

# Mid-Year report



International Federation  
of Red Cross and Red Crescent Societies

## Country: Somalia

Appeal No. MAASO001

17/08/2011

This report covers the period 01/01/2011 to 30/06/2011.



SRCS volunteers testing water pumping at Ufeyn Village, Bari Region. Photo/SRCS

## In brief

**Programme outcome:** In line with the aims of the Federation Strategy 2020, the Somali Red Crescent Society (SRCS) programmes aim to contribute to saving lives, protecting livelihoods and strengthening recovery from disasters through scaling up health and nutrition services, rehabilitation of water sources for drought affected population and distribution of non-food items.

**Programme summary:** The Somali Red Crescent, through its network of 71 clinics covering all the 19 regions of Somalia contributes to the improvement of the health status of the most vulnerable communities through provision of maternal and child health outpatient services, as well as programmes on nutrition, Community Based Health and First Aid (CBHFA) and HIV and AIDS awareness.

With support from IFRC, the SRCS scaled up activities within its core programmes to respond to the current severe drought situation. An inception workshop was conducted in January 2011 attended by 9 branches from Somaliland and Puntland to develop an action plan to scale up health, nutrition and water and sanitation activities to respond to the needs of the communities affected by the current drought. Ten new mobile clinics were deployed to scale up health outreach services in Somaliland and Puntland to reach nomadic communities and internally displaced persons (IDPs) settlements.

Rehabilitation of water sources involves a range of interventions, including maintenance of earth dams and rain water catchments known in Somali as “berkeds”, provision of generators, submersible pumps and fittings to rehabilitate boreholes, provision of PVC pipes and fittings, provision of fuel subsidy to ease economic pressures on already weakened communities, and basic distribution of essential household hygiene items and sanitation tools.

The organizational development (OD) programme focuses on governance support and providing technical and managerial support to SRCS coordination offices. Support was provided to the SRCS executive committee to organize its meetings and facilitating the SRCS annual

planning meeting.

The principles and values component which is integrated in all SRCS programmes focuses on promoting the RCRC principles and values, reducing stigma and discrimination against people living with HIV and AIDS, promotion of tolerance and reduction of violence and fighting of harmful practices such as Female Genital Mutilation (FGM) which are regularly addressed through the CBHFA activities implemented at community level.

The disaster response activities benefited people affected by drought, seasonal floods, storms, fire outbreaks and seasonal disease outbreaks in the rural areas and among the internally displaced persons (IDP) camps in Bosaso, Ghardo, Garowe in Puntland and Togheer and Galbeed regions in Somaliland.

**Financial situation:** The original country plan and budget for 2011 has been revised upward from 2,316, 818 to CHF 3,193,245 following the intensification of SRCS activities in response to the current drought. The increase is reflected in the Disaster Management budget which was revised from CHF 143,572 to CHF 1,020,000, thereby increasing the total budget by CHF 876,428.

With a total of CHF 1,772,714 funding available by mid year 2011 (including opening balance), the Disaster Management component has been largely covered (89 percent), however the revised plan as a whole stands at 56 percent coverage for the 2011 budget. It is worth noting that some of the contributions received have been allocated to 2012 activities as deferred income.

A consignment of 1,900 kits of non-food items worth EUR 75,000 (approximately CHF 94,350) was procured by the Finnish Red Cross (FRC) and delivered in kind. The FRC will sign a Pledge Management Note (PMN) to be added to the cash contribution.

The overall expenditure during the reporting period including the scaling up of the drought response activities is CHF 1,188,848, corresponding to 37 percent of the revised country plan budget and 67 percent of the funds received for 2011.

[Click here to go directly to the linked financial report](#)

**Number of people we have reached:**

In Disaster Preparedness and Response, A total of 900 NFI kits were distributed to 900 households in Somaliland and another 1,000 NFI kits were distributed to 1,000 households in Puntland. An estimated 120,000 people benefited from boreholes in Somaliland and Puntland. The rehabilitation of Ufeyn water system is a long-term solution for some 7,200 people. The SRCS branches mobilized 192 volunteers to carry out water chlorination activities for 15,073 people in Puntland. In addition, consultations from 10 mobile clinics reached 13,339 patients. The Expanded Programme on Immunization (EPI) reached 8,331 women and children. The growth monitoring activities performed by mobile health teams screened 5,414 children

For the Health and Care Programme, 30 static clinics in Puntland and Somaliland and another 4 mobile clinics reached 109,510 people. EPI activities reached a total of 10,926 with three doses of DPT<sup>1</sup> while 22,134 mothers of child bearing age received tetanus toxoid vaccine. Another 52,257 children were screened for malnutrition, of which 27 percent were malnourished. Nutrition programmes in SRCS clinics in Somaliland reached 2,140 pregnant and lactating mothers, and 2,305 children under 2 years. Safe motherhood activities recorded a total of 30,510 consultations for ANC/PNC services. A total of 71,070 people benefited from the health education sessions. An estimated 13,280 (5,693 male, 7,587 females) community members benefited from HIV/AIDS awareness sessions including youth, women groups and students.

