

# Tsunami two-year progress report: Somalia



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.*

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*Volunteers from the Somali Red Crescent clear debris from homes destroyed by the tsunami. It is physically hard and emotionally draining work.*

## Executive summary

In the Eastern Africa region, Somalia was the worst hit by the 26 December 2004 tsunami, leaving over 300 people dead or missing and thousands displaced. Somali Red Crescent Society (SRCS) staff and volunteers were involved in the initial life-saving and emergency response activities in collaboration with other actors like United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the World Food Programme (WFP). Psychological support was provided for tsunami survivors as well as for staff and volunteers of SRCS. After the emergency phase, SRCS embarked on medium to longer-term programmes in the coastal affected areas of Eyl, Hafun and Gara'ad. These included promotion of hygiene and sanitation through the PHAST methodology, expansion of mother child health/out-patient department (MCH/OPD) services and rehabilitation of damaged water

facilities and clinics. Outreach activities were also intensified. Nugal general hospital in Garowe has, over the reporting period, continued to get support from the Federation.

The SRCS disaster management (DM) programme focused mainly on capacity building. Vulnerability and capacity assessment (VCA) training for staff and volunteers from the tsunami affected regions were carried out. VCA training and exercises in all the regions are expected to form the basis for community-based risk reduction initiatives. DM/community-based first aid (CBFA)/volunteer manager positions have been established for coordination of DM response and preparedness activities among other responsibilities at the branch level. Information technology (IT) and communication equipment in all branches in Puntland have been upgraded. SRCS has strengthened its working relationship with Movement partners (mainly partner NSs based in Nairobi, ICRC and the Federation) in the implementation of tsunami programme activities. Other actors like the WHO, WFP and UNICEF have, in their areas of expertise, coordinated response and recovery measures in liaison with SRCS staff and volunteers.

## Background/Operational context

As the tsunami struck the north-eastern coastline of Somalia on 26 December 2004, it left behind an estimated 300 people dead. Over 100 remain unaccounted for and are presumed dead. Some 15,000 people were affected. The most affected regions were the eastern regions of BederBelia, Hafun, Eyl and Gara'ad in Puntland state of Somalia. SRCS staff and volunteers from Nugal, Mudug and Bari regions were the first to provide initial emergency response. The Federation's Special Representative to the Secretary General for the tsunami operation visited the affected areas in April 2005,

met and encouraged SRCS volunteers, the majority of whom had never before been involved in an emergency operation of such magnitude.

Partnerships with operational organizations (such as UN agencies and local and international NGOs) during the emergency phase were essential in coordination of relief aid. In addition to provision of health care services, in which SRCS has a long-standing experience in Somalia, capacity building of the NS to prepare and respond to disasters was emphasised in the post-emergency phase. This included conducting VCAs in selected branches, training of staff and volunteers in disaster management and revitalising of the community-based first aid (CBFA) project. Formation of disaster response teams is planned to take place in 2007 at the level of national as well as selected branches

Tsunami programme implementation has been affected by insecurity and political unrest in the programme area. In early and late 2006 travel to the programme area was restricted due to violence following reactions to the cartoons in a Danish newspaper depicting the Prophet Mohammed and conflict between Puntland State and forces of the Union of Islamic Courts (UIC).

## Achievements and challenges

### Health and Care

The main response work included health care and sanitation response and assessment. During the emergency phase the SRCS staff worked in close partnership with UNICEF and WHO in the coordination of relief efforts.

After the emergency phase, a water and sanitation team from the Federation's regional delegation, Somalia delegation and SRCS carried out an assessment in the tsunami hit districts. Following the assessment, recommendations were made based on hygiene and sanitation data and were focussed on water supplies, sanitation and hygiene, and disease prevention and control. A training-of-trainers workshop was conducted for 35 SRCS staff and volunteers from all Puntland branches on PHAST (PHAST stands for Participatory Hygiene and Sanitation Transformation - an innovative approach designed to promote hygiene behaviour, sanitation improvements and community management of water and sanitation facilities using specifically developed participatory techniques).

The trainers have already begun hygiene promotion and training the affected communities on the same.

### Water supplies

- Training was focussed on management as well as operation and maintenance of water supplies, with



*A Red Crescent volunteer sprays disinfectant around houses in Hafun to prevent the spread of disease.*

emphasis on safe storage and sustainable water treatment.

### Sanitation and hygiene

- Training of communities and support on appropriate sanitation technologies

### Disease prevention and control

- Reduction in incidences of water borne diseases; good drainage system and the use of insecticide-treated bed nets (ITNs), especially for children under five, to combat malaria.

Recommended rehabilitation of selected clinics and construction of water supplies and sanitation facilities in these clinics were recommended following a joint water and sanitation mission. At the end of the emergency phase, SRCS health staff and volunteers intensified outreach activities in the coastal affected areas of Eyl, Hafun and Gara'ad, focusing on the core areas through the provision health and hygiene promotion activities.

Due to increased health care needs, the national society expanded MCH/OPD services in the Bari region by opening four clinics (two in 2005 and two in 2006) with bilateral support from the German Red Cross and in coordination with the Ministry of Health. Clinic records indicate that over 6,518 people have been treated in the OPD clinics over the last two years.

Supervisory, monitoring and evaluation visits to the supported clinics were done at regular intervals by a joint health team from the Federation Somalia delegation and SRCS. Annual health review and planning meetings were held where experiences were shared and health plans reviewed.

