

## **SOMALIA: HUMANITARIAN ASSISTANCE**

18 October 2000

*appeal no. 01.11/2000*

*situation report no. 2*

*period covered: 1 July - 30 September 2000*

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*Although it faces difficulties in maintaining effective leadership and lacks secure resources, the Somali Red Crescent Society (SRCS) is still the only indigenous nation-wide humanitarian institution in Somalia. It provides health care for vulnerable groups as well as activities in the field of disaster preparedness and relief. The SRCS has paid special attention to the promotion of fundamental principles and humanitarian values, disaster preparedness and disaster response, and health and care in the community. It has also tried to improve the capacity and performance of its branches despite the difficulties of operating in a fragmented society with no central administration. Core activities have included first aid training and tracing services for people dispersed by the conflict.*

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### ***The context***

For most of this year Somalia continued to suffer from a devastating civil war that started in 1991 and continues in many regions throughout the country, resulting in geographical fragmentation and no central government. Almost the entire infrastructure of the country had been destroyed during the conflict, and the frequent outbursts of fighting continue to provoke population displacements. While some areas of the country enjoy a relative peace and stability, enabling humanitarian organisations to implement development programmes, most of the southern regions still suffer from interclan and faction fighting as well as banditry.

Nation-wide peace initiatives had failed until the recent breakthrough at the Djibouti conference on national reconciliation, resulting in a clan-based parliament whose 245 members elected a President.

During the period under review, the war between Ethiopia and Eritrea added a new element of concern to the regional situation.

With the support of the Federation, the Somali Red Crescent Society (SRCS) has managed to survive during the civil war and maintain operations in favour of vulnerable groups where all other formal structures and services have collapsed. To respond to the humanitarian needs and to continue providing the required support to the SRCS, the Federation formulated a strategy intended to support SRCS efforts by focusing programme activities primarily on the health sector, and more specifically: providing essential health services through the SRCS Integrated Health Care programme; supporting the Garoe Community Hospital; improving the institutional development of the National Society; introducing a community based first aid programme in some regions of the country; and improving the emergency response capacity at branch level. Federation activities will be coordinated with the ICRC which is the lead agency in Somalia, as well as with the United Nations agencies.

## ***Latest events***

The three months have been dominated by the conference in Arta, Djibouti, hosted by the Djibouti government. Several thousand Somalis from all walks of life, many of them living in exile, succeeded in electing a clan-based 245 member parliament after four months of deliberations. On August 26 the parliament elected a former Government minister, Abdiqassim Salad Hassan, as President of Somalia. The election received a positive response from the Somali people, but the main faction leaders in Mogadishu threatened to block any move by the new parliamentarians to enter the former capital of Somalia.

Within the overall climate of security incidents and concerns, a positive development was that the *Gu* rains were fairly good in most of Somalia. There were patches of drought in the upper Awdal region bordering Djibouti, in the central Hawd grazing areas and elsewhere, but the Head of Delegation, on a visit to Bay region, saw indications that the sorghum had been harvested and villagers were storing the crop. Throughout Somalia flocks of sheep and goats, herds of camels and cattle, appeared to be abundant in number and healthy. Having said that, many Somalis are still recovering from previous years of drought and, in all regions, health services are poor and basic needs barely met. Towards the end of September Saudi Arabia and Yemen placed a ban on the import of sheep following an outbreak of Rift Valley fever in those countries. If this ban continues it will have a severe effect on incomes especially in Somaliland and Puntland and many families will suffer.

## ***Red Cross/Red Crescent action***

### **Disaster Preparedness •**

The Somali Red Crescent Society continued to train action teams and community volunteers in the areas vulnerable to floods or drought. Floods are prevalent in the areas close to the rivers Juba and Shabelle. Drought, though thankfully confined to only a few areas this year, occurs seasonally and is always a threat. First aid training was a priority for all branches. The Federation Disaster Preparedness delegate plans a workshop at branch level, hopefully located in central Somaliland, before the end of the year.

### **Disaster Response •**

There were no large scale disasters in Somalia during the period under review. The SRCS, supported by the Federation and the ICRC, joined with the UN agencies, NGOs and the EC Somalia unit in monitoring the drought pockets in the country. The SRCS is not, on its own, currently well equipped to deal with high emergencies in the country.

**Health •**

Two new MCH/OPD clinics were opened in Somaliland. The clinics are located in the village of Yagori, near Las Anod, Sool region, and in Erigavo, the principal town in Sanaag region. The clinics are supported financially by the German Red Cross. The medical staff of the clinics were tested and trained by the Hargeisa Co-ordination office of the SRCS, assisted by the Somalia Delegations Health Officer.



The local communities played a considerable part in constructing the clinic buildings and provide security and cleaning, as they do for the other 42 clinics run by the SRCS throughout Somalia.

