. They are also experiencing water shortages. Two day field trips were conducted in Baadwayne, Kalabayr and Qarhis. Plans to visit all the clinics, to conduct a more regular training of clinic staff and for supervision/ monitoring of the activities, is being prepared.

In August meetings were held with the clinic staff and district commissioner of Puntland and health committees regarding the change of clinic supervision. Later the Federation Head of Somalia Delegation visited Galkayo office and discussed clinic activities like supervision and monitoring with the staff.

Table 3 Statistics for the Garoe branch and Galkayo office

Clinics	3rd Quarter 1999	Estimated population	Total Patients							
			Vaccinations					Total	Children < 5 yrs.	Women
< 5 yrs MCH	5 - 14 yrs OPD	> 14 yrs (M) OPD	>14 yrs (F) MCH/OPD	Ante' + post natal						
Garoe										
Kalabeyr	7000	1086	539	535	1464	677	4301	5	0	5
Dongoroyo	15000	986	626	709	1508	950	4779	328	94	422
Eyl/Badey	16000	601	361	812	816	622	3212	92	152	244
Godob-Jiran	15000	454	290	477	751	520	2492	91	21	112
Hasbahale	12000	777	554	587	954	724	3596	460	84	544
Qarhis	8000	470	238	445	486	307	1946	183	22	205
Sinujiff	10000	1163	503	481	1669	631	4447	183	37	220
Galkaio										
Badweyn	9000	819	495	1007	1126	368	3815	63	4	67
Buryagab	11000	720	207	319	861	461	2568	364	82	446
Bali Busle	8000	398	458	525	557	196	2134	222	36	258
Jeriban	10000	374	194	472	663	424	2127	188	50	238
Galkayo South	17000	466	117	521	428	345	1877	124	30	154
Galinsor	8000	533	289	739	717	109	2387	33	0	33
Adado	10000	419	198	370	808	71	1866	0	0	0
TOTAL	156000	9266	5069	7999	12808	6405	41547	2336	612	2948

Baidoa Branch: 4 clinics and 2 orphanages

Clinic Activities The IHC programme is running smoothly in the four MHCs and OPDs at the orphanage centres. The common diseases during this quarter included malaria, skin infections, anaemia, STD, conjunctivitis, diarrhoea and ARI. Although there were no outbreaks SRCS branch have reported an increase of malaria and skin infections. EPI activities are running smoothly in Hawaddag and Isha, and vaccines are received from UNICEF and IMC on a daily basis. Plans are under way to start EPI activities in Kansahdere and Berdale and the auxiliary nurse at Berdale will be given training on EPI from UNICEF. From 18-24 September the EPI activities were halted following the suspension of the UNICEF programme in south and central Somalia. In Berdale out of 1730 children screened 1320 were malnourished and in Kanshardere the figures were 1283 out of 1760. Each of the malnourished children were given 10 kgs of super-mix from the clinics in August. The feeding programme for malnourished children in Berdale and Kansahdere clinic is now in it's second phase, and 226 children from both areas have so far benefited from this exercise.

Training/Health Education First aid training is held on a monthly basis. Twenty-four youths benefited and the evaluation of the training was positive. Health education is also given regularly, however in August it was not conducted due to a lack of IHC kits. It has been difficult to transport

anything to Baidoa during the past few months, but all efforts are now being made to receive sufficient medical supplies.

Community Involvement The SRCS co-operation with IMC, UNICEF, Baidoa Hospital, local authorities and the community is good. Emphasis was put on community involvement this month through health education and home visits. The participation of IHC activities has improved the relationship between clinic staff and community leaders. The community leaders have appointed a committee of six persons who are assisting the clinic staff to distribute super-mix to malnourished children, this has improved the distribution process.

