

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 February 2004

Appeal no. 01.05/2004; Programme Update no. 1; Period covered: January 2004 (only)

Appeal target: CHF 1,936,067 (USD 1,454,050 or EUR 1,246,262)

Budget revised to CHF 2,138,687; See [Budget Summary](#) for details.

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 181 countries. For more information: www.ifrc.org

In Brief

Appeal coverage: 11.6%; See attached [Contributions List](#) for details.

Please note that balances from 2003 will not be carried over into 2004 until audited final financial figures are available. Appeal coverage (above) is understated, and Outstanding needs (below) are overstated.

Outstanding needs: CHF 1,891,337 (USD 1,500,000 / EUR 1,212,000)

Related Emergency Appeals: None.

Programme Summary: This Programme Update is issued to amend the 2004 Annual Appeal issued on 16 December 2003. It highlights a joint initiative begun in April 2000 between the [Somali Red Crescent Society](#), the Federation and the World Bank. This initiative was not included in the original Annual Appeal. The text below presents the project components, and amends the Appeal budget to reflect the costs in support of this programme. Please note that the World Bank has fully subscribed to this project initiative.

Operational developments

This Programme Update is focused exclusively on amending the Appeal to include the project activities detailed below. Other projects and programmes have not reported at this time.

Health and care

In April 2000, a joint initiative between the Somali Red Crescent Society, the Federation and the World Bank began a health-sector rehabilitation study to draw out lessons learned from the Red Crescent health programmes in the north-eastern and north-western regions of Somalia. The challenge for the Somali Red Crescent and the Federation is to identify the recovery process which is already under way among local communities and their traditional and emerging institutions, and to integrate the IHC programme into this process. The extent to which the communities experience a sense of ownership of and responsibility for their Mother and Child Health (MCH) clinics will determine the long-term success or failure of the program.

The project's central hypothesis is that sustainable community health service provision can only be ensured by meaningful community participation. Two of three planned phases have been completed.

This project, fully funded by World Bank, will conduct the third and final phase of an International Federation of Red Cross and Red Crescent Societies / Somali Red Crescent Society-implemented project to support the recovery of community health services in the Puntland and Somaliland regions in Somalia. The Somali Red Crescent is the main health service provider in the region, concentrating on women and children in mainly rural areas where only 15% of the population has access to health care. Somali Red Crescent works closely with the Directorate of Health, UNICEF and WHO, and co-ordinates its efforts closely through the Nairobi-based Somalia Aid Co-ordination Body (SACB).

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The general aim of the project is to: (i) provide critically needed community health services through 12 MCH clinics in Puntland (northeast Somalia), while promoting increasing community and regional health authority involvement in managing these clinics; (ii) improve the effectiveness of international organizations in assisting local NGOs health service recovery efforts through the development of a methodology and tools for setting-up sustainable community health service programs. The wider goal would be to apply this methodology to identify effective models to support sustainable recovery in other post-conflict situations in Sub-Saharan Africa and elsewhere.

Goal 1: Improved community health services in northeast and northwest Somalia ('Puntland' and 'Somaliland')

Somalia has some of the worst health indicators in the world today (maternal mortality is 1,600 per 100,000 live births, i.e. - more than 45 women die every day as result of pregnancy and childbirth complications; infant and under-five mortality are estimated at 132 and 224 per 1,000 live births respectively; only 1 out of 10 infants, and 3 out of ten under-fives, have been fully immunized against all major childhood diseases)¹. Lack of access to professional health services is one of the primary causes of these indicators – especially for women during pregnancy and delivery. In many areas Somali Red Crescent MCH clinics are the only formal health service providers.