## Disaster Management

The SRCS established a DM director position based in the Mogadishu coordination office to be overall responsible for all DM matters in the NS, with a DM officer based in the Hargeisa coordination office to oversee implementation of DM programmes and activities in Somaliland. In line with the Federation's commitment to support the national society to fully operationalize its volunteer management guidelines, DM/CBFA/volunteer managers for Galkayo and Burao branches have been recruited.

In March 2005, an IT mission installed radios in all the branch outreach and vehicles used for monitoring. Computers were also purchased or upgraded for Garowe and Bossasso branches, to facilitate easy communication of response and preparedness information to the communities, coordination offices and other partners. SRCS has, with technical support from the regional delegation, modified and re-launched its website for easy information sharing.

Initial VCA training for key staff and volunteers in Garowe and Galkayo branches had just been concluded before the tsunami struck.

The trainees put into action the skills acquired during the initial assessment and response. As part of the national VCA and DM strategy, further VCA training and pilot exercises were done in Galkayo and Burao regions in 2006. Thirty-seven trained staff and volunteers from the two regions carried out VCA exercises aimed at initiating community-based risk reduction activities and preparedness plans including early warning mechanisms. The VCA exercises have been very instrumental in engaging with communities and enhancing beneficiary contribution to the planning of potential programmes. It is expected that the proposed activities will reach over 15,000 beneficiaries in the target regions.

All volunteers involved in the initial lifesaving and emergency phase had been trained on basic first aid. It should be noted that it was the first encounter for most of them with death and widespread destruction of infrastructure leaving not only the communities affected in great psychological shock but also the helpers. The Federation delegation engaged a consultant through the Federation Reference Centre for psychosocial support to carry out a needs assessment on psychological support requirements for the tsunami affected population as well as SRCS staff and volunteers working in disaster affected areas. A training-of-trainers workshop on psychological support for national health and DM officers was conducted with a view to initiating psychological support activities and integrating these into CBFA and other SRCS programmes. A psychological support manual for SRCS volunteers was also drafted by the consultant following the experiences gained from this workshop.



*The Somali Red Crescent provides essential health services to vulnerable communities, including here at the Galeyraale camp.*

- SRCS revitalised its community-based first aid (CBFA) programme in 2006 with formation of a national CBFA working group comprising of health and DM focal points at national level and selected branches. The CBFA working group has developed a programme document comprising a revised CBFA curriculum and implementation structure based on the Federation CBFA framework for NS.

### Coordination with other partners and stakeholders

#### Red Cross and Red Crescent Movement Coordination

Persistent conflict and civil or political unrest makes all operations in Somalia particularly complex, and close coordination with all Movement members is essential for effective programming and service delivery. The Somali Red Crescent and its partners are practicing a strengthened and cooperative working relationship, and a comprehensive RC/RC Movement cooperation approach has been adopted by all Movement partners since the initial disaster. German RC has bilaterally established four new SRCS clinics in the tsunami affected Bari region, with the Federation providing logistical, monitoring, supervision and support services.

The security and logistical difficulties faced by the Federation accessing and supporting clinics in the south has led to an agreement that the ICRC take over support of the south/central clinics, while the Federation concentrates its efforts through support of Somali Red Crescent's tsunami programme, especially in Puntland and Somaliland.

#### Working with Government, UN agencies and other actors

The Federation delegation continued to support the Somali Red Crescent in strengthening its cooperation with UN agencies, international organizations and donors.

Both the Somali Red Crescent and the Federation continued to be active members in the health sector committee of the Somalia aid coordination secretariat. Besides organizing meetings, the Somali Red Crescent and the Federation delegation continue to take part in field coordination meetings with other state and humanitarian actors. Discussions were also held during the first quarter of 2006 with the World Bank regarding support to the health programme in tsunami-affected areas.

During the initial response, Somali RCS staff and volunteers worked closely with UNICEF and WHO in health care services and WFP in distribution of relief food to the affected people.

### **Implementing challenges**

Travel to the tsunami-affected regions of Puntland was restricted in the early part of 2006 due to violence following reactions to the cartoons in a Danish newspaper depicting the Prophet Mohammed. In the same period there were political clashes in which four people were killed in Garowe, temporarily restricting access to the area. In the south, the security situation has deteriorated following intense fighting in Mogadishu between the Alliance for Restoration of Peace and Counterterrorism and the militias controlled by Union of Islamic Courts (UIC) which have left hundreds dead and many injured. Subsequent military build-up involving forces and assets both from within and outside Somalia has meant that support to the NS in this volatile environment has been extremely difficult.

## **Outlook**

### **Health**

- Continue support to Nugal general hospital Garowe and OPD/MCH clinics
- Recruitment of watsan officer to support Puntland branches
- Implementation of water and sanitation projects in Puntland
- Rehabilitation of clinic and hospital facilities
- Capacity building of SRCS health staff and volunteers through training and exposure visits
- Supervisory M&E visits
- Establishment of 2 more OPD/MCH clinics and 1 mobile outreach clinic in Puntland
- Coordination with ICRC of water and sanitation activities (mainly hygiene promotion) in Puntland
- Health review and planning meeting

### **Disaster Management**

- VCA training and exercises in 11 branches including Bossasso and Garowe for contingency planning, establishment of community based disaster risk reduction and early warning mechanisms, and DM strategy formulation
- National disaster response team (NDRT) training; formation of NDRT in selected branches.
- Expansion of CBFA programme with the appointment of a DM/ CBFA/ volunteer manager position in all the branches
- Procurement of action teams and CBFA equipment and IEC materials
- DP training for staff and volunteers
- Media training for staff and volunteers
- Monitoring and evaluation of projects and programmes

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