Branch Activities Field trips were carried out to Kansahdere and Berdale clinics to monitor the activities and provide monthly medical supplies. The distribution of super mix to malnourished children in Berdale and Kansahdere clinics commenced on 27 July 1999. Other reports also indicate that WFP has been distributing food to vulnerable groups in Baidoa. On 20 July the ICRC Field Delegate and Health Delegate visited Baidoa. The Health Delegate visited Isha clinic and Baidoa Hospital, and it is reported that she was impressed by the quality of work in the clinic.

The relationship between the SRCS and other NGOs working in the regions is good with meetings being held once in a while to improve relationships and discuss the current activities by each organisation. On 12 September the SRCS Baidoa Branch attended a meeting on NIDs at the UNICEF office. SRCS Baidoa did not take part in the previous polio eradication campaign last year. The polio campaign is scheduled to start on 24 October.

Orphanages The condition of the orphans has not improved and the nutritional status is still poor. Some of the orphans have joined their relatives in the region. The OPD is running smoothly and the common diseases seen were malaria, anaemia and ARI.

Table 4 Statistics for Baidoa branch

Clinics	Estimated population	Total clinics attendance					Vaccinations			
		< 5 yrs MCH	5 - 14 yrs OPD	> 14 yrs OPD	Female MCH	Ante' + post natal	TOTAL	Children < 5 yrs	Women	TOTAL
H/wadak	25000	871	824	1341	1386	224	4646	174	115	289
Isha	25000	911	830	1436	1888	646	5711	512	387	899
Berdale	60000	1171	1284	3015	1248	645	7363	0	0	0
Kansahdere	50000	1004	1088	3333	1068	130	6623	0	0	0
Orphanages	1400	25	686	0	0	0	711	0	0	0
TOTAL	161400	3982	4712	9125	5590	1645	25054	686	502	1188

Somaliland four clinics

Clinic Activities The four SRCS Somaliland clinics are running well. The main health problems seen in July in the clinics include UTI/STD, anaemia mostly in pregnant and lactation mothers, and ARI. Common diseases seen in August were diarrhoea, ARI infections and anaemia mostly in pregnant and lactating mothers. The Hudisa MCH team visited four different villages during this month and successfully treated 308 patients including children, women and elderly people. The Adadley MCH team visited two villages where they provided immunisation and treatment services. Clinic activities are running well as patients continue receiving OPD services, ante-natal and postnatal, immunisation, nutritional assessment, dressing and injection and health education from the clinic staff. Immunisation

in Burao MCH was quite low due to a lack of vaccines from UNICEF. The recently established cold chain facility does not have adequate ice-bags and there is no production of ice in town. The problem will be solved soon when the MCH will have its own refrigerator. The mobile clinic in Berbera visited four villages outside Hudisa during the week of 21 August.

Polio has been reported in the northern part of the region and a team from WHO was expected to visit the area to analyse the situation. First aid classes are going on well. The immunisation activities in all the clinics is continuing and most targeted areas have been able to receive the services provided.

Training/Health Education The National Health Officer attended a five day seminar in July on Essential Drugs conducted by WHO. Information received was given to all SRCS Health Field Officers during the quarterly health meeting. In July the Ministry of Health and Labour held a two day conference in which many representatives from humanitarian organisations attended. The SRCS was represented by National Health Officer and her assistant. Health education on water purification and importance of immunisation was given to the community in Adadley and all the other areas received health education on basic preventative and treatment methods of diarrhoea infections: boiling drinking water, preparation of home oral rehydration therapy, appropriate and early weaning practices and breast-feeding. All SRCS Somaliland Branches carry out first aid programmes to the community and topics covered include, basic first aid, hygiene and sanitation, English, basic mathematics, Arabic and dissemination.

Health education on water purification and the importance of immunisation was given to communities in Adadely. A first aid training course for 45 women belonging to a women's club was opened in Burao. Volunteers of SRCS Burao branch launched a sanitation campaign inside Burao town, with particular focus on cholera prevention.

A 15 day course was conducted in September by the National Health Officer and Boroma Branch at Boon village MCH/OPD. The main aim of the training was to recruit volunteers who would assist the community in reduction of common health problems. The participants, which included 15 people from Boon village, received training on Basic community first aid, prevention of common diseases and awareness on health and nutrition. Adadely MCH/OPD received sanitary tools from UNICEF to help improve the hygiene in the area. The other SRCS/MCHs are expected to receive the same assistance soon.