Objective 1: Improved health condition of most vulnerable groups, especially women and children, in clinic catchment areas in northeast Somalia through basic curative, preventive and promotive health service provision

Activities

- 1.1. Provide basic curative care using essential drugs and appropriate referral of patients
- 1.2. Provide ante-natal care (ANC) and post-natal care (PNC) with correct identification of high risk cases and appropriate treatment and referral
- 1.3. Provide immunization services with functional cold chain and regular, adequate vaccine supply
- 1.4. Undertake growth monitoring activities supported by appropriate intervention where required, and accurate record keeping
- 1.5. Provide health education on basic personal and environmental hygiene as well as nutrition

Output

- Quality maternal and child, and outpatient services continuously provided to 12 communities by Somali Red Crescent MCH clinics

Indicators

- 10% increase in attendance rate at clinics (number of patients treated per catchment population)
- 50% first ante-natal visit of pregnant women who have access to and use Somali Red Crescent clinics
- 60% TT2+ coverage for pregnant women
- 50% of all pregnant women receive iron and folic acid supplements
- 50% of new mothers examined at least once during the six weeks following delivery
- 65% of newborn children fully immunised
- 50% reduction in the number of measles cases reported in 2001
- 70% of children between 6 months and 5 years provided with vitamin A supplement
- 70% of children with diarrhoea receive oral re-hydration solution (ORS)
- All clinics maintain vaccine stocks
- % increase in the number of children growing normally

Means of Verification

- Patient register
- ANC records
- PNC records

¹ A draft epidemiological report for the 12 Puntland clinics is provided in Annex A. UNICEF and WHO have both noted that these are the only consistent and reliable statistics available.

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- Vaccination records
- Growth monitoring records

Objective 2: Improved clinic staff performance and accountability for quality of services provided at clinics through appraisal, training, supervision and reporting

Activities

- 2.1 Establish an appropriate program staff (branch and clinic) appraisal system to include job descriptions, annual performance appraisal and identification of training needs.
- 2.2 Conduct dissemination workshops for all health program staff (branch and clinic) and Community Health Committee representatives, on staff appraisal and quality assurance system, community management and accountability.
- 2.3 Provide regular, structured training and retraining of clinic staff on health care provision and management in accordance with identified needs
- 2.4 Identify and implement appropriate measures to improve staff performance
- 2.5 Ensure monitoring of clinic staff through regular Health Officer site-visits and periodic Health Co-ordinator visits

Output

- Effective program and clinic management

Indicators

- Annual performance appraisals conducted for all program staff
- All program staff (clinic and branch) have attended an Appraisal and Quality Assurance System dissemination workshop
- All 36 clinic staff provided with training in at least one key patient or facility management topic
- Staff performance incentives introduced in all clinics
- 12 Health Officer site visits and 2 Health Co-ordinator inspections to all clinics

Means of Verification

- Performance appraisals
- Dissemination workshop reports
- Training records
- Site visit and field visit reports
- Community surveys/consultations

Objective 3: Increased level of community and local authority participation in the management and financing of the Puntland and Somaliland clinics through the replication of the ‘community management’ model in six clinics

Activities

- 3.1 Conduct Community Action Planning (CAP) training for the Somali Red Crescent in collaboration with the Federation delegation.
- 3.2 Organise and conduct CAP events in six clinic communities (3 in Puntland and 3 in Somaliland) to engage as wide a range as possible of community members, their health representatives, representatives of district and regional health authorities, the Somali Red Crescent, UNICEF and WHO, in the establishment of a community health management plan specifying the type of community health services required and the roles and responsibilities of each partner for their running and resourcing.
- 3.3 Conduct community management skills training workshops to provide community committee members with skills required to perform effectively in the roles assigned in the community management plan.
- 3.4 Conduct monthly meetings of Health Officers, clinic staff and Community Health Committees to report on clinic service provision and review community satisfaction.

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Output

- Genuine community participation in the management and financing of the six clinics.

Indicators

- Community Management Plans established in six communities.
- Terms of Reference established for CHC members.
- Community management skills training provided for all CHC members.
- Six clinic communities providing 15 per cent of clinic running costs of their clinics.
- 12 monthly meetings between Health Officers, clinic staff, and Community Health Committees.
- Maintenance, cleaning and security services for 6 clinics provided consistently by respective communities.

