ANNUAL REPORT

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

SOMALIA

May 2001

Appeal no. 01.11/2000
Appeal Target: CHF 2,357,000

The Context

Throughout the year 2000 Somalia remained a divided and strife-torn country. Despite the emergence of relatively peaceful areas in the north west and north east, and an attempt to form a central government with international support, the majority of the population continued to lack access to basic medical facilities. The southern part of the country was for the most part lawless and poorly administered. The Somali Red Crescent Society (SRCS) has been active in most parts of the country during the years of conflict that have followed the overthrow of the Siyad Barre regime in 1991. It is the only humanitarian institution represented across the nation, although its leadership is still based in Nairobi, Kenya. Its network of primary health care clinics has saved many lives and supported the most vulnerable people in society, especially mothers and children. This programme continued in 2000 with support given by the Federation of Red Cross and Red Crescent Societies to the Somali Red Crescent Society's. The Federation programme aimed to assist the SRCS with the development of its human resources at national and regional levels, and to strengthen its institutional capacity for disaster preparedness.

Men waiting at a clinic in Somalia

Disaster Response

Objectives

To support the SRCS in dealing with the periodic outbreaks of floods, drought and food shortages and their consequences that are prone in Somalia.

Achievements
The SRCS, through its network of ten regional branches and 46 primary health care clinics throughout the country, provided input on local food needs, climate changes, drought and flood warnings assessments to the Somali Aid Co-ordination Body and the Food Assessment Unit. The Federation assisted in channelling information through its regular meetings with the relevant authorities and organisations in Somalia and Nairobi. The SRCS was restricted in some relief activities because of the continuing insecurity in the southern regions of Somalia and in the capital, Mogadishu.

During the year outbreaks of cholera occurred sporadically, mainly in the south and central zones and in the area around Borama in Somaliland. The local SRCS branches worked with local and international actors in the health sector to combat cholera by mobilising the community, giving health advice, chlorinating water points to reduce transmission and distributing ORS to the victims. SRCS volunteers played a major role in the preventive and control activities.

There was also an outbreak of Kala Azar, also known as Visceral Leishmaniasis, caused by sand fly and characterized by fever, enlargement of the spleen and kidneys, and wasting. In Africa it is endemic in Sudan, Somalia, Ethiopia and Kenya. It was reported in the border districts of Kenya which later spread into the border areas of Somalia including the Gedo, Bakool and Lower Jubba regions. One case was detected in Puntland in Garowe hospital. The Federation Health Officer attended the Somali Aid Co-ordination Body meetings dealing with the outbreak and liaised with the SRCS and NGOs operating in Somalia to deal with the disease. The outbreak was first reported in August. 63 cases tested positive but by the end of the year only a few new cases were presented.

Constraints
The SRCS lacks the equipment, infrastructure and management experience to respond on a large scale to disasters. However its presence throughout the country and contacts with all sectors of society gives it a unique role as a monitoring service and as a resource for situations that may occur in the less accessible parts of the country.

Disaster Preparedness (PSO160)

Objectives
To train national society senior staff in disaster management and needs assessment planning, the linking of relief and development and in the use of the Federation standard guidelines; to focus on the flood prone areas along the Shabelle and Jubba rivers; to furnish the senior staff of the SRCS with the necessary tools and methodology to enable them to make thorough, timely and comprehensive assessments of areas of vulnerability within Somalia; to assist the staff of the SRCS in the preparation of contingency plans for drought.

Activities

National society senior staff attended a workshop held in Garoe, capital of Puntland, facilitated by the Federation Regional Disaster Preparedness Delegate, where they were trained in disaster management and needs assessment planning. The workshop gave special attention to the flood prone regions along the Jubba and Shabelle rivers, which are covered by individual Somali Red Crescent Society branches. The senior staff were introduced to the linking of relief and development and in the use of the Federation standard guidelines; they were introduced to the Federation vulnerability and capacity assessment guide as a tool for targeting high risk areas and the most vulnerable groups. The staff of the SRCS completed a Disaster Preparedness plan covering the next five years, with an emphasis on the preparation of contingency plans for drought, which occurs cyclically in Somalia. A bonus was the fact that this was the first opportunity for the senior managers of the SRCS to meet on Somali soil since the fall of the Siyad Barre regime in early 1991. Some of the SRCS members had not met in a decade**.**

At the November meeting an invitation from the European Commission to bid for funds to enable a Food Assessment Programme was discussed. The Regional Disaster Preparedness Delegate suggested that the Branch chairmen and other officers of the Society pool their information in order to draw up a fact sheet on which an application could be based. In the end, this was not done and the EC rejected an independent application submitted at the end of the year by the Secretary General of the Somali RCS.