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<sup>1</sup> Diphtheria, Pertussis and Tetanus

**Our partners:** The Red Cross Red Crescent Movement partners include the International Committee of Red cross (ICRC) as well as the Finnish, Norwegian, British and Swedish Red Cross societies. The donor governments include the Government of Japan, Norway, Finland, and Sweden. The SRCS/IFRC work closely with the health authorities and the drought task force in Puntland and Somaliland. The United Nations Children’s Fund (UNICEF) supports SRCS clinics by providing MCH kits, vaccines and cold chain, whereas the World Health Organization (WHO) support includes laboratory quality assurance and training. The World Food Programme (WFP) provides food rations distributed through the SRCS clinics network to lactating and pregnant women and children affected by the drought.

The SRCS and IFRC wish to thank all partners and contributors for their response to this appeal.

## Context

The combination of cyclical drought, soaring food prices, intractable conflict and shrinking humanitarian space, particularly in southern Somalia forced many Somalis to move from the regions of their origin seeking safety and livelihoods as displaced inside their own country or refugees in the neighbouring countries. Nearly 68,000 Somalis have arrived in Kenya and 54,000 in Ethiopia refugee camps since January 2011 and an estimated number of 1.46 million people are displaced within Somalia (UNHCR update, July 2011)

The Gu rainy season (April-June) started late this year with poor yield in most parts of the south and central regions which are considered the cereal producing regions of Somalia. The failure of the rainy season coupled with escalation in the conflict and restriction in humanitarian access has turned a desperate situation into a humanitarian crisis. According to the Famine Early Warning Systems Network (FEWSNET) and Somalia Food Security and Nutrition Analysis Unit (FSNAU) latest update (issued 19 July 2011), an estimated 3.7 million Somalis, more than half the population are in urgent need of humanitarian assistance. Out of these, 2.8 million are in the south. The nutrition statistics from the latest assessments showed that the malnutrition rates in some parts of Bakool and Lower Shabelle in southern Somalia are at 50 percent with the highest death rates exceeding six deaths in 10,000 per day. Due to the severity of the situation in these two regions, the UN declared famine in Bakool and Lower Shabelle suggesting that famine may also spread to other southern regions in the coming two months if urgent humanitarian assistance is not delivered within the coming month. The situation in these two regions has surpassed the required famine threshold according to the definition reflected in the Integrated Food Security Phase Classification (IPC) which is (a) at least 20 percent of households face extreme food shortages with limited ability to cope (b) the prevalence of global acute malnutrition must exceed 30 percent and (c) crude death rates must exceed 2 deaths per 10,000 per day.


Although the situation in Somaliland and Puntland is not as severe as in the south, the food security situation is critical due to high increase in food prices and shortage of food and pasture in pockets affected by lack of rains in some parts of the region. There are an estimated half a million people mostly among the IDPs population who are in need of livelihoods support and humanitarian assistance. Moreover, the pasture and water availability for pastoralist is dwindling which makes the coming dry season difficult for the nomadic communities.

## Progress towards outcomes

### Disaster Management

The components of the disaster management programme are aimed at strengthening and enhancing the response capacity of the National Society branches to respond effectively to emergencies. Monitoring the looming drought situation in Somaliland and Puntland, the

International Federation of Red Cross and Red Crescent Societies (IFRC) and the Somali Red Crescent Society (SRCS) organized an inception workshop on 25-27 January 2011 in Hargeisa, Somaliland. This was attended by nine branches to develop a plan of action to respond to the drought. The developed plan included scaling up of health and nutrition activities by deploying ten new mobile health teams as well as initiating water and sanitation interventions through rehabilitation of water sources. The water component included rehabilitation of boreholes, purchase of generators and submersible pumps to replace old ones, provision of fuel to run the boreholes, rehabilitation of rain water catchments and procurement of PVC pipes to connect water sources with distribution points. The sanitation component included procurement and distribution of sanitation tools to the IDPs settlement. The non-food items component included the distribution of tarpaulins, blankets, kitchen sets, jerry cans, ceramic water filters to the IDPs and nomadic communities affected by the drought through the SRCS branches in Somaliland and Puntland.