Community Involvement The communities are usually involved in health education and environmental sanitation campaigns, as well as mobile immunisation and treatment activities which help them to improve their knowledge on health. However, in July, the emphasis was mainly given to influential members of the communities, Red Crescent volunteers, teachers and women groups preparing them for assisting in the IHC programme.

The SRCS Somaliland staff assisted UNICEF Head Education Sector during a survey on Aids/STD awareness which was carried out in Somaliland in September. One of the SRCS staff was given the responsibility of supervisor while four others helped with the interviews. A two day workshop on STD/AIDS awareness was held at a hotel in September and the National Health Officer attended.

Branch Activities The weekly monitoring and supervision field trips are being done successfully. The objectives of these visits are mainly to distribute medical supplies to clinics, ensuring correct treatment of patients and usage of drugs, and to meet with the clinic staff and community representatives discussing problems encountered and how they can be solved. Sustainability, sharing of responsibility between the SRCS and the Health Committee as well as planning are among other objectives. An evaluation is normally conducted during the field trips to measure the progress made by the clinics through the provision of the integrated health care services and the health status of the target population.

Table 5 Statistics for the Somaliland branches

Clinics 3rd Quarter 1999 4 clinics	Estimated population	Total clinics attendance					Vaccinations			
		< 5 yrs MCH	5 - 14 yrs OPD	> 14 yrs OPD (M)	> 14 yrs (F) MCH/OP D	Ante' + post natal	Total	Children < 5 yrs	Women	Total
Hudisa	3000	780	196	814	1717	366	3873	891	55	946
Adadley	4000	817	207	878	980	179	3061	311	167	478
Boon		559	156	580	1372	188	2855	431	64	495
Burao		1851	763	1276	2855	725	7470	1111	116	1227
TOTAL	7000	4007	1322	3548	6924	1458	17259	2744	402	3146

Garoe Community Hospital supported by the Italian Red Cross

Wards The common diseases seen in July were ARI, malaria and TB. Two patients who were suffering from malaria and diarrhoea died. The medical ward admitted 79 patients and the surgical ward 35. The maternity ward received 21 patients and 46 more were admitted in the Paediatric ward in July. In August one hundred suspected cases of cholera tested negative. Reports from Bossaso, however, confirmed an outbreak of cholera, and hence precautions have been taken in the Garoe Hospital despite the distance between the two locations. Many people have been suffering from dysentery.

OPD/ER rooms The total attendance at the OPD in July was 616 out of which 533 were adults and 83 children. Fifteen people were in surgical OPD, 5 Gyn/Obst. OPD and 18 in the Emergency OPD. The increase is attributed to the attendance of soldiers trained in the former 54 military base.

Following an accident on 6 August along the Garoe-Galkayo road where three people died 22 others were admitted at the hospital. The OPD attended to a total number of 231 adults, 94 children, 13 surgical cases, six gynaecological/obstetrician and 169 in the emergency room in August.

Laboratory 253 patients had X-Rays in July of which 179 were chest X-Rays and 76 patients were found to be suffering from TB. During the first nine days of July X-ray services were not provided due to a lack of films which were supposed to be purchased from the cost recovery money. However, on 10 July new films were bought from United Arab Emirates.

Tests for HIV are now being conducted and only one patient has tested positive so far. However, the issue of AIDS/HIV is becoming an increasing concern in the country. Different tests were done for blood, stool and urine samples. The number of blood tests in September was 575, stool tests for parasites was 17, urine tests for pregnancy was 33 and 47 more were for albumin. Other tests were completed for gray stain and AFB.