Constraints
While the SRCS now has a plan and good grasp of monitoring and assessment standards it is not yet in a position to respond on a large scale to emergencies. More management training, especially at branch level, is required. It is also clear that the top management of the SRCS needs to work more closely with the senior officers of the branches; the continuing physical separation of the President and Secretary General from the rest of the Society remains a real problem.

Health (PSO501, PSO502, PSO503, PSO506, PSO507, PSO508, PSO509, PSO511)

Objectives
1. To continue supporting SRCS in the provision of essential health care to the most vulnerable people in the communities they serve.
2. To improve the quality of care through capacity building of the staff of the SRCS.
3. To conduct a study on the role of the SRCS as health provider in a post conflict situation in Puntland in partnership with the World Bank.
4. To improve community involvement and participation.
5. To expand the Integrated Health Care (IHC) program in the north.
6. To review cost recovery with view of piloting in SRCS clinics.
7. To strengthen Community Based First Aid (CBFA).
8. To mobilise, train and retain volunteers.

Achievements
- Monitoring and supervision of the IHC program continued throughout the year, both at branch and Nairobi level. Weekly or monthly visits to all clinics were made to all clinics depending on their distance from the branches and available transport. In Nairobi, the

staff had regular meetings with SRCS officers, liaised with the ICRC and other organisations dealing with health in Somalia, and monitored statistics and reports sent from the field by pouch or pactor.

- A Health Information System functions in all the health facilities and SRCS branches. Data is analysed in Nairobi and at branch level to monitor disease trends, mother and child vaccination coverage and the nutrition status of the community. The data enables the health staff to plan and implement appropriate and timely intervention in the case of any deviations from the norm - for example, an increase in watery diarrhoea cases during the cholera season.
- A supervision tool/checklist is established at clinic and branch level. This has enabled the SRCS Health staff and the Federation Health Officer to evaluate standards of health care at the clinics and assess the services provided to the community.
- The Federation Health and management team have planned their work with other actors in the Somali health sector by its membership of the Somali Aid Co-ordination Body (SACB), which holds regular meetings in Nairobi. The SRCS worked alongside the Ministry of Social Affairs in Puntland and the Ministry of Health and Labour in Somaliland. The Federation Head of Delegation and Health Officer attended co-ordination meetings in the field, hosted by these ministries. The SRCS worked closely with UNICEF, who provide EPI supplies and cold-chain facilities. The Society also liaised with WHO, assisting in the polio and TB programmes. The Federation, as well as the SRCS, kept closely in touch with these UN agencies and international NGOs, primarily World Vision, CARE, the International Medical Council and Save the Children who deal with similar programmes of health care in Somalia.
- Baseline health surveys have been conducted in Erigavo, Las Anod and Bown, before clinics were opened in each location, in order to assess the current health status of the local populations so that appropriate health services could be provided.
- The IHC programme has been expanded with the opening of two new clinics in the Sool and Sanaag regions of Somaliland, bringing the total number of clinics to 46. It is probable that this number is appropriate for the management resources of the SRCS, at a time when security in the southern regions of Somalia has not improved.
- Continuous assessment by the Federation Health Officer and SRCS health supervisory staff has confirmed that the quality of health service has been improved through continuous training at different levels in clinic management, and patient care.
- Preventive and control activities were implemented during the cholera outbreak (see also Disaster Response, above).

The SRCS Integrated Health Care Programme

During 2000 the SRCS opened an extra two MCH/OPD clinics in Erigavo and Yagori, Somaliland, with support of German Red Cross. Out of the new total of 46 clinics, the Federation supports 24 while ICRC supports 22 clinics. SRCS also continued to run their two hospitals smoothly throughout the year while ICRC opened a hospital in Madina in Mogadishu south. Branches

running the IHC programme with Federation support are in Mogadishu, Baidoa, Garowe and Galkaiyo. In Somaliland the branches are Boroma, Buroa, Hargeisa, Berbera, Las Anod and Erigavo which is not yet fully recognised as a branch.

