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# Annual report 2011

## Somalia

 International Federation  
of Red Cross and Red Crescent Societies

**MAASO001**  
**2 May 2012**

**This report covers the  
period 1 January to 31  
December 2011**

*A SRCS branch volunteer attends to  
internally displaced people in Ainabo  
district, Somaliland. Photo: SRCS*



### In brief

#### Programme outcome:

In line with the aims of the International Federation of Red Cross and Red Crescent Societies' (IFRC) Strategy 2020, the Somali Red Crescent Society's (SRCS') 2011 support programme aims at contributing to saving lives, protecting livelihoods and strengthening recovery from disasters (drought) through scaling up health and nutrition services, rehabilitating water sources and distributing non-food items to drought affected populations.

#### Programme summary:

Following the failure of the Deyr rainy season (October-December 2010) and the GU rainy season (April-June 2011), the SRCS country plan for 2011 was scaled up to respond to the severe drought situation in Puntland and Somaliland. This scaling up aimed at reinforcing the core programmes in health and disaster management to improve the livelihoods of drought affected populations in these areas, addressing their needs in health, nutrition, water and sanitation, as well as non-food items.

SRCS, through its integrated health care programme, comprising a network of 74 stationary clinics across the 19 regions of Somalia, contributed significantly to the improvement of the health status of the most vulnerable population. In Somaliland and Puntland, 10 new mobile clinics were deployed in addition to the four old ones to increase the coverage to drought affected areas. Together with the 30 stationary clinics, these increased the scope and quality of health services provided to the nomadic communities and internally displaced people (IDPs) in these areas.

The National Society supported drought affected communities to improve their access to water for both human and livestock consumption through the rehabilitation and maintenance of berkets (earth

pans), borehole and water catchments; provision of generators, submersible pumps and fittings; provision of fuel subsidy; along with distribution of water filters, hygiene and sanitation tools to the affected communities.

Non-food items comprising tarpaulins, blankets, jerry cans, kitchen sets and soap were included in the response activities to address the immediate needs of communities newly displaced by the drought. A school feeding programme in which dry food rations were distributed to 11 schools and orphanages in Bari, Mudug and Nugal regions of Puntland was initiated to keep children in schools and reduce drop out cases due to lack of food. Further, the accommodation in Beyra school/orphanage in Mudug region was improved by construction of a separate dormitory for girls and provision of beddings and mosquito nets.

In an effort to increase the storage capacity for food received from WFP, IFRC supported SRCS' Bosaso branch in Puntland to build two stores in two clinic locations for distribution of food to pregnant and lactating women and children up to the age of two. In partnership with WFP, storage capacity has been built in seven stationary clinics in Somaliland for the storage of food rations provided by WFP.

Community based health promotion activities were conducted by trained community health volunteers adopting the community based health and first aid (CBHFA) and participatory hygiene and sanitation transformation (PHAST) approaches. Activities were carried out adopting an integrated programming approach, linking health care interventions with disaster management, organisational development and promotion of Fundamental Principles of the International Red Cross and Red Crescent Movement, along with humanitarian values.

Organizational development activities focused on governance support and the provision of technical and managerial support to the two SRCS coordination offices and leadership in Nairobi, Kenya. Support was also provided to the SRCS executive committee to organize its meetings in addition to facilitation of the SRCS annual planning meeting. The promotion of principles and values was integrated in all SRCS programmes.

### Financial situation.

The original 2011 budget was revised upwards from CHF 2,316,818 to CHF 3,193,246 (38 per cent increase) to accommodate the new activities initiated by the Somali Red Crescent Society to respond to the drought situation. The total funding received, including opening balance, was CHF 3,052,274 (96 per cent). Overall expenditure during the reporting period was CHF 2,675,815, corresponding to 84 per cent of the budget and 88 per cent of the funds available.

| Project/programme yearly finance status |               |                          |                                   |
|---|---------------|--------------------------|-----------------------------------|
| Year budget                             | Expenditure   | Per cent of budget spent | Per cent of available funds spent |
| CHF 3,193,246                           | CHF 2,675,815 | 84 %                     | 88 %                              |