Means of Verification

- Community Management Plans.
- ToRs for CHCs and members.
- Training workshop evaluations.
- Narrative and financial report on Qarhis clinic community.
- Minutes of monthly community meetings.

Objective 4: Expanded range of services provided at six clinics in Puntland and Somaliland

Activities

- 4.1 Construct and equip PHC laboratory facilities at six clinics (3 in Puntland and 3 in Somaliland).
- 4.2 Train 2 clinic staff per facility in laboratory testing.
- 4.3 Provide primary health care laboratory testing (malaria, parasites, pregnancy etc.) in six clinics.
- 4.4 Provide quarterly quality control of laboratory services.

Output

- Improved diagnostic capacity of six clinics.

Indicators

- 6 laboratories established and equipped.
- 12 clinic staff trained in basic laboratory testing.
- Diagnostic tests conducted in six clinics.
- quality control assessments carried out in each of the 6 laboratory services.

Means of Verification

- Federation/Somali Red Crescent/WHO Agreement.
- Staff training reports and evaluations.
- Laboratory records.

Objective 5: Increased community health awareness and promotive action among the targeted population in 12 communities

Activities

- 5.1 Conduct reproductive health training for 8 Traditional Birth Attendants (TBAs) from each of the (12) clinic communities.
- 5.2 Recruit and train Community's Own Resource Persons (CORPs) and Red Crescent volunteers from within the targeted communities in basic health messages, early recognition of home-based or community level, preventable health conditions, referrals to clinics, community entry and basic survey methods.
- 5.3 Organise community health awareness meetings to provide basic health education for key groups.

Output

- Community health education in 12 clinic communities.

Indicators

- 10% increase in the numbers of deliveries attended by TBAs and TBA referrals to clinics.
- Improved ability of community members to recognise correct signs of ill health needing immediate care.
- One health education and one sanitation/clean-up campaigns conducted by volunteers in each of 12 communities.

Means of Verification

- Clinic records.
- Community consultation/survey.
- Monthly clinic activity reports.

Objective 6: Improved health workers' knowledge of HIV/AIDS prevalence and – in the target population - increased knowledge of HIV transmission and means of prevention²

Activities

- 6.1 Establish a Voluntary Counselling and Testing Centre in Garowe hospital to which all (STI) patients are referred³.
- 6.2 Train Somali Red Crescent branch and clinic staff as trainers and develop a comprehensive plan of action for HIV/AIDS awareness campaigns in communities including to develop culturally acceptable IEC materials on STD/HIV/AIDS and train key community members with influence in high risk groups among the population in the 12 target communities.
- 6.3 Conduct HIV/AIDS awareness campaigns in the target communities through community disseminators, theatre and local media.

Output

- Increased community awareness of the prevention and control of HIV/AIDS)

Indicators

- Diagnostic and counselling services available for all STI patients referred to Garowe hospital
- 30 Somali Red Crescent branch and clinic staff and 120 key community members trained as trainers and disseminators of information on HIV/AIDS prevention.
- Proportion of the community that is able to correctly identify three main ways of preventing HIV/AIDS.

Means of Verification

- Garowe Hospital Patient Records.
- Training reports and evaluations, completed plan of action.
- Community consultation/survey.

Goal 2: Improved effectiveness of International Organizations' support to local actors engaged in health service provision in post-conflict settings

The second main goal of the project is to provide a methodology and tools to improve international organisations' capacity to support local actors in recovery programming in countries affected by conflict and long-term instability. A methodology for health service recovery program planning has been developed during the first two years of the project, and a 'community management' model for sustainable community health services is currently being tested.

² As the main health service provider in rural areas in Puntland the Somali Red Crescent clinics HIV/AIDS awareness and prevention activities are an important part of the strategy to address the spread of the disease in Somalia. Somali Red Crescent works through the Nairobi-based Somalia Aid Co-ordination Body (SACB) and is collaborating with UNICEF, WHO and UNFPA in the introduction of syndromic management of STDs on a pilot basis at three sentinel sites in Puntland. One of these is the Somali Red Crescent-run Garowe Referral Hospital. The 12 Somali Red Crescent clinics will play an important role in education, awareness and referral. Due to the limited capacity of the clinics and other community health facilities, the SACB has restricted syndromic management to the three Puntland hospitals for the moment.