<b>Programme Purpose:</b> To reduce the number of deaths, injuries and impact from disasters	
<b>Programme component 1: Disaster Preparedness and Response</b>	<p><b>Outcome 1:</b> Improved capacity of SRCS and the target communities to prepare for and respond to disasters.</p> <p><b>Achievements:</b>            Nine SRCS branches in Somaliland and Puntland as well as SRCS leadership, senior management and technical staff from the SRCS coordination offices in Hargeisa and Mogadishu attended the inception workshop to draw up an action plan to respond to the drought situation in Puntland and Somaliland.</p> <p>Thirty health staff (nurses, auxiliary nurses and midwives) and 20 community mobilizers were recruited to operate the new mobile clinics. The new teams received an induction course on how to run a mobile clinic in an emergency situation.</p> <p>Consultations from the 10 mobile clinics reached a total of 13,339 patients, out of these 3,962 were under five (1,973 males, 1,989 females) and 9,377 above 5 years (5,929 females, 3,448 males). Antenatal and Post natal service recorded a total of 3,563 consultations, 1,180 women received ferrous sulphate and folic acid and 350 women received vitamin A supplementation.</p> <p>The Expanded Programme on Immunization (EPI) reached 102 children who received Bacillus Calmette-Guérin (BCG) vaccine dose, while 1,540 received polio1/DPT1 vaccine and 1,315 children received polio 2/DPT2 vaccine. A total of 2,026 children received measles vaccine and 676 women of child bearing age received Tetanus toxoid (TT) vaccine. A total of 1,450 children received vitamin A supplementation, 261 were treated with Zinc tablets and 961 were de-wormed.</p> <p>The growth monitoring activities performed by the mobile health teams screened 5,414 children of whom 24 were diagnosed with oedema, 430 with severe malnutrition, 994 were moderately malnourished, 3,966 recorded normal weight and 722 received vitamin A</p>
	
	<p>SRCS volunteer deliver NFIs to a displaced family in Lasanod, Somaliland. SRCS photo</p>

	<p>supplementation.</p> <p>A total of 1,900 sets of non-food items comprising of 2,000 tarpaulins, 2,000 jerry cans (20lt), 4,000 blankets, 2,000 kitchen sets and 12,000 pieces of soap which were procured directly by the Finnish Red Cross and delivered in kind were distributed to the newly displaced families in Somaliland and Puntland. 900 NFIs kits were distributed to 900 households in Somaliland whereas 1,000 NFIs kits were distributed to 1,000 households in Puntland.</p>
<p><b>Programme component 2:</b> Community Preparedness</p>	<p><b>Outcome 1:</b> Improved community resilience to reduce vulnerabilities and enhance capacities to respond to disasters.</p> <p><b>Achievements:</b> Through the fuel subsidy, 49,200 litres of fuel were delivered to the communities in areas affected by the drought to run the boreholes. Out of these, 21,200 litres of diesel were delivered to 10 boreholes in Somaliland and 28,000 litres of diesel were delivered to 23 boreholes in Puntland. The total number of people who benefited from the boreholes is estimated to be 120,000. The rehabilitation of earth dams, water catchments targeted 15 “berkeds” in Somaliland (four in Ghalbeed Region, two in Sahel Region, and three each in Toghdeer, Sanaag and Sool regions). In Puntland, two berkeds were rehabilitated in Nugaal Region and two in Bari Region.</p> <p>Four shallow wells were dug in the new site of the IDP camp in Garowe and supplied with hand pumps to protect the wells from pollution and to assist the households in accessing clean and safe water.</p> <p>Four new generator sets and submersible pumps with complete sets of water pipes and fittings were delivered to replace the old units in Nugal, Mudug and Bari regions of Puntland. One unit was delivered and installed in Jidad District in Bari Region, one unit was delivered and installed in Bursalah in Mudug Region and two delivered to Garowe in Nugal Region.</p> <p>The community In Ufeyn district, 90 km south-east of Bosaso were provided with PVC pipes and fittings to connect the water system in the village to the main water source coming from a natural spring 17 km from the centre of the village. Through the PVC pipes, water will be pumped from a water tank 3 km from the centre of the village. At the distribution point, construction of water reservoirs and tap stands were installed for water collection. A separate reservoir for animal watering was also constructed near the main water tank. The rehabilitation of Ufeyn water system is a long-term solution for the water problem in the district benefiting 7,200 people.</p> <p>The three branches of Puntland carried out water chlorination activities where 3,147 reservoirs, 1,208 shallow wells with hand pumps, 51 deep wells, and 1,784 water containers at household level were chlorinated. The SRCS branches mobilized 192 volunteers to carry out the chlorination which benefited 15,073 people.</p>



SRCS volunteers and Ufeyn village community laying PVC water pipes. SRCS photo

	Sanitation tools were distributed to the communities in the IDPs camps to improve environmental sanitation and general hygiene. In the reporting period, 160 sets of sanitation tools, (each set containing 5 wheel barrows, 5 shovels, 5 axes and 5 forks) were procured and distributed to the IDPs settlements in Bosaso , Bari Region and Garowe in Nugal Region of Puntland.
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<i>Planned no. of People Reached</i>	<i>People Reached Directly</i>	<i>People Reached Indirectly</i>	<i>Total People Reached</i>
150,000	162,926	50	162,926

## Health and Care

**Programme Purpose:** Develop, promote and strengthen community based health and care programmes focusing on preventive, promotive and curative aspects

**Programme component 1:** Maternal and Child Health/Out Patient Department (MCH/OPD)

**Outcome 1** Improved health services are provided to the target communities through the network of MCH/OPDs, outreach and mobile clinics.