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

### Number of people we have reached

| Programme   | No. of people reached |
|---|-----------------------|
| Health and Care:<br>Consultations by the stationary and mobile clinics - 405,659;<br>Antenatal care and postnatal care services - 123,080;<br>Deliveries at the mother and child health centres - 2,611;<br>Expanded programme on immunisation - 119,708;<br>Screenings of children for growth monitoring and malnutrition - 164,576. | 815,634               |
| Health education by the 30 fixed clinics and 14 mobile clinics  | 271,224               |

|   |                |
|---|----------------|
| Relief and early recovery:<br>Distribution of basic non food items to 1,900 IDP households.   | <b>13,300</b>  |
| Schools feeding:<br>Procurement and distribution of dry food rations in schools   | <b>3,001</b>   |
| Water and sanitation:<br>Rehabilitation of berkets, borehole providing generators, submersible pumps and fittings, provision of fuel subsidy, rehabilitation and maintenance of earth dams, water catchments, distribution of sanitation tools and water filters. | <b>168,800</b> |

### Our partners:

The SRCS/IFRC country representation worked closely with a number of Movement and non-Movement partners in programme implementation. Movement partners included the International Committee of the Red Cross (ICRC), along with the Finnish, German, Norwegian, British and Swedish Red Cross Societies. Government partners included the Government of Japan. The partners either worked bilaterally with SRCS or multilaterally through the IFRC.

SRCS also worked closely with the health authorities in Somaliland and Puntland for policy direction and with the drought task forces in both Puntland and Somaliland. Close cooperation was maintained with UNICEF, WHO, WFP, UN-OCHA, the Somalia Support Service Secretariat health sector cluster and the Somalia Food Security and Nutrition Analysis Unit.

### Context

Somalia faces one of the worst humanitarian crisis in the country's history as a result of a combination of conflict and climate change related disasters. A cycle of natural disasters such as drought and floods have increased the vulnerability of half of the 8 million Somali population who suffered from displacement, disease outbreaks, malnutrition and loss of livelihoods.

Due to the deteriorating food security situation following the failure of two consecutive rainy seasons, the Deyr rainy season (October-December 2010) and the GU rainy season (April-June 2011), the United Nations declared famine in southern and central Somalia in July 2011. The severe drought affected Puntland and Somaliland as well, with loss of livelihoods and displacement of rural and nomadic communities. The drought related and conflict induced displacement increased during the first six months of 2011, with 139,000 IDPs in Puntland and 67,000 in Somaliland<sup>1</sup>, with others moving across borders into the neighbouring countries of Kenya, Ethiopia and Djibouti in search of food and security. According to UNOCHA reports, the overall number of people in crisis in Somalia rose to 4 million people, of whom 3.7 million were in south and central Somalia.

Close to average rains in the latter part of 2011 led to the downgrade of the famine situation to humanitarian emergency status in southern Somalia. Despite the significant scaling up of relief assistance by the humanitarian community to the affected areas, some 250,000 people continued to face famine in south and central Somalia while half of the Somali population of the 8 million needed humanitarian assistance.

In response to the severe drought, IFRC supported SRCS to scale up its health, nutrition and water and sanitation activities within its core programmes. The IFRC Somalia country representation launched an emergency appeal to support SRCS to assist 150,000 beneficiaries over 12 months (23 September 2011 to 30 September 2012). SRCS' mother and child health centres/out-patient departments (MCH/OPDs) are continuing to serve communities that have limited or no access to other health facilities. Emergency assistance will be needed through 2012 due to the high demand on the National Society's health services due to population movement and concentration of IDPs in a few major urban and regional centres in Somaliland and Puntland.

<sup>1</sup> UNHCR, May 2011

## Progress towards outcomes

The first part of this report covers the components of the scaled up programmes of the country plan for 2011, prompted by the deterioration in the food security situation caused by the drought. The achievements of the regular programme of the country plan are presented in the second part.

