

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

15 January 2005

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In Brief

Appeal No. 01.05/2004; Programme Update no. 3; Period covered: June to October 2004; Appeal coverage: 112.8%; Outstanding needs: None. [Click here to go directly to the attached Contributions List, also available on the website.](#)

Appeal target: CHF 2,138,687 (revised in February 2004)

Related Emergency or Annual Appeals: Somalia 2005 Annual Appeal no. 05AA002 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA002.pdf

Programme summary: With the support of the Federation and other partners, the Somali Red Crescent Society¹ continued to provide much needed essential health care services to the communities through its network of MCH/OPD and hospitals. The clinic beneficiaries received uninterrupted services despite the severe drought and inter-clan fighting experienced in some parts of Somalia. The joint Somalia Red Crescent Society/ International Federation /World Bank health sector recovery project achieved most its objectives as reflected in the recently concluded external evaluation. The evaluation aimed at assessing the community management model and its usefulness as a methodology in increasing community participation and involvement in health management and resourcing.

HIV/AIDS continues to be a threat in the country; Somali Red Crescent continued its HIV/AIDS awareness activities targeting different segments of the community. The Somali Red Crescent also developed information, education and communication (IEC) materials for use in scaling up the HIV/AIDS activities. The national society received USD 82,092 for its malaria activities for two years following its proposal to the Global Fund for HIV/AIDS, Malaria and TB.

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This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents).

All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

¹ Somali Red Crescent Society - <http://www.ifrc.org/where/country/check.asp?countryid=157>

Operational developments

Somalia remained a country in turmoil, with sporadic violence, inter-clan fighting and banditry prevailing during the operational period. After two years of Peace and Reconciliation talks under the auspices of the Inter-Governmental Authority on Development (IGAD), Somalia eventually now has a President for the Transitional Federal Government (TFG), elected in October 2004 in Nairobi by the 275-member Transitional Federal Parliament (TFP). There is however mixed reactions to the election of the President; while some have expressed full support, others have doubts whether the new government is not going to suffer the same fate as the one established in Mogadishu after the Arta talks in 2000. There is cautious optimism within the humanitarian fraternity that has adopted a wait-and-see position. Meanwhile, Somaliland has rejected the elections and sounded its resolve not to negotiate for a merger with the new administration of larger Somalia.

The security situation in some parts of Somalia remains volatile. Inaccessibility to some parts of Somalia especially in the southern zone remained a constraint to the delegation, hampering the possibility to monitor the Somali Red Crescent health activities. Despite this, Somali Red Crescent was able to access most of the parts of the country to provide essential services to the communities. In Somaliland, the authorities continued to enforce the security escort strategy for all expatriates travelling outside Hargeisa following a number of murders of foreigners. The Kenya government on the other hand remained strict in granting access of Somali passport holders to Kenya, which at times hampered the participation of Somali counterparts in trainings, meetings and other organised forums in Kenya.

The severe drought that hit most parts of Somalia, particularly the Sool plateau in the north east of Somalia had adverse effects on livestock and led to nomadic population movement in search of water and pasture. The unusually heavy spring rains and flooding that immediately followed the drought further devastated the population and their livestock. The remaining weak animals have died and communities left without food and shelter; the Somali Red Crescent volunteers were mobilized and involved in helping the communities to remove the carcasses to prevent disease outbreak.

Health and care

Goal: The severe vulnerability of Somali people to diseases due to lack of essential health care services is reduced.

Objective: The Federation Secretariat provides support and assistance to the National Society to enable it to access the necessary technical and financial resources to implement its health programming to improve the health status of 600,000 vulnerable people in Somalia with special attention to the health of mothers and children.

The Federation, through the Somalia Delegation, continued to provide support and assistance to the national society, enabling it to provide the essential health care to the vulnerable communities. Being the only local organization with a wide network of clinics, Somali Red Crescent remained as the cornerstone for the communities in terms of health and saving lives at the primary level.

Morbidity

The national society's network of the MCH/OPD clinics recorded a total 201,806 visits comprising 123,129 patients for outpatient services, 43,498 for vaccinations and 35,179 children screened for malnutrition. This represented an increase in utilization of 14% from the previous reporting period of January to May 2004. The clinic attendance is reflected in the table below:

Period	Consultations (OPD)	Vaccination (Children)	Vaccination (Women)	Growth monitoring	Total beneficiaries
2 nd quarter	64,206	14,730	6,850	17,953	103,739
3 rd quarter	58,923	14,431	7,487	17,226	98,067
% increase/decrease	(8.2)	2	9	(4)	(5.5)

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The clinics in Somaliland continued to provide both static and outreach services; seven out of 12 clinics in Puntland embarked on outreach activities in an effort to accelerate EPI activities due to low immunisation coverage in the region.