**Achievements:**

The SRCS clinics continued to provide health services to the Somali community focusing on maternal and child health. The overall service utilization in the 18 static clinics in Puntland, 12 in Somaliland and 4 mobile clinics two each in Puntland and Somaliland reached 109,510 beneficiaries, (35,048 under 5 years (17,762 males, 17,286 females) and 74,462 above five years (28,213 males and 46,249 females).



SRCS mobile clinic nurse checking a patient's BP, Bosaso Bari Region. SRCS photo

Through the Expanded Programme on Immunization (EPI), a total of 10,926 received three doses of DPT (5,350 under 1 year, 5,576 above 1 year), while 22,134 mothers of child bearing age (10,950 pregnant, 11,184 non pregnant) received tetanus toxoid vaccine. Three clinics (Qarhis, Hasbahale and Gododbjiran) in Eyl District under Garowe Branch carried out one week additional EPI activities using Reach Every District (RED) approach supported by UNICEF through the Ministry of Health.

Growth monitoring continued to be carried out as a routine activity in all the clinics. During the reporting period, a total of 52,257 children were screened for malnutrition, out of these 1,413 children were diagnosed with oedema, 3,207 with severe malnutrition, 9,350 with moderate malnutrition and 38,287 recorded normal weight. 13,334 children aged between 6 – 60 months received vitamin A supplementation to strengthen their immune system, enhance healthy growth and develop and prevent night blindness, 1,178 received treatment for diarrhoea and 5,073 received de-worming tablets.

The SRCS clinics in Somaliland with support from WFP provided food ration to children aged under 2 years as well as pregnant and lactating women. The nutrition programme reached 2,140 pregnant and lactating mothers, and 2,305 children aged under 2 years. The food ration comprised 1.46 MT of vegetable oil and 24.85 MT of Corn Soya Blended (CSB) fortified porridge.

Safe motherhood activities recorded a total of 30,510 consultations for ANC/PNC services, out of these 13,818 mothers received iron and folic acid, and 3,690 received vitamin A supplementation. The Midwives and Traditional Birth Attendants (TBAs) assisted 3,472 deliveries; 718 at the MCH and 2,754 delivered at home, while 336 mothers with pregnancy related complications were referred to hospitals for further management and 2,736 pregnant mothers were advised on prevention of mother to child transmission (PMTCT) of HIV.

The SRCS health staff and volunteers in collaboration with the community health committees continued to conduct health education sessions at clinic and community levels using the CBHFA modules. The topics covered included importance of immunization, breast feeding and weaning practices, prevention of malnutrition, hygiene and sanitation practices and encouragement of healthy living. Eradication of Female Genital Mutilation (FGM) practice and STI/HIV and AIDS awareness sessions were delivered to different community groups including women, elders, religious leaders and youth. A total of 71,070 people benefited from the health education sessions (42,277 women and 28,793 men).

Training sessions to enhance the capacity of the SRCS staff at clinic and branch levels were conducted regularly. During the month of January 2011, 18 Midwives from Puntland clinics attended emergency obstetric care organized by MoH/UNICEF, the training consisted of 5 day class work and 9 days practical training in the regional hospitals of Garowe, Galkayo and Bosaso. During the same month, the head nurses attended a workshop on introduction of new MCH/OPD statistical formats including MCH monthly summary sheets, new registers (EPI under 5yrs register and above 5yrs register), ANC/PNC, delivery services and data flow. Two health staff from SRCS Garowe clinics (1 nurse, 1 auxiliary) participated in EPI training organized by UNICEF and MoH.

The Federation health programme team with their SRCS counterparts in Somaliland and Puntland conducted two health review meetings during the month of June to take stock of the achievements, identify the gaps and constraints with the aim to improve programme implementation and reporting. A plan of action with time frame was drawn to follow up on the improvements recommended by the review.