*The picture on the left reflects patients wait at Berdale Primary Health Care Clinic, Bay Region, Somalia*

**Capacity Building •**

Training for SRCS staff continued. The Federation was invited to join the ICRC in addressing participants at the week-long workshop for ICRC

Dissemination/Tracing officers in Nairobi. The Federation Somalia Delegation placed an emphasis on on-site training by specialists. The Delegation Health Officer travelled frequently to assess, train and work alongside SRCS staff, and attended the AIDS conference in Durban (July 8 - 16) . The Regional communications officer travelled to Baidoa on the first of a series of visits to repair equipment and train local operators; the Delegation pharmacist visited Garoe to help improve systems in the Garoe Community Hospital. The Federation finance officer for Somalia will visit branches to assist them in setting up the new accounting system.

To assess the situation, the Head of Delegation made two visits to Somaliland; the first to Hargeisa, Boroma and Bown, the second to Hargeisa, Berbera, Burao, Yagori and Las Anod. He also visited Baidoa and Berdale in Bay Region.

The Italian Red Cross assessment of the Garoe Community Hospital, which is partly supported by the SRCS, was translated into English and shared with the Federation. Recommendations are being studied and will be followed up, particularly the training needs.

The rehabilitation centres for the disabled in Mogadishu, Hargeisa and Galcayo, supported by the Norwegian Red Cross, produced prosthesis appliances and provided physiotherapy treatments. In Mogadishu, the SRCS continued to run Keisany hospital for war wounded in partnership with the ICRC.

**National Society Development •**

The President and Secretary General of the Somali Red Crescent Society attended the Pan African Conference in Ouagadougou ( September 24-27). Guidance and direction continued to be provided to the National Society from the office in Nairobi -- an unfortunate but unavoidable situation due to compelling political and practical reasons. Communication with the Society became more difficult as the Kenya government tightened visa requirements for Somalis.

## ***Outstanding needs***

There is still much room for improvement in reporting, both narrative and financial, at branch and clinic levels. In conjunction with ICRC, the Federation is helping to introduce a new simplified financial system throughout the Society. Much more community involvement is desirable and cost recovery remains at a low level. New initiatives in local fund raising are needed. Training at all levels for medical staff is a priority and will be addressed in the coming months. More thought needs to be given to disaster preparedness - the planned workshop will help. AIDS/HIV is a growing concern in Somalia and a programme of dissemination and information at the grass roots level is essential. The governance office needs to be better focused and made more functional. Attention needs to be given to more frequent meetings between senior high officers of the Society.

## ***External relations - Government/UN/NGOs/Media***

The Federation Somalia Delegation continued to attend the liaison meetings of the Somali Aid Coordination Body and its monthly Health Committee meetings in Nairobi. Close liaison with the European Commission Somalia Unit, UN agencies, OCHA IRIN (East Africa) and NGOs working in Somalia continued.

In Puntland, the SRCS branches worked on the data collection programme which forms part of the joint Federation/World Bank study. The aim is to implement a health-sector rehabilitation in Puntland and to study the SRCS IHC programme. The study will continue to the end of this year and into 2001. It may be possible to conduct a similar study in Somaliland.

## ***Contributions***

See Annex 1 for details.

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**This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>**

<b>Somalia</b>						ANNEX 1
<b>APPEAL No. 01.11/2000</b>		<b>PLEDGES RECEIVED</b>			10/19/00	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				<b>2,423,000</b>		<b>TOTAL COVERAGE 74.0%</b>
<b>Balance carried forward from 1999</b>				<b>(105,918)</b>		
BRITISH - RC		5,000	GBP	12,950	04/19/00	
BELGIUM - RC				142,313	11/16/99	AFGOYE AND BAL'AD CLINICS
BRITISH - RC				223,679	03/28/00	
GERMAN - RC				43,927	28.08.00	
ITALIAN - GOVT/RC				170,524	02.08.00	GAROE HOSPITAL
NORWAY - RC		200,000	NOK	39,595	02/23/00	BAIDOA HEALTH PROGRAMME
NORWAY - RC		500,000	NOK	94,702	07.07.00	BAIDOA CLINICS
NORWAY - RC		740,000	NOK	140,007	01.08.00	BIDOA CLINICS
SWEDEN GOVT/RC		330,000	SEK	62,568	30.05.00	
SWEDEN GOVT/RC		220,000	SEK	41,712	30.05.00	ID, CONFLICT RESOLUTION, DP
SWEDEN GOVT/RC		550,000	SEK	103,565	30.05.00	HEALTH
SWISS - RC				61,050	10.04.00	GAROE CLINICS
WORLD BANK		444,519	USD	699,673	04/01/00	
<b>SUB/TOTAL RECEIVED IN CASH</b>				<b>1,730,347</b>	<b>CHF</b>	<b>71.4%</b>
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Finland	Delegate(s)			21,684		
Ireland	Delegate(s)			14,949		
Norway	Delegate(s)			24,969		
<b>SUB/TOTAL RECEIVED IN KIND/SERVICES</b>				<b>61,602</b>	<b>CHF</b>	<b>2.5%</b>
<b>ADDITIONAL TO APPEAL BUDGET</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>SUB/TOTAL RECEIVED</b>				<b>0</b>	<b>CHF</b>	
<b>THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:</b>						
PSO001, PSO002, PSO160, PSO501, PSO502, PSO503, PSO506, PSO507, PSO508, PSO509, PSO510, PSO511,						