The clinic staff and the community volunteers continued to provide relevant health education messages to the communities through organised lectures, discussions, demonstration and return demonstration. Topics covered included: proper environmental sanitation, importance of immunization, breast-feeding, prevention and home remedy for diarrhoea, and prevention of malnutrition.



A nurse treats a patient in a Somali Red Crescent-supported MCH/OPD clinics.

Through its co-operation with UNICEF, the Somali Red Crescent received cold chain equipments; three clinics in north eastern (Jeriban, Ely and Dangoroyo) and two other in the southern zone (Qansahdere and Berdale) benefited from the equipment. This assisted in covering the long-standing gap in immunisation activities in these areas due to lack of cold chain equipment. The beneficiary facilities commenced providing the much-needed immunization services to both women and children from June.

An increase of 29% and 37% respectively was noted on the immunization coverage for both children and women across the 24 MCH/OPDs supported by the Federation. This could be attributed to the accelerated EPI activities as well as to the new installations of cold chain equipment in some facilities.

Sporadic outbreaks of measles were reported in parts of Mogadishu districts. With the support of WHO and UNICEF, the national society conducted an accelerated measles campaign in October to curtail the spread of the disease. A total of 670 children (both below and above five years) were immunized at this occasion and as a result, no new cases have been reported since the vaccination exercise.

Growth monitoring

Growth monitoring continued at the clinic and during outreach services. The number of children weighed increase by 9% from the previous reporting period. A total of 607² children with severe malnutrition were recorded, and 4,385 with moderate malnutrition, while 93 had oedema. The increase in malnutrition level is attributed to significant population displacement due to the drought conditions. World Food Program (WFP) provided supplementary food to the malnourished children in the drought affected areas.

The statistics during the 2nd and 3rd quarter are reflected below;

Period	Children reporting with Oedema	Severely malnourished children	Moderately malnourished children	Normal weight	Total
2 nd quarter	48	304	2355	15,247	17,953
3 rd quarter	45	303	2030	14,851	17,226
% increase/decrease	(6.25)	(3.04)	(13.8)	(16.8)	(4)

Somali Red Crescent staff and volunteers participated in the drought intervention activities carried out in Sool and Sanaag regions of Dahil district and around Erigaavo. The Somali Red Crescent staff were involved as supervisors and focal persons, while the volunteers were involved in data collection. A total of 1,437 children in 12 villages with a total population of 13,000 inhabitants were screened and a global malnutrition rate of 17.8% and severe malnutrition rate of 0.3% recorded. Somali Red Crescent was also involved in the distribution of super mix to all moderate and severe malnourished children in the targeted areas.

² The figure reflects the cumulative total recorded in the 2nd and 3rd quarters.

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With the support of the Federation, Somali Red Crescent continued to build the technical capacity of the clinic and hospital staff through continuous education, formal and refresher training; continuous on job training was conducted by the Somali Red Crescent Health Officers during their monitoring visits to the clinics. This is aimed at keeping the staff abreast with new health developments, as well as addressing the weak areas identified during monitoring visits. The Federation's Somalia Delegation Health team conducted four field visits over the reporting period, one to Somaliland, one to Puntland and two to Mogadishu, including the visit of the Netherlands Representative for East Africa based in Nairobi. The team further reinforced on job training during these support and monitoring visits.

Eight head nurses were trained in Somaliland in May on the integrated management of childhood illnesses (IMCI) aimed at increasing their knowledge and skills in managing childhood diseases. A workshop for Training of Trainers (T.O.T) on obstetric care was conducted for 18 midwives in Puntland and Somaliland in August; these midwives will in turn conduct training for the traditional birth attendants (TBAs) in their clinic catchment areas. The TBAs are informally part of the birthing process in Somalia; they assist the mothers and conduct deliveries in their home environment. The TBA training is therefore aimed at improving the TBAs' knowledge and skills for early detection and referral of complications for further management.

Expected result: The capacity of community first aiders and volunteers to respond to local health emergencies at branch and district level has been increased.

The recruitment of volunteers to train as first aiders both at the branch and the district level has been completed. A total of 431 volunteers have been trained and are assisting in emergency response and community education in the clinic catchment areas. These trained volunteers in Mogadishu were involved in responding to the cholera and measles outbreak in April and October respectively. The volunteers were also involved in educating and creating awareness among the community on disease prevention.