During the month of May and June, the IFRC health team supported their SRCS counterparts in Somaliland and Puntland to roll out the Epidemic Control manual for Volunteers (ECV) training. 51 participants (26 Somaliland and 25 Puntland) took part in the exercise. The participants include health officers, DM officers, clinic head nurses and volunteers` focal persons. The trained staff will roll out the training at branch and community level focusing on the branches where an increase in acute watery diarrhoea cases is reported. These include Borama in Somaliland and Galdogob

	<p>District in Mudug Region, Puntland. The ECV will be incorporated in the CBHFA module and will be packaged in a form similar to that of the ARCHI<sup>2</sup> tool kit. The use of the PMER tool kit was emphasised to improve reporting on impact. During the workshop the participants were introduced to the Malaria and PMER tool kit to meet the need for appropriate planning, monitoring, evaluation and reporting tools for adaptation to the local context.</p> <p>The Federation Somalia Representation supported SRCS Hargeisa Branch in Somaliland to construct a new extension in Alleybaday Clinic to increase the capacity of the clinic and to allow for expansion of the services in terms of scope and quality. The extension also allowed the clinic to offer a storage facility to store the food rations provided by WFP for the pregnant and lactating women and children. The new extension was inaugurated on 15 June, 2011.</p>
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<i>Planned no. of People Reached</i>	<i>People Reached Directly</i>	<i>People Reached Indirectly</i>	<i>Total People Reached</i>
350,000	229,782	71,141	300,923

## Organizational Development

The organizational development (OD) programme focuses on governance support and providing technical and managerial support to SRCS coordination offices.

<b>Programme Purpose:</b> To increase local community, civil society and Red Cross/Red Crescent capacity to address the most urgent situations of vulnerability.	
<b>Programme component 1:</b> Maternal and Child Health/Out Patient Department (MCH/OPD)	<p><b>Outcome 1</b> SRCS governance and management ability to effectively lead the NS and its service delivery improved.</p> <p><b>Achievements:</b> The Federation Somalia Representation supported and facilitated the SRCS Executive Committee meeting in Nairobi 6-9 January. The Federation provided logistics and secretarial support for the meeting. The meeting discussed governance issues and the planning for the drought response.</p> <p>The Federation Somalia Representation in collaboration with ICRC organized a joint Movement planning meeting in June 25-28, 2011 hosted by SRCS Coordination office in Somaliland. The meeting aimed at bringing all the Movement partners together to prepare the plan of action for 2011-2012. The meeting was attended by the SRCS coordinators from Somaliland and South and Central, SRCS senior technical staff and all the 19 branch secretaries from across the country. The partner national societies were represented by the German Red Cross who shared their experience of working with the youth in Somaliland. During the three day meeting, the SRCS branches identified their priorities and prepared the action plan for 2012-2013.</p> <p>The Federation Somalia Representation team carried out regular monitoring missions to Somalia to support the SRCS follow up implementation of planned activities and ensure quality assurance and accountability. During these missions, technical support on programme management, reporting and financial management was provided to the SRCS branch staff.</p>
<b>Programme component 2:</b>	<b>Outcome 1:</b> Enhanced branch managerial capacity, strengthened leadership and improved organizational effectiveness.

<sup>2</sup> African Red Cross and Red Crescent Health Initiative

National Society leadership and management development	<p><b>Achievements:</b> Regular consultation meetings between the SRCS leadership and the IFRC Country Representation were held where policy issues were discussed and progress of programme implementation reviewed.</p> <p>The SRCS leadership and IFRC Representative participated in the partners meeting organized by East Africa Regional Representation in Nairobi on strategic dialogue on the complex emergencies in the Horn of Africa-Fragile States and Cyclical Drought 20-21 May, 2011. The SRCS presented its experience in responding to complex emergencies and, IFRC shared its strategic direction in supporting SRCS to strengthen its response capacity. The meeting was attended by the National Societies of Kenya, Sudan and Somalia as well as PNS Representatives based in Nairobi, ICRC and IFRC Country and Regional Representatives in East Africa and the Senior Management from Geneva Secretariat and Africa Zone office.</p> <p>To ensure stability and continuity of the services at SRCS branches, the Federation through, the Organization Development programme continued to pay salary support to all SRCS branch secretaries in all the 19 regions of Somalia as well as the Senior Management at the Coordination Offices in Somaliland and Mogadishu.</p> <p>SRCS youth/volunteers clubs in Garowe, Bosaso and Galkayo in Puntland, and in Somaliland branches continued to provide various skill development training opportunities to the youth. These include computer literacy, language skills, Peer Education and First Aid.</p>
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<i>Planned no. of People Reached</i>	<i>People Reached Directly</i>	<i>People Reached Indirectly</i>	<i>Total People Reached</i>
Approximately 600,000	SRCS staff and volunteers	Beneficiaries across the country reached by SRCS services 600,000	600,000

## Principles and Values

The principles and values component is integrated in all SRCS programmes. The wider health and disaster management activities include messages on promotion of the Red Cross and Red Crescent principles and values and advocacy on tolerance, ant-discrimination and respect for human dignity. The SRCS branches through the youth /volunteers clubs advocate regularly for tolerance and peaceful co-existence.