Meetings On 2 July the Puntland Minister of Social Affairs held a meeting with the Federation HoD Somalia, SRCS President, SRCS representatives from Garoe branch and the Management of Garoe Hospital. The issues discussed included, the hospital project in general and responsibility of the authorities in Puntland to make sure the hospital is properly managed, the hospital needs, reporting systems and collaboration between the Ministry of Social Affairs, SRCS / Federation and Garoe Hospital Administration. Later on in the month the Federation Health Officer visited the hospital together with the ICRC Health Delegate. Talks were held with Garoe Hospital Administration about the introduction of standard medical kits based on the hospitals experiences. The hospital will now receive quarterly medical supplies. Problems and needs encountered and possible solutions were also discussed. Several internal management meetings took place, focusing on the activities and how best to run the hospital.

On 14 August a meeting was held at the hospital between the Vice Minister of Social Affairs, Director General of Health, Directors of health departments, WHO and UNICEF in Puntland. Issues discussed included health strategies in Puntland, AIDS/HIV, polio eradication campaign and the National Immunisation Days which are set to take place in October and November 1999. Several internal meetings took place among the hospital staff and it was agreed on that wards which maintained good hygiene and services would receive a reward, while individual staff from wards or other parts of the hospital who are guilty of misconduct through absenteeism , lateness or poor performance would be reported and should be punished.

On 13 September the Puntland Interior Vice Minister, Director General of Health, the Nugal Region Governor held a meeting with the hospital staff. They toured the hospital, and were satisfied with the general condition. They noticed that the hospital had improved and encouraged the staff to keep up their good work. Two other meetings took place at the hospital on 20 and 24 September attended by several Puntland Health Officials. The main topics discussed included, evaluation of agencies involved in health activities in Puntland, rules and regulations for private clinics, pharmacies and laboratories and preparation of a budget for the health depart for the year 2000. Representatives from USAID, UNICEF, CARE international and other agencies came to the hospital on 23 September and met with the Puntland officials.

In mid September a seven day campaign on water chlorinization was carried out by 24 volunteers from the SRCS and nine volunteers from the hospital. The hospital also assisted financially. The number of reservoirs chlorinated was 556 and another 136 open wells.

The hospital staff and patients will soon be wearing new uniforms through funds from Federation. The hospital is in great need of a compute which would cost approximately US \$ 1,000 (including a printer and transport costs) if bought in Dubai.

Training A workshop on vector borne diseases with emphasis on malaria took place from 10-14 July, with 25 participants from the five regions of Puntland attending. The workshop was facilitated by the Ministry of Social Affairs and WHO Bosasso. This workshop was one of several workshops planned in Puntland this year to reduce the risk and danger of malaria. Two other workshops took place in Bosasso and Gardo and another will soon take place in Garoe. On 26 July training on ward management and nursing care methods was started for the staff at the hospital. The seminar was supposed to last for 15 days, and 15 members of the staff participated. A similar course will later be given to another group of 15 health staff members.

Table 6 Statistics for Garoe Community Hospital

	Admissions	OPD	Operations	Deliveries	Laboratory	Dressing Room	X-Ray
3rd Quarter 1999	583	1704	47	28	2602	545	774

The Operating National Society

Following the evaluation of the co-operation between Somali Red Crescent Society and Norwegian Red Cross, and the Evaluation Report presented in late July, the SRCS has been going through a difficult internal process on how to deal with the many issues and shortcomings raised in the report, and how to continue the process. Preparations are now being made for a meeting in Djibouti, which will take place 22nd January 2000, where all the branches and leaders of the Society, with facilitators from ICRC and the Federation, will be discussing the report, how to implement the recommendations and how to further develop the National Society. This will also be the next step in the self-assessment process of the SRCS.

The Somali Red Crescent Society (SRCS) is the implementor of all activities in Somalia supported by the Federation and/or PNSs. This is the strength of the RC/RC programmes in the country with limited

dependence on expatriates. The supporting partners of the SRCS are further developing this strategy by giving more responsibility to the National Society for the implementation, monitoring, community partnership and participation, and focus on local initiative and involvement, which has more elements of sustainability.

