

PROGRAMME UPDATE



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

23 May 2002

This Programme Update is intended for reporting on Annual Appeals.

Appeal No. 01.12/2002

Appeal Target CHF 2,707,752

Programme Update No. 1 Period covered: Jan-March 2002

“At a Glance”

Appeal coverage: 66.9%

Related Appeals: East Africa regional programmes (01.07/02)

Outstanding needs: CHF 895,051

Update: The Somali Red Crescent Society (SRCS) is the only nationwide humanitarian institution in the country. Its principal activity continues to be to provide primary health care for the most vulnerable groups in society. The SRCS operates in a country still suffering from the effects of civil war, a long period without a central government and continued sporadic conflict in much of the country. Despite the attempt to form a transitional government and the development of administrations in three areas of the country, the Somali people remain among the poorest and least cared for in the world. It is against this backdrop that the Federation is supporting the National Society. Continued support for this important work is required.

Operational Developments:

The police authorities in Mogadishu admitted in early January that security in the city had been bad but claimed it was improving. In March a local UNICEF staff member was kidnapped in Mogadishu and a Swiss aid worker killed in the southern port town of Merca. So it came as no surprise that the UN Secretary General concluded that he could not recommend any long-term presence for the organisation in the Somali capital. Nevertheless the UN Security Council expressed its support for the Arta peace process that resulted in the creation of the Transitional National Government (TNG), which continued its precarious existence in Mogadishu. Two new UN appointees were named: Winston Tubman, a Liberian, as head of the UN Political Office for Somalia and Maxwell Gaylard, an Australian, as head of the UNDP office.

US officials visited Mogadishu and other key Somali towns and held talks with the TNG, which the American government does not recognise. There was no evidence either of terrorist cells within Somalia or of US plans to send in troops to extract suspects, despite continuing rumours among Somalis and in the western media.

Elsewhere in the country there was heavy fighting in Bardhere (about 400 km west of Mogadishu) between forces led by General Muhammad Sa'id Hersi "Morgan", a member of the Somali Reconciliation and Restoration Council (SRRC) which opposes the TNG, and those of the Juba Valley Alliance, which supports it. UN and NGO staff temporarily relocated from Baidoa in Bay Region following these clashes in mid-February. The fighting did not give any territorial advantage to the SRRC or result in any shift in allegiances. There were other, smaller scale, clashes in parts of southern and central Somalia during February and March. Reconciliation talks scheduled for mid-April in Nairobi under the auspices of the Inter Governmental Authority for Development (IGAD) now look like taking place at the end of the month. It is unclear which members of the SRRC will attend. In April the TNG prime minister, Hasan Abshir Farah, who was appointed on 12th November, finally produced a list of 31 cabinet members. He said that there would be room for additional posts if there was a reconciliation with the SRRC.

In the Somalia State of Puntland the stand-off between the two presidential claimants continued, with former president Abdullahi Yusuf occupying Garowe and Jama Ali Jama the northern commercial port of Bosasso. There were clashes in Garowe between their opposing militias in early January in which four persons were killed. Ethiopia denied having sent troops into Somalia. The former Puntland ministries have ceased to function. President Mohamed Ibrahim Egal of the breakaway state of Somaliland secured himself an extra year of office, shortly before presidential and parliamentary elections were due.

The Food Security Analysis Unit (FSAU) forecast a better than expected harvest for January-February following the *Deyr* short rains.

Disaster Response

The SRCS Co-ordination Office for Somaliland responded vigorously to the meningitis outbreak in Hargeisa (see also under the health section) and was cited by the World Health Organisation (WHO) as the leading local organisation in the campaign. The branches helped to train volunteers and inform local people about the process as well as playing a supervisory role. There were no other large scale disasters in Somalia during the period under review. The SRCS with its network of branches and clinics throughout the country, is a key partner of the Food Security Assessment Unit (Somalia) and provided information throughout the quarter. The SRCS continued to regularly attend local administration health co-ordination meetings and to liaise with UN agencies and NGOs. Difficulties of communication within Somalia inhibit large-scale response to disasters which are more easily dealt with at a regional level.