Expected result: The involvement of local authorities in the management of health facilities and their financial contribution to the sustainability of health care delivery system has been increased.

The joint Somali Red Crescent, Federation and World Bank Health Sector Recovery project achieved most of its objectives as reflected in the recently concluded external evaluation. The evaluation aimed at assessing the community management model and its usefulness as a methodology in increasing community participation and involvement in health management and resourcing. It also outlined lessons learned and provided recommendations on its feasibility for replication in other clinics. A full evaluation report with key recommendations is available upon request.

Following the completion of the training for both the Somali Red Crescent staff and the community health committee, the replication process is on-going in four clinics - two in Puntland (Hasbahale and Harfo) and two in Somaliland (Dilla and Odwein). These communities are taking on responsibility for managing and resourcing the health activities in their areas. Dilla and Odwein communities have opted for the over the counter payment (user fee) model on prescribed drugs, while the communities in Puntland have opted for the prepayment model in which a percentage is agreed upon among the stakeholders and paid in advance. The stakeholders include the community, Ministry of Health, WHO, UNICEF, Somali Red Crescent and other partners.

The Health Sector Recovery Project has been extended to 31 December 2004 to ensure completion of the development and production of learning and programming tools for use by national societies and other partner organizations working in post-conflict situations. These are expected to be in the form of a Post-Conflict Recovery Manual and Community Services Management Manual (both with training modules), a Participatory Surveying Manual, and a set of Lessons Learned/Programming Guidelines.

HIV/AIDS

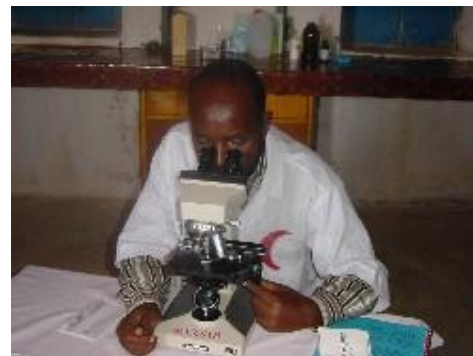
HIV/AIDS remains a major threat in the country; the national society continued its HIV/AIDS awareness activities including theatre performances targeting different segments of the community. It has also developed IEC materials for use in scaling up its HIV/AIDS activities; these IEC materials, targeting different groups in the community e.g. youth, women, health workers and religious leaders, have been field tested and mass production is currently under way. They will be used as tools by trained volunteers and the community members during awareness creation campaigns.

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With the expiry of its current HIV/AIDS strategy (2002-2004), the Somali Red Crescent has developed a terms of reference for a consultancy to prepare a new HIV/AIDS strategy 2005-2009 in line with the Somalia Aid Co-ordination Body (SACB) strategy for Somalia and the national society's own 5-year health strategy. While the focus of the strategy will be on the prevention and control of the spread of STIs and HIV/AIDS as well as advocacy against stigma and discrimination through community awareness creation, the programme will also expand to progressively establish integrated VCT centres and introduce prevention measures against mother to child transmission (PMTCT) where applicable. The Somali Red Crescent is further exploring the possibilities to access the HIV/AIDS component of the Global Fund for TB, HIV/AIDS and Malaria (Federation/Somali Red Crescent being a member of the SACB's Global Fund Taskforce), as well as Phase 2 of the World Bank's Low Income Countries Under Stress (LICUS) fund managed by UNDP.

Malaria

Malaria remains a major public health problem in Somalia due to environmental changes, drug resistance, and improper case detection and case management at the facility level. Malaria cases are on the rise, causing anaemia and deaths particularly to pregnant women and children under the age of five years. The Somali Red Crescent presented a malaria proposal to the GFATM, resulting in funding to the tune of USD 82,092. The preparatory phase has started through a national Malaria-metric survey conducted jointly with WHO and other partners to establish the baseline information on malaria. This will be followed by the development of relevant guidelines and manuals to be used in training health staff.



A laboratory assistant examines a specimen slide for malaria.

The national society's malaria intervention under the GFATM will focus on building capacities of the Somali Red Crescent staff to improve early detection of cases, proper case management, and distribution of prophylaxis and insecticide treated mosquito nets to the pregnant women in the clinic catchment areas. It will also include the establishment of primary health care laboratories which will be equipped to perform malaria test for correct diagnosis. At the grassroots level, the national society volunteers will be involved in active health education campaigns on malaria prevention using IEC materials and the ARCHI tool kits.