<b>Programme Purpose:</b> To promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion	
<b>Programme component 1:</b> Promotion of Fundamental Principles and Humanitarian Values)	<p><b>Outcome 1:</b> Enhanced knowledge, understanding and application of the Fundamental Principles and Humanitarian Values among the general public</p> <p><b>Achievements:</b> The RCRC Fundamental Principles and Humanitarian Values disseminated and promoted among the target communities across the branches. Messages to fight stigma and discrimination against PLWHIV, respect for human dignity and promotion of tolerance and non-violence were aired during commemoration of events, meetings of the community health committees and youth forums. Local media outlets, radio and TV stations</p>

	were used.  The SRCS branches in Somaliland and Puntland celebrated the Red Cross and Red Crescent day on 8 May 2011. They organized public gatherings, street processions, sports competitions at schools and awareness campaigns through the local radio stations to disseminate the message of the day and the theme of the occasion “Together for Humanity”.
<b>Programme component 2:</b> Anti-discrimination and violence reduction	<b>Outcome 2:</b> Vulnerable communities’ ability to combat discrimination, intolerance and violence is enhanced.  <b>Achievements:</b> The SRCS branches in Puntland and Somaliland conducted awareness sessions focussing on HIV and AIDS prevention and stigma and discrimination reduction, encouraging the public to visit voluntary counselling and testing (VCT) centres to determine their status. The SRCS branches mobilized 60 volunteers to conduct the awareness sessions. An estimated 13,280 (5,693 male, 7,587 females) community members benefited from the awareness sessions including youth, women groups, and students. More than 200 leaflets on facts about HIV/AIDS were distributed.

<i>Planned no. of People Reached</i>	<i>People Reached Directly</i>	<i>People Reached Indirectly</i>	<i>Total People Reached</i>
Through media outlets, Estimated 350,000	13,280	260	13,540

### Constraints or Challenges

The general humanitarian situation in Somalia remains complex and fluid reaching crisis level in southern Somalia. The Somali people are caught up in a vicious cycle of conflict, drought, pockets of famine, floods, disease outbreaks and food insecurity. These are enormous challenges which require a high degree of flexibility in order to respond to the needs of the vulnerable communities as priorities keep constantly changing due to the fluid situation.

The combination of climatic induced hazards such as drought, high increase in food prices and conflict and lack of access to beneficiaries has led to a state of chronic crisis, especially in the southern and central parts of the country. Long term sustainability of the services requires long term commitment which is instrumental to SRCS ability to continue providing the most essential services to the vulnerable communities. During critical periods, including this year’s drought, SRCS need to strengthen its human resource capacity to respond to the emergency situations and save lives by scaling up its health and nutrition services, maintenance of water sources and sanitation to the drought affected communities and at the same time sustain its existing programming to serve these communities.

### Working in partnership

The Somali Red Crescent Society supported by IFRC works closely with the RC/RC Movement partners through multilateral and bilateral agreements. The multilateral support through the IFRC enabled the SRCS branches in Somaliland and Puntland to respond to the needs of the people affected by the drought by providing health services, water and sanitation and distribution of non-foods. Moreover, the institutional support provided to the branches in the south and central Somalia enabled the SRCS staff to continue to work with the vulnerable communities on the ground and share information and nutrition statistics from the clinics with other humanitarian actors. It is therefore, essential for the Movement partners to continue supporting the SRCS to sustain its services to the Somali communities.

The SRCS/IFRC continued to strengthen their working relationship with UNICEF, WHO, WFP and the United Nations Office for Coordination of Humanitarian Affairs (OCHA). UNICEF has signed an agreement with SRCS to continue providing MCH kits and vaccines and training to all SRCS clinics across the country. WHO will continue to advise on laboratory quality assurance, standards and training of the health staff. WFP will continue to provide food rations for pregnant and lactating mothers and children in Somaliland and Puntland through the SRCS static clinics network.

The SRCS branches in Somaliland and Puntland work closely with local authorities and relevant government departments strengthening their auxiliary role. They have been recognized and acknowledged by the local authorities as reliable and credible health service providers. SRCS is represented in all the committees and task forces assigned to address the current drought situation.

## Contributing to longer-term impact

The IFRC shall work with its partners to ensure that technical and material support is provided to SRCS at all levels to enable it engage with the communities in the management of slow-onset and cyclical crisis such as drought and floods. Longer term recovery interventions and disaster risk reduction in areas that experience frequent drought cycles is instrumental to building community resilience and saving lives. The integrated programming approach and service delivery in line with SRCS Strategic Plan for 2010-2014 need to be supported by the RCRC Movement partners.

Early intervention will continue to be the best response to chronic and cyclical drought, therefore, there is a need to invest in building community resilience through disaster risk reduction programmes, moving from ad hoc response to pockets of drought to a more long-term drought cycle management interventions.

The health programme will continue to serve the Somali communities with limited access to the health services and contribute to reducing illnesses and deaths of vulnerable women and children. The SRCS response to the cycle of emergencies including drought, flooding, fire outbreaks and seasonal disease outbreaks such as acute watery diarrhoea (AWD) is evidence of an enhanced response capacity of the National Society.