All the IHC programmes functioned well despite incidences of insecurity in some parts of the country. The health activities continued well and all clinics were open six days a week throughout the year except for religious holidays. The Federation continued to monitor the SRCS health activities, provide support and supervision, conduct on job and upgrading training to the health workers. The national and branch health officers continued their constant supervision of the clinics through personal visits, phone contact and radio communications. Detailed clinic statistics are available at the end of this report

Garowe Hospital

With funds received through the Federation, Garowe Community Hospital, which is the only referral regional hospital in Nugal region, and serving a population of over 100,000 (UNICEF estimate), is supported in assessment and funding of ongoing training needs. The commonest causes of morbidity and mortality reported throughout the year were ARI, malaria, diarrhoea, UTI, tuberculosis and typhoid. Accident victims increased throughout the year on the Garowe and Bossasso road with 14% case fatality rate.

The wards consist of the surgical, medical, paediatrics, maternity and labour ward. In the labour ward there were increased cases of stillbirths - the reason being that almost all the mothers were not attending ante natal clinics. Many also sought medical assistance very late. Midwives were trained on how to handle obstetric emergency cases and conduct community education to the community on early referral to the hospital. The laboratory continued to screen routine tests from both in and out patient departments as well as screening blood for HIV before transfusion. 294 blood samples were screened for HIV but no positive cases have been reported. Cost recovery continued well in the X-ray department and the service was sustained throughout the year.

In May an Italian Red Cross team visited Garowe hospital for a review mission, held discussions with hospital staff members, the local government including the Ministry of Social Affairs which deals with health, and community representatives. The hospital's equipment, staff training and cost recovery issues were discussed. The Italian Red Cross pledged to continue supporting the hospital but from 2001 they will start reducing their support by 15%.

The Federation/World Bank Rehabilitation Study

A Puntland Health Sector Rehabilitation Study by a joint Federation/World Bank team conducted the first part of its mission which aimed to set up a one-year pilot project for sustaining primary health care provision in one of the 12 clinics run by the SRCS in the Puntland State of Somalia. It is hoped that the mission would go on in 2001 to examine the cost sharing of health services in the Puntland clinic between the SRCS and its partners, the Ministry of Social Affairs and the community.

Constraints

It is doubtful whether the SRCS has the capacity to extend its primary health care (IHC) programme any further, despite compelling needs in areas such as Gedo region. There is a strong requirement for a Health Economist to study the results of the data got from the clinics

and branches and to assist the Health Officer in the organisation of training and the provision of drugs. The preparation of an exit strategy for the IHC programme is an imperative at a time when the nascent administrations in Somalia are coming to rely on the SRCS for the provision of basic health services. It has been getting more difficult to finance the operation, due to donor fatigue. The long distances to be travelled, the problems of insecurity and the complicated routing mean that the Federation is fully stretched in its assessment, liaison and training activities.

Humanitarian Values

Objectives

To develop a programme aimed at the provision of peace and the resolution of conflicts.

Achievements

The SRCS, with Federation support, has contributed to peace in Somalia rather by example than actively organising conflict resolution events. The Society's unique presence throughout the divided country and the universal respect in which its officers and activities are held are in themselves a positive contribution to the resolution of Somalia's endemic problems. The success of the Integrated Health Programme has lessons for other organisations and schemes in the field of health as well as other disciplines. All the SRCS branches recognise that they are part of one society and have a common leadership, in the spirit of the fundamental principles of the Red Cross and Red Crescent movement. Both the SRCS and the Federation Somalia Delegation worked closely with the ICRC Somalia Delegation, who are the lead agency in Somalia, in whose Nairobi compound the co-ordination offices of the SRCS are housed and who share the sponsorship of the health programme, through their activities in the southern regions of the country. The Federation and the ICRC heads of delegation held regular meetings throughout the year, in some of which the Regional Delegates and other national society delegates - especially the Norwegian representative - took part.

Constraints

The fractured political scene in Somalia, the historic clan divisions and the location of the Federation Delegation, the SRCS President and Secretary General in Nairobi have been a continuing problem when dealing with the resolution of conflicts and imposing a common structure and understanding in the ten SRCS branches.

Capacity Building

Objectives

To provide an overall direction and strategy for the Society, to plan an exit strategy for the IHC and to make the Society less dependent on donor support.

Achievements

The Garoe meeting under the DP umbrella in November provided an excellent opportunity for the leading officers of the Society to discuss and plan for the future. There was a common agreement that extra efforts in increasing membership, training and motivating volunteers and raising funds from both the Somali diaspora and local communities must be made. A further meeting is planned for early July 2001.