Garowe Hospital

The Garowe community hospital continued to provide secondary and tertiary care to the surrounding communities and to the referral cases from the peripheral facilities. The hospital remains the major referral hospital in Nugal region.

The Ministry of Health in Puntland is in the process of restructuring the hospital staffing; this has led to the postponement of the planned management training for the Garowe hospital staff to a later date. The restructuring issue was discussed with the Director General of Health, the Somali Red Crescent and the Federation at a meeting held in Nairobi at which emphasis was laid on the importance of defining each partner's roles and responsibilities in an agreement or memorandum of understanding.

Consolidated hospital statistics for the 2nd and 3rd Quarter

Admissions	Discharges	Deaths	Lab	OPD/ER	Operations	Deliveries	X-ray	Dressings	Total
1,085	988	20	582	1,710	159	60	721	1,531	6,856

The Italian Red Cross confirmed their intention to provide support to the obstetrics and gynaecology services by sending a doctor and nurse for a four month bilateral mission to the hospital at the start of 2005.

Impact

The programme has had a positive impact on the lives of the vulnerable people through availability of uninterrupted health services both at primary and secondary level. Outbreaks were addressed in a timely manner thus reducing effect of disease burden on the community.

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The different segments of the community have increased their knowledge on HIV/AIDS through the increased awareness creation by the trained community members and Red Crescent volunteers.

Funding sourced from other donors including the Global Fund and World Bank will help in filling funding gaps in the Somali Red Crescent health programming. Partnership with other actors helped in harmonizing approaches and developing joint frameworks e.g. the framework for HIV/AIDS developed under the auspices of SACB. The health sector reform project implemented in Puntland and Somaliland met most of its objectives particularly of involving the community in managing and resourcing the health programme.

The Somali Red Crescent now has its five year health strategy which outlines the intervention/priority area for the society for the next five years. The national society plans to develop its HIV/AIDS and reproductive health strategies respectively in line with the health strategy.

Constraints

The drought situation had severe effect on the lives of people and livestock. The ensuing displacement of the population in search of food and water affected immunization coverage. Some clinics increased the outreach service and conducted accelerated EPI to increase the vaccination coverage.

Inaccessibility in some parts of Somalia due to ongoing inter-clan fighting remained a concern to the delegation which could not conduct monitoring of the health activities as planned. The combination of security situations and cancellation or non-availability of flights to the field created further problems with transportation of both personnel and drug kits to the field.

UNICEF continued to supply drugs to the clinics. However, delays in distributing the kits were noted and the Federation stepped in and purchased drugs to fill the gap in order to ensure continuity of services.

Disaster Management

Goal: The vulnerability of the Somali people to disasters is reduced.

Objective: The capacity of Somalia Red Crescent in terms of operating systems, human resources base and collaboration with partners to respond and manage recurring disasters is increased through Federation support.

The national society has not yet succeeded in finding a suitable replacement following the resignation of the Director of Disaster Management and Tracing early in 2004. Planned activities have therefore been very limited during the year. Nonetheless the Somali Red Crescent staff and volunteers participated in drought intervention activities carried out in Sool and Sanaag regions, Dahil district and around Erigaavo. Refer to health section for the screening of children in 12 villages at which a global malnutrition of 17.8% and severe malnutrition of 0.3% was noted. The Somali Red Crescent was also involved in the distribution of super mix in the targeted areas.

One VCA training involving key staff from Mogadishu headquarters and four branches (Baidoa, Mogadishu, Garowe and Galkayo) is planned before the end of the year.

Humanitarian Values

Goal: Red Cross and Red Crescent Fundamental Principles and Humanitarian Values are known and respected throughout Somalia and, as a result, discrimination against vulnerable groups is reduced.

Objective: The Federation Secretariat supports Somalia Red Crescent by increasing its capacity to promote Red Cross and Red Crescent Fundamental Principles and Humanitarian Values.

Progress

ICRC continues to take the lead role in the promotion of humanitarian values through its support to Somali Red Crescent communication, tracing and first aid activities. Knowledge of the fundamental principles of the

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International Red Cross and Red Crescent Movement and International Humanitarian Law is communicated to the various community groups through the dissemination programme.

Organisational Development

Goal: The capacity of the Somali Red Crescent Society to adequately function and manage its programmes that assist the most vulnerable people is increased.

Objective: The Somali Red Crescent institutional capacity and its progress towards operating as a well-functioning National Society is enhanced through Secretariat support.