## Looking ahead

The Federation will continue to work closely with the SRCS to improve programme implementation through strengthened managerial capacity. The IFRC future plans will build on the priorities of the SRCS as outlined in its strategic development plan 2010-2014, and the action plan developed by its branches during the recent annual planning meeting with health and care as its core programme linking it with disaster management and organizational development. Investment in mitigation need to be scaled up and flexible ways of interventions to be developed to provide assistance that builds the community resilience and avoid people moving out of their settlements.

IFRC and partners will work together with SRCS to invest in assessments, baseline surveys, data collection and analysis, monitoring and evaluation to ensure quality assurance and accountability.

The well recognized and acknowledged health services provided by SRCS through its network of clinics across the country need to be improved and sustained. The Federation will continue to work closely with the Movement partners to ensure that SRCS have access to the necessary financial resources and technical support to continue sustaining and improving its humanitarian services in Somalia

## How we work

**All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.**

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Contact information

- **In Nairobi, Kenya**, the Somali Red Crescent Society Coordination Office, based in Nairobi: Dr. Ahmed M. Hassan, President, SRCS, mail [info.bishacas@africaonline.co.ke](mailto:info.bishacas@africaonline.co.ke) ; Phone: +254 20 271 3738, Fax: +254 20 271 8862
- **In Nairobi, Kenya**, Ahmed Gizo, IFRC Somalia Country Representative based in Nairobi; e mail [ahmedadam.gizo@ifrc.org](mailto:ahmedadam.gizo@ifrc.org) ; Phone +254 20 283 5000 , direct line +254 20 283 5132; Fax: +254 20 272 90 70.
- **In Johannesburg, South Africa**, Dr. Asha Mohammed, Head of Operations, IFRC Africa Zone Office; e mail [asha.mohammed@ifrc.org](mailto:asha.mohammed@ifrc.org) phone: +27 11 303 9700, Fax: +27 11 884 3809

*For Performance and Accountability (planning, monitoring, evaluation and reporting) enquiries:*

- **In Johannesburg, South Africa**, Robert Ondrusek, Planning, Monitoring, Evaluation and Reporting Delegate, IFRC Africa Zone Office; e mail [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org); Phone: +27 11 303 9744 ; Fax: +27 11 884 3809 +27 11 884 0230

*For Resource Mobilization and Pledges:*

- **In Johannesburg, South Africa** : Ed Cooper; Resource Mobilization, Performance and Accountability Coordinator, Africa Zone Office; e mail [ed.cooper@ifrc.org](mailto:ed.cooper@ifrc.org) ; Phone: +27 11 303 9700 ; Fax: +27 11 884 3809; +27 11 884 0230

# International Federation of Red Cross and Red Crescent Societies

MAASO001 - Somalia

Mid-year Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAASO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	1,020,000	1,582,404	434,264	0	156,578	3,193,245
<b>B. Opening Balance</b>	0	-133,627	21,573	0	87,787	-24,268
<b>Income</b>						
<u>Cash contributions</u>						
<i>British Red Cross</i>	156,611				29,308	185,919
<i>Finnish Red Cross</i>		48,172				48,172
<i>Finnish Red Cross (from Finnish Government)</i>	516,872	272,974				789,846
<i>Japanese Government</i>		148,452				148,452
<i>Norwegian Red Cross</i>		24,332	62,674			87,005
<i>Norwegian Red Cross (from Norwegian Government)</i>	234,310	218,984	125,347			578,641
<i>Saudi Arabian Red Crescent</i>		-41,055				-41,055
<b>C1. Cash contributions</b>	<b>907,793</b>	<b>671,859</b>	<b>188,021</b>		<b>29,308</b>	<b>1,796,981</b>
<u>Other Income</u>						
<i>Balance Reallocation</i>		-1			1	0
<b>C4. Other Income</b>		<b>-1</b>			<b>1</b>	<b>0</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>907,793</b>	<b>671,858</b>	<b>188,021</b>	<b>0</b>	<b>29,309</b>	<b>1,796,981</b>
<b>D. Total Funding = B + C</b>	<b>907,793</b>	<b>538,231</b>	<b>209,593</b>	<b>0</b>	<b>117,096</b>	<b>1,772,714</b>
<b>Appeal Coverage</b>	<b>89%</b>	<b>34%</b>	<b>48%</b>	<b>#DIV/0</b>	<b>75%</b>	<b>56%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0	-133,627	21,573	0	87,787	-24,268
<b>C. Income</b>	907,793	671,858	188,021	0	29,309	1,796,981
<b>E. Expenditure</b>	-498,226	-505,375	-88,491		-96,755	-1,188,848
<b>F. Closing Balance = (B + C + E)</b>	<b>409,567</b>	<b>32,856</b>	<b>121,102</b>	<b>0</b>	<b>20,341</b>	<b>583,865</b>