During 2000 a new simplified financial system for the SRCS branches was designed by a team from the Federation and the ICRC Somalia Delegation. The Somalia Delegation financial unit, formerly headed by expatriate delegates, was absorbed into the Regional Finance structure and the officer responsible for the Somalia finances made the first of a number of planned visits to SRCS branches in Somalia to explain the new system and help improve financial reporting. The streamlining of the Somalia Delegation unit has brought visible improvements. More visits are made to the field, in which on site training and information exchange of matters relating to finance take place; in this way the capacity of the program is strengthened and costs are saved.

The Delegation Health Officer, Zaitun Ibrahim, made ten separate visits to Somalia during the year, to monitor the Integrated Health Care programme, provide training for the Health officers and clinic staff and assess the needs and progress of individual clinics. She went to all the branch offices sponsored by the Federation Delegation and its partners, most of the clinics, subject to security constraints, and travelled to the remote regions of Sool and Sanaag where two new clinics were opened. She supervised the selection and training of the staff of these new clinics which took place in Hargeisa. She also liaised closely with the Federation's health sector partners such as the Somali Aid Co-ordination Body, UNICEF, WHO and NGOs specialising in medical services.

Pharmacist Bernard Omollo supervised the provision and supply of drugs to the clinics and to the Garowe Community hospital. He made the first of a number of planned visits to Somalia in order to ensure the proper storage and accounting of drugs. His first visit was to Garowe Hospital.

Constraints

A certain complacency in the Society has evolved, due to the pattern of health services and branch activities having been unchanged over the past seven or eight years. It will need vigorous efforts on the part of the direction office to effect change in the future.

Conclusions

The undoubted achievements of the Somali Red Crescent Society in maintaining its Integrated Health Programme, and its support for hospitals and rehabilitation centres, should not obscure the need for a thorough review of its role and organisation over the coming five years. This is a subject that will undoubtedly top the agenda for the President and Secretary General of the Somali Red Crescent Society in 2001, with support from the Federation. As the political spectrum in Somalia changes, the relocation back to Somalia of the two most senior officers in the Society will also undoubtedly be considered.

Annual Financial Reports 2000

- Explanatory Note -

1. Consolidated Response to the Appeal

- This report provides a global picture on the funding situation of a specific appeal at a specific time.
- The cash column indicates all cash contributions channelled through the Federation, together with the balance carried forward from the previous year. Financial statements in support of the reported income are available upon request.
- The in-kind contributions (goods and services provided in response to the appeal objectives) are registered in a stand-alone system, based on the information provided by the respective donor. The values of these donations are based on information received from donors, and will be reported as such in the income and expenditure part of the consolidated report.
- Direct cash or in kind contributions made to Operating National Societies or in kind donations made to the Federation Delegations in response to the appeal are recorded as in-kind contributions in the report.

2. Balance of Funds - Cash Only

This report is a summary cash statement, providing the information on the balance carried forward from the previous year, cash income (including reallocations), cash expenditure (including reallocations - ref. part III of the consolidated report), and the closing balance at the end of the year.

3. Budget Analysis / Breakdown of Expenditures

This section of the report provides a comparative analysis of the total expenditures (cash and in-kind) versus the last approved budget of the appeal.

- The cash column reports on all expenditures booked against the Federation projects and cost centres . It relates only to the use of cash contributions received by the Secretariat for the specific appeal. Financial statements in support of the reported expenditure are available upon request.
- The in-kind columns (goods/services and personnel) report on the in-kind contributions donated in response to appeals, as per the information received from donors. This information is shown both as contribution and as expenditure against the specific appeal, and is consolidated, together with the cash expenses, against the appeal budget. As financial information is not always available from PNS, and for consistency reasons, a flat rate is applied for the calculation of personnel costs.
- The consumption rate represents the level of total expenditures (cash and in-kind) compared to the total income available (opening balance, cash and in-kind contributions),

4. Pledges vs. Contributions

Attached to this financial report is the list of pledges against the respective appeal.

- The comparative analysis of the list of pledges and the list of actual contributions provides a clear insight into any outstanding pledges in response to the appeal.
- Any differences in values between the two reports are due to fluctuations in exchange rates at the time of booking and the time of reception of the contribution.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.11/2000 Somalia
Period: year 2000
Project(s): SO001, 002, 160, 501, 502, 503, 506, 507, 508, 509, 510, 511, 512, 513
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