Disaster Preparedness

The Somali Red Crescent Society has a limited supply of equipment, beds and bedding to use in cases of epidemic outbreaks, such as cholera. Clinic staff, volunteers and local communities have co-operated in setting up cholera prevention and control activities. Cholera has been a minor problem in Somalia during the current season. Flooding has also not occurred on a large scale. First aid training was a priority for all branches.

Health and Care

The health activities of the SRCS supported by the Federation and the ICRC were carried out successfully during the quarter under review. Despite sporadic conflicts in some areas all the health facilities continued to provide essential health care without interruption.

In January, the Ministry of Health and Labour (MOHL) and WHO in Hargeisa declared there was an outbreak of meningitis in the town. A mass vaccination campaign for meningococcal meningitis was launched in Hargeisa from 24 January 2002 for a week. The target age group for vaccination was 2 to 40 years. Three days of induction training course for 266 participants including vaccinators, loaders, crowd controllers and supervisors was conducted. The objective of the campaign was to immunise 216,000 individuals (80% of Hargeisa population) between the ages of 2 to 40 living in Hargeisa town against meningococcal meningitis within 7 days with Bi-valent that contains A and C antigens. A total of 23 teams were carrying out this formidable task. The SRCS played an active role in the exercise.

The Burao branch has rehabilitated its clinic and all six rooms are ready for use. The branch is planning to introduce a cost sharing initiative in the clinic. It plans to establish a maternity room in the clinic and has already received a donation of three maternity beds and cots from the Burao hospital.

On 10 and 20 January, the Burao branch and clinic staff together with 40 active volunteers took part in outreach activities in a returnees camp, which is situated 8 km north of the Burao town. The Ministry of Repatriation and Rehabilitation in collaboration with the UNHCR and the Burao Municipality settled 1,375 families in the camp. However, the Branch reported that more than 1,000 other families also returned to the camp. The returnees were repatriated from the Kaab-Abokor camp in eastern Ethiopia. Modest accommodation has been provided for the returnees. However neither latrines nor health facilities are available in the camp. The source of drinking water for this community is tanker/truck vendor services.

The SRCS Burao branch facilitated the treatment of 301 persons including children <5 and >5 years. They also carried out health education and garbage collection activities. The Branch plans to undertake these activities every two weeks.

Despite the problems of security in Somalia, especially following the 11th September 2001 events in America, which curtailed aid flights and communications generally, the SRCS has been able to move ahead with implementing its proposals for a campaign of information on HIV/AIDS.

A health meeting for the SRCS senior and health staff from the South and Central zone took place in Beletweyn between 4 and 9 March. About 40 participants attended the meeting. Participation was remarkable and lively. Those attending made a commitment to fully implement the action plan developed at the end of the workshop to tackle the HIV/AIDS menace in the zone.

The Federation staff went on missions to Mogadishu, Garowe, Baidoa and Hargeisa. The main objective of these missions was to monitor the work in the clinics and follow up the implementations of cost sharing. Other activities were the delegation's participation in the UNICEF partnership meeting for the new Project Cooperation Agreement for the South /Central zone in Baidoa and the quarterly MOHL Coordination meeting in Hargeisa.

The continued absence of a surgeon at the Garowe Hospital denies patients of the much needed surgical services particularly as the facility is the only referral hospital in the region. It is clear that the salary scale offered is unattractive to many surgeons willing to work at the hospital.

The TB programme at the Garowe hospital is yet to take off due to lack of funding for the building of a shelter in the hospital compound the programme. The hospital management has been requested to submit estimates for the construction.

Delays in drugs delivery: It became increasingly difficult to obtain timely delivery of drugs from Nairobi to Garowe/Galkayo by the free air services provided by ECHO. Flight schedules have been interrupted due to the security situation in Puntland. The Federation is considering alternative routing but chartering flights is expensive.