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## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
<b>BUDGET (C)</b>		<b>1,020,000</b>	<b>1,582,404</b>	<b>434,264</b>	<b>0</b>	<b>156,578</b>	<b>3,193,245</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	52,900							52,900
Construction - Facilities			17,807				17,807	-17,807
Construction Materials	32,500							32,500
Clothing & textiles	35,300							35,300
Food	3,000							3,000
Water, Sanitation & Hygiene	358,105	116,230	626				116,856	241,249
Medical & First Aid	213,040	7,601	39,301				46,902	166,138
Teaching Materials	10,000							10,000
Utensils & Tools	34,500							34,500
Other Supplies & Services	21,000	12	1,514				1,526	19,474
<b>Total Relief items, Construction, Suj</b>	<b>760,345</b>	<b>123,843</b>	<b>59,247</b>				<b>183,091</b>	<b>577,254</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	11,500							11,500
<b>Total Land, vehicles &amp; equipment</b>	<b>11,500</b>							<b>11,500</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage	6,950							6,950
Distribution & Monitoring	38,160		2,523	212			2,736	35,424
Transport & Vehicle Costs	444,480	58,369	76,181	6,115		808	141,473	303,007
Logistics Services			1,784				1,784	-1,784
<b>Total Logistics, Transport &amp; Storage</b>	<b>489,590</b>	<b>58,369</b>	<b>80,489</b>	<b>6,327</b>		<b>808</b>	<b>145,993</b>	<b>343,597</b>
<b>Personnel</b>								
International Staff	157,400	8,705		580		63,352	72,637	84,763
National Staff	193,570	6,930	33,779	9,744		18,253	68,706	124,864
National Society Staff	714,581	34,263	123,276	36,639			194,178	520,403
Volunteers		827	3,384				4,212	-4,212
<b>Total Personnel</b>	<b>1,065,551</b>	<b>50,726</b>	<b>160,438</b>	<b>46,963</b>		<b>81,605</b>	<b>339,732</b>	<b>725,819</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	22,000							22,000
<b>Total Consultants &amp; Professional Fe</b>	<b>22,000</b>							<b>22,000</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	155,812	17,483	4,090	6,939			28,512	127,300
<b>Total Workshops &amp; Training</b>	<b>155,812</b>	<b>17,483</b>	<b>4,090</b>	<b>6,939</b>			<b>28,512</b>	<b>127,300</b>
<b>General Expenditure</b>								
Travel	68,070	5,744	4,167	1,502		-406	11,007	57,063
Information & Public Relation	56,722		1,120	592		-0	1,712	55,010
Office Costs	112,591	1,272	13,651	2,541		1,683	19,148	93,443
Communications	27,161	81	5,207	464		982	6,734	20,427
Financial Charges	50,480	16,083	6,199	656		31,741	54,680	-4,200
Other General Expenses	165,863	115	52,728	14,487		-62,316	5,015	160,848
Shared Support Services		7,500				37,500	45,000	-45,000
<b>Total General Expenditure</b>	<b>480,886</b>	<b>30,795</b>	<b>83,073</b>	<b>20,244</b>		<b>9,184</b>	<b>143,296</b>	<b>337,591</b>
<b>Operational Provisions</b>								
Operational Provisions		182,064	83,459	1,732		-759	266,496	-266,496
<b>Total Operational Provisions</b>		<b>182,064</b>	<b>83,459</b>	<b>1,732</b>		<b>-759</b>	<b>266,496</b>	<b>-266,496</b>
<b>Indirect Costs</b>								
Programme & Service Support	207,561	30,113	30,602	5,343		5,904	71,963	135,598
<b>Total Indirect Costs</b>	<b>207,561</b>	<b>30,113</b>	<b>30,602</b>	<b>5,343</b>		<b>5,904</b>	<b>71,963</b>	<b>135,598</b>
<b>Pledge Specific Costs</b>								
Earmarking Fee		4,633	3,643	690			8,966	-8,966

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**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure						TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination			
A		B						A - B	
<b>BUDGET (C)</b>		<b>1,020,000</b>	<b>1,582,404</b>	<b>434,264</b>	<b>0</b>	<b>156,578</b>	<b>3,193,245</b>		
Reporting Fees		200	333	253		13	800	-800	
Total Pledge Specific Costs		4,833	3,977	943		13	9,766	-9,766	
<b>TOTAL EXPENDITURE (D)</b>	<b>3,193,245</b>	<b>498,226</b>	<b>505,375</b>	<b>88,491</b>		<b>96,755</b>	<b>1,188,848</b>	<b>2,004,397</b>	
<b>VARIANCE (C - D)</b>		<b>521,774</b>	<b>1,077,029</b>	<b>345,772</b>	<b>0</b>	<b>59,822</b>	<b>2,004,397</b>		