³ Postponed from phase 2 due to constitutional crisis in Puntland and disruption of Garowe Hospital rehabilitation activities

Objective 7: Increased availability of programming tools to support international organisations working with local actors to achieve sustainable community health service recovery in countries affected by long term instability and conflict, based on the experience of the HSR project

Activities

- 7.1 Produce a set of programming guidelines for community health service recovery interventions in countries affected by conflict and long term instability.
- 7.2 Produce a manual for training local NGOs to prepare and conduct small scale surveys to provide essential baseline data for sustainable recovery programs.
- 7.3 Produce a manual for training local NGOs on conducting Community Action Planning, and setting up and training effective community service management committees.
- 7.4 Create a post-conflict recovery training package supported by a multi-media CD, for staff of international organisations (a series of training modules for formal workshop and informal office or home-based learning, to provide staff with an understanding of post-conflict situations and the challenges of planning and managing programmes in this context).

Output

- A methodology, a model, tools and a training package for sustainable community health service recovery by international organisations in countries affected by long-term instability and conflict.

Indicators

- Programming Guidelines printed and 500 copies distributed.
- Survey Training Manual printed and 500 copies distributed.
- Community Management Training Manual printed and 500 copies distributed.
- Post-conflict recovery programming workshops conducted in Nairobi, Washington and Geneva.

Means of Verification

- Feedback from targeted organisations.
- Workshop reports and evaluations.

For further information please contact:

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[Contributions List and Budget Summary below – Click here to return to title page.](#)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

					TOTAL COVERAGE	
REQUESTED IN APPEAL CHF ----->				2,138,687		11.6%
BRITISH - RC		111,620	GBP	247,350	08.01.04	SOMALILAND IHP CLINICS, HIV/AIDS PROG.
SUB/TOTAL RECEIVED IN CASH				247,350	CHF	11.6%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	

BUDGET SUMMARY

PROGRAMME BUDGETS SUMMARY

Appeal no.(s) selected: 01.05/04

Delegation code(s) selected: 64

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total CHF
	CHF	CHF	CHF	CHF	CHF	CHF	
Shelter & construction	4,000	0	0	0	0	0	4,000
Clothing & textiles	0	0	0	0	0	0	0
Food	35,640	0	0	0	0	0	35,640
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	2,880	0	0	0	0	0	2,880
Medical & first aid	43,574	0	0	0	0	0	43,574
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	27,964	0	0	0	0	0	27,964
SUPPLIES	114,058	0	0	0	0	0	114,058
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	8,256	0	0	0	0	0	8,256
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	8,256	0	0	0	0	0	8,256
Warehouse & Distribution	7,366	0	0	0	0	0	7,366
Transport & Vehicules	193,121	0	0	0	0	0	193,121
TRANSPORT & STORAGE	200,487	0	0	0	0	0	200,487
Programme Support	121,490	6,222	0	11,302	0	0	139,014
PROGRAMME SUPPORT	121,490	6,222	0	11,302	0	0	139,014
Personnel-delegates	208,320	0	0	0	0	0	208,320
Personnel-national staff	571,400	0	0	0	0	0	571,400
Consultants	83,050	0	0	0	0	0	83,050
PERSONNEL	862,770	0	0	0	0	0	862,770
W/shops & Training	285,890	89,500	0	161,750	0	0	537,140
WORKSHOPS & TRAINING	285,890	89,500	0	161,750	0	0	537,140
Travel & related expenses	32,133	0	0	0	0	0	32,132
Information	101,002	0	0	0	0	0	101,002
Other General costs	142,997	0	0	830	0	0	143,827
GENERAL EXPENSES	276,132	0	0	830	0	0	276,961
TOTAL BUDGET:	1,869,083	95,722	0	173,882	0	0	2,138,687