	CASH		KIND & SERVICES		TOTAL
FUNDING	**Contributions**	**Reallocations**	**Goods/Services**	**Personnel**	**INCOME**
Appeal budget	2'423'404				
less					
Cash brought foward					
TOTAL ASSISTANCE SOUGHT	2'423'404				
Contributions from Donors					
Australian RC (DNAU)	26'527				26'527
Belgian RC (DNBE)	142'314				142'314
British RC (DNGB)	295'910				295'910
Cyprus RC (DNCY)	55				55
Danish Govt.via RC (DGNDK)	22'707				22'707
Danish RC (DNDK)	35'394				35'394
Finnish Govt.via RC (DGNFI)	30'278				30'278
Finnish RC (DNFI)	4'325				4'325
German RC (DNDE)	43'927				43'927
Italian RC (DNIT)	488'937				488'937
Norwegian Govt.via RC (DGNNO)	34'380				34'380
Norwegian Govt.via RC (DGNNO)	7'640				7'640
Norwegian Govt.via RC (DGNNO)	99'320				99'320
Norwegian RC (DNNO)	94'750				94'750
Norwegian RC (DNNO)	844				844
Norwegian RC (DNNO)	39'500				39'500
Other income	9'048				9'048
Swedish Govt.via RC (DGNSE)	181'702				181'702
Swedish RC (DNSE)	19'527				19'527
Swiss RC (DNCH)	61'050				61'050
Swiss RC (DNCH)	138'771				138'771
The World Bank (DH16)	418'375				418'375
British RC (DNGB)		-50'088			-50'088
Finnish Govt.via RC (DGNFI)		4'292			4'292
German RC (DNDE)		-40'257			-40'257
Norwegian Govt.via RC (DGNNO)		25'441			25'441
The World Bank (DH16)		76'884			76'884
The World Bank (DH16)		52'341			52'341
Finland				21'684	21'684
Ireland				20'698	20'698
Norway				24'969	24'969
Great Britain				34168	34'168
TOTAL	**2'195'280**	**68'614**		**101'519**	**2'365'413**
Coverage	**91%**	**3%**		**4.2%**	**97.6%**

II - Balance of funds

Opening balance	-105'918
CASH INCOME Rcv'd	2'263'894
CASH EXPENDITURE	-2'232'486
CASH BALANCE	-74'510

Appeal No & title: 01.11/2000 Somalia

Period: year 2000

Project(s): SO001, 002, 160, 501, 502, 503, 506, 507, 508, 509, 510, 511, 512, 513

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES Goods/services	KIND & SERVICES Personnel	TOTAL Expenditures	Variance
SUPPLIES						
Shelter & Construction						
Clothing & Textiles	*4'500*	3'293			3'293	1'207
Food/Seeds	*36'900*					36'900
Water	*6'384*	41'280			41'280	-34'896
Medical & First Aid	*165'216*	177'343			177'343	-12'127
Teaching materials	*4'456*					4'456
Utensils & Tools		77			77	-77
Other relief supplies	*96'308*	38'039			38'039	58'269
Sub-Total	***313'764***	**260'032**			**260'032**	**53'732**
CAPITAL EXPENSES						
Land & Buildings						
Vehicles	*45'000*					45'000
Computers & Telecom equip.	*8'820*	46'349			46'349	-37'529
Medical equipment	*22'500*	1'249			1'249	21'251
Other capital expenditures	*3'952*	6'954			6'954	-3'002
Sub-Total	***80'272***	**54'552**			**54'552**	**25'720**
TRANSPORT & STORAGE	*392'552*	440'727			440'727	**-48'175**
Sub-Total	***392'552***	**440'727**			**440'727**	**-48'175**
PERSONNEL						
Personnel (delegates)	*1'082'530*	109'902		101'519	211'421	871'109
Personnel (local staff)		759'640			759'640	-759'640
Training						
Sub-Total	***1'082'530***	**869'542**		**101'519**	**971'061**	***111'469***
GENERAL & ADMINISTRATION						
Assessment/Monitoring/experts		56'713			56'713	*-56'713*
Travel & related expenses	*89'068*	73'902			73'902	*15'166*
Information expenses	*1'748*	7'408			7'408	*-5'660*
Administrative expenses	*196'896*	219'617			219'617	*-22'721*
External w orkshops & Seminars						
Sub-Total	***287'712***	**357'639**			**357'639**	***-69'927***
PROGRAMME SUPPORT	***266'574***	**249'993**			**249'993**	***16'582***
OPERATIONAL PROVISIONS						
Transfer to National Societies						
TOTAL BUDGET	***2'423'404***	**2'232'486**		**101'519**	**2'334'005**	***89'400***

Consumption rate:	Expenditures versus income	99%
	Expenditures versus budget	96%