The future role of the SRCS will be in closer collaboration with the communities and local / central authorities wherever they exist, to run and implement programmes and traditional RC/RC activities.

Outstanding needs and New developments

Implementation of the Reproductive and Family Health Care (R&FHC) programme in Somaliland was delayed due to sickness within the team of implementors and some urgent issues of the National Society which had to be solved. Furthermore the R&FHC delegate of the Federation Regional Delegation was unavailable due to other commitments in Tanzania and contact with the two UN agencies, UNICEF and WHO has been difficult to establish due to annual leave and changing of staff. It is unclear when the programme will now start.

Sustainability is always a concern for activities in totally impoverished Somalia. New discussions between the SRCS / Federation and the Puntland authorities on how to deal with these issues have taken place.

As the number of health organisations working in Somalia is continuing to decrease it becomes even more obvious how important role the SRCS IHC programme is for the people. Within the UN system, and among other organisations, the SRCS is getting greater recognition as being the main deliverer of health services in the country and the one with the best coverage. For the NID (National Immunisation Day) the SRCS will be playing the leading role in the catchment areas of the society.

Training of the clinic staff continues under the branch health officers but here there is need for improvement. In the north-east and south the need is for more involvement of the top health officials of the Society. The SRCS Health Co-ordinator in Mogadishu has been out of the programme for more than a year and a half. This part of the programme is looked after better in Somaliland by the National Health Officer for that part of the country. There is a need for a more active approach and participation by the Health Co-ordinator, who is also the director of the Keisany Hospital in Mogadishu, in order to reduce dependency on external support and for building sustainability and co-operation with the local communities.

Literature of various kinds is needed in the health programme, and ideas to build up a simple library are being discussed. There is a need for continuous discussion and planning with local community leaders on partnership and collaboration in programmes and SRCS /community based activities, as well as with other donors/ NGOs/agencies /organisations.

External relations - Government/UN/NGOs/Media

The good relationship with UN agencies is continuing. The SACB Health Committee normally has a planning and co-ordination meeting each month where the Federation Somalia Delegation attends as a member. This is an important forum for the exchange of information and ideas on health issues in Somalia. The committee co-operates closely with local authorities around the country, helping in developing their health strategies and plans. The Somalia Delegation is part of these initiatives.

The delegation is also an observer at UNDP security, information and political update meetings. They are playing a particularly important role as a source of information on security and political developments in Somalia. Also the SACB monthly meetings are important for keeping the delegation up to date with what steps should be taken and programmes run in Somalia by other organisations.

However, due to the mandate and political reasons, neither of the RC/RC components are able to follow all the recommendations proposed by the SACB.

UNICEF is providing the SRCS with free vaccines for all the MCH/OPD clinics, cold chain equipment to some and all medical supplies to two others in Somaliland. Discussions are going on with UNICEF to improve the cold chain system in the health programme of the Somali Red Crescent Society.

The good spirit of co-operation with ICRC is continuing and all three elements have gained from the transparent collaboration in budgeting, the programme planning process, implementation of health programmes as well as the institutional support to the National Society.

Operational Constraints and problem areas

As the SRCS, ICRC and the Federation are all trying to follow the policy and idea of community involvement, participation and volunteerism in most SRCS programmes there is a problem of the "generous" payments of incentives/per diem made by other organisations which create expectations which the RC/RC cannot meet.

A major constraint is the almost constant insecurity situation faced in the southern part of Somalia which makes it difficult for expatriates and even the SRCS staff, at times, to follow up with proper monitoring of programmes. This is, however, the same for all organisations/agencies implementing programmes in the country, and has become part of the framework that has to be accepted if the work is to continue.

With no Federation plane and only a few ICRC flights going into Somalia it is difficult to get seats for delegates, space for cargo and field returns from the branches to the Somalia Delegation. This delays the financial and narrative reports and the cash requests to Geneva, which in turn delays the transfer of funds to the branches. The programmes do benefit from the service provided by the ECHO flight.

Contributions

See Annex 1 for details.

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