Expected results 1: The National Society's branch restructuring and expansion to district level have been completed.

Having completed its restructuring and expansion, the national society has embarked on building the capacity of the branch management and committees. District focal persons have been appointed in all the districts of the country and the recruitment and training of volunteers undertaken.

Expected results 2: Volunteer management policy and guidelines have been developed and operationalised.

The draft volunteer policy and management guidelines have been developed and await input from different stakeholders before formal adoption. In the meantime, an annual work plan for their operationalization has been developed. This will be further discussed through the upcoming branch assessment and strategic framework development scheduled for the first quarter of 2005.

Expected results 3: Management capacity at branch level has been enhanced through implementation of branch development strategy

The development of the strategic framework on branch development has been postponed and is planned to be carried out early next year.

Expected results 4: Financial management procedures have been developed and installed at headquarters and branch levels.

Training on financial management for branch secretaries and finance officers is scheduled for December. This will be followed by a revision of the financial system and procedures.

Coordination, Cooperation and Strategic Partnerships

Goal: The Federation coordination role is accepted and respected by all partners in Somalia in view of enhancing good cooperation and successful partnerships.

Objective: The Somalia Red Crescent Society's integrated capacity building planning and implementation skills are ensured by the Federation through participatory facilitation and constant dialogue with the various partners.

Partnerships continued to be reinforced through participation in organized forums such as the SACB and its membership. Specific other examples included UNICEF in the supply of drug kits and installation of cold chain equipments and training of Somali Red Crescent staff on EPI, WHO for laboratory support, malaria and technical support and close collaboration with UNICEF as the Principal Receipt (PR) for the Global Fund on malaria.

Close collaboration, information sharing and participation in activities organized by the Nairobi Regional Delegation continued during the reporting period, particularly with regional Health and Care Support Unit.

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Constraint

Somali counterparts could not be included in activities organized by the Nairobi Regional Delegation due to the difficulties of getting Kenyan visas for Somali nationals

Effective Representation and Advocacy

Goal: The Federation has a high profile as a key humanitarian actor and advocate in the region with the added advantage of a network of national societies able to deliver services at community level.

Objective: The Federation is an effective and reliable partner in support of Somalia Red Crescent and in addressing the needs of the most vulnerable.

Progress

The Federation Delegation staff continued to build and establish networks through active participation in the Somalia Aid Coordination Body (SACB) forums. The Federation has been nominated by the SACB HIV/AIDS working group to be the focal point for the development and production of IEC materials for community sensitization and scale up of the HIV/AIDS awareness campaigns. Likewise, the Delegation maintained its regular contacts with the diplomatic missions through direct contacts and other functions to update them on the Federation support to the national society humanitarian activities.

[Contributions list below; click here to return to the title page and contact information.](#)

APPEAL No. 01.05/2004

PLEDGES RECEIVED

08/02/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

					TOTAL COVERAGE	
REQUESTED IN APPEAL CHF ----->				2,138,687		112.8%
CASH CARRIED FORWARD				687,668		
BRITISH - RC		111,620	GBP	247,350	08.01.04	SOMALILAND IHP CLINICS, HIV/AIDS PROG.
FINNISH - GOVT/RC		79,000	EUR	120,831	09.03.04	ORGANISATIONAL DEVELOPMENT, HEALTH & CARE
ITALIAN - GOVT		300,000	EUR	472,650	12.03.04	GAROE HOSPITAL
NETHERLANDS - RC		7,498	EUR	11,517	27.05.04	DELEGATE
NETHERLANDS - GOVT		257,403	EUR	393,698	02.11.04	
NORWEGIAN - GOVT/RC		1,230,000	NOK	220,785	19.03.04	BAIDOA CLINICS, HIV/AIDS
NEW ZEALAND RC		2,500	NZD	1,988	30.06.04	
SWEDISH - RC		600,000	SEK	50,550	15.04.04	DISASTER MANAGEMENT, ORGANISATIONAL DEVELOPMENT, HEALTH & CARE
SWEDISH - GOVT		600,000	SEK	151,650	15.04.04	DISASTER MANAGEMENT, ORGANISATIONAL DEVELOPMENT, HEALTH & CARE
SUB/TOTAL RECEIVED IN CASH				2,358,687	CHF	110.3%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
NETHERLANDS	DELEGATES			39,600		
GREAT BRITAIN	DELEGATES			14,200		
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				53,800	CHF	2.5%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT

Somalia

ANNEX 1

APPEAL No. 01.05/2004

PLEDGES RECEIVED

08/02/2005

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