The Norwegian Red Cross continued its bilateral support for the three rehabilitation centres in Mogadishu, Hargeisa and Galkayo. Their physiotherapist training course continued in Hargeisa.

The ICRC continued to support surgical hospitals in Mogadishu, Puntland, and Baidoa, as well as 26 SRCS health posts in southern Somalia.

Institutional and Resource Development

The Federation continues to work with the Secretary General of the SRCS on the development plans for the Society. By the beginning of the year the Secretary General had succeeded in increasing the branch network to 19 - one for each of Somalia's regions. Paid staff in each branch (except for the new ones which have yet to

establish permanent staff) were reduced to two. The branches were also encouraged to establish more active local committees and improve their volunteer base. The Norwegian Red Cross representative in East Africa and the ICRC have worked alongside the Federation in their support for the Secretary General's endeavours. There were some differences of opinion about the pace of change, from external supporters and from the Somaliland branch chairmen.

It is clear that some eventual accommodation will have to be worked out with the Somaliland Co-ordination office, in view of Somaliland's claim to independence and its implications for the SRCS. The Head of the Somalia Delegation visited Hargeisa in February with the SRCS Secretary General to discuss these issues. During their visit to Somaliland they viewed the newly built modern premises for the Boroma branch, one of a number of end-of-year initiatives funded by the Norwegian Red Cross. These included a new branch building in Las Anod, a warehouse in Berbera, rehabilitation of the bore hole in the SRCS Galkayo compound, and seed money and communications equipment for the new branches.

The Delegation web master had further discussions with the SRCS Secretary General and his information staff on refining the content of the SRCS web site. She also identified an organisation that will provide a secure and low cost gateway for financial contributions to the SRCS. The web site is expected to be ready for launch soon.

Outstanding needs

The tardy delivery of funds and overall decreasing interest from donors for Somalia is bound to have an inhibiting effect on the future work of the Delegation. Shortage of core funding will also have implications for the support costs for the Delegation management offices and the SRCS headquarters office in Nairobi. However as the SRCS health programme is the only provider of health care in most of the areas where it is operational, it is crucial to sustain the effort made over the last years, at least until a viable solution can be found to ensure the sustainability of the clinics.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

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Somalia						ANNEX 1
APPEAL No. 01.12/2002		PLEDGES RECEIVED			22.05.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				2'707'752		TOTAL COVERAGE 66.9%
CASH CARRIED FORWARD				0		
BRITISH - RC		118'271	GBP	283'850	31.01.2002	HEALTH & CARE, COORDINATION MGT H SUPPORT
BRITISH - RC		10'000	GBP	23'342	21.05.2002	HEAD OF DELEGATION
CYPRUS - RC				153	16.01.2002	
FINNISH - GOVT/RC		58'024	EUR	85'081	17.04.2002	HEALTH & ORGANISATION DEVELOPMENT
ITALIAN - RC				159'492	25.02.2002	GAROE HOSPITAL
NEW ZEALAND - RC		1'060	NZD	762	27.02.2002	
NORWEGIAN - GOVT/RC		1'550'000	NOK	285'275	12.04.2002	BAIDOA CLINICS, SOMALIA RCS HQ, DELEGATION
UNITED ARAB EMIRATES - RC		5'000	AED	2'255	27.03.2002	HEALTH CARE PROGRAMME
WORLD BANK		545'367	USD	907'491	26.04.2002	POST CONFLICT REHABILITATION HEALTH SECTOR
SUB/TOTAL RECEIVED IN CASH				1'757'701	CHF	64.9%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
NETHERLANDS	DELEGATE(S)			32'525		
GREAT BRITAIN	DELEGATE(S)			22'505		
SUB/TOTAL RECEIVED IN KIND/SERVICES				55'030	CHF	2.0%