### Disaster Management

IFRC supported SRCS in scaling up its disaster management services to address the needs of drought affected communities. It was aimed at saving lives and strengthening the resilience of local communities while enhancing the capacity of National Society branches to respond effectively to emergencies. To prepare for the scaling up of activities, the IFRC country office organised and facilitated an inception workshop attended by the nine SRCS branches in Somaliland and Puntland to prepare a plan of action to respond to the drought situation by scaling up the country plan core programmes. The workshop was hosted by SRCS' coordination office in Hargeisa, Somaliland from 25-27 January 2011.

|  |  |
|--|--|
| <b>Programme component 1:</b><br>Relief and early recovery<br>(Distribution of basic non-food items)   | <b>Outcome:</b> 1,900 IDP households receive basic non-food items.   |
| <p><b>Activities planned:</b> Procure and distribute 2,000 tarpaulin, 2,000 foldable 20 litre jerry cans, 4,000 blankets and 12,000 pieces of soap.</p> <p><b>Achievements:</b><br/>Non-food items comprising 2,000 pieces of tarpaulin, 2,000 jerry cans (20 litres), 4,000 blankets, 2,000 kitchen sets and 12,000 pieces of soap were procured through the Finnish Red Cross logistics service and delivered to Berbera port in Somaliland. These were distributed to 900 displaced families in Somaliland and 1,000 families in Puntland. The families displaced by drought in Somaliland and Puntland benefited from this distribution, which was carried out according to selection criteria that identified the vulnerable groups.</p>  |  |
| <b>Programme component 2:</b><br>Health and nutrition  | <b>Outcome:</b> The health risks of the drought affected population and host communities in Somaliland and Puntland are reduced through the provision of preventive, curative and health promotion services by scaling up outreach services through mobile clinics and distribution of basic food rations to pregnant and lactating women and children under the age of five, as well as dry food rations for school children. |
| <p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Establish 10 new mobile clinics (four in Puntland and six in Somaliland).</li> <li>• Support 30 new health staff and 10 community mobilizers to provide services to the affected population through the mobile health units.</li> <li>• Establish one health post in the Galkayo IDP camp.</li> <li>• Construct two food stores in two clinics in the Bari region under the Bosaso branch and 7 in Somaliland.</li> <li>• Provide food ration to lactating and pregnant women and children under the age of two, in collaboration with WFP, through the network of SRCS stationary clinics (18 in Puntland and 12 in Somaliland).</li> <li>• Procure food ration for 11 schools and orphanages in Puntland (6 under Bosaso branch, 3 under Garowe branch and 2 under Galkayo branch).</li> <li>• Carry out health promotion campaigns within the affected population using the CBHFA, Epidemic Control for Volunteers and PHAST tools.</li> </ul> |  |

**Achievements:**

Through the drought response operation, SRCS was supported to establish 10 new mobile clinics (six in Somaliland and four in Puntland). Consultations from the 10 mobile clinics reached 142,689 patients. Of these, 48,946 were under the age of five (25,668 females and 23,278 males) and 93,743 were above the age of five (59,899 females and 33,844 males). The safe motherhood activities (Antenatal and postnatal services) recorded 43,907 consultations. The number of women who received ferrous sulphate and folic acid stood at 12,380 while 5,298 postnatal patients received vitamin A supplements.

Through the expanded programme on immunization, the 10 mobile health clinics reached 15,751 children under the age of five who received DPT 3 vaccine and 20,120 women of child bearing age who received Tetanus Toxoid vaccine. A total of 53,416 children were screened for growth monitoring, of which 37,138 received vitamin A supplements, 6,382 were treated with zinc tablets and 10,425 were de-wormed.

A total of 30 health staff (nurses, midwives and auxiliary nurses) and 20 community mobilizers were recruited to operate the 10 new mobile clinics in Somaliland and Puntland. The new teams received an induction course on how to run a mobile clinic in an emergency situation.

In order to adequately cater to the immediate basic health care needs of the displaced population relocated from the centre of Galkayo town in Puntland, a health post was established in the Halaboqad IDP camp, about 12 km northwest of Galkayo town.

Two food stores were constructed in Waciye and Rako clinics in Bari region, under the management of Bosaso branch, in Puntland, to increase the food storage capacity for food rations received from WFP for distribution to pregnant and lactating mothers and children below the age of two. Similarly, seven food stores were constructed in seven clinic locations (Sheikh, Laasodawo, Dilla, Boon, Yaagori, Odewine and Elafweyn) in Somaliland to provide adequate storage capacity for food rations received from WFP.

Through the SRCS network of 30 stationary clinics in Puntland and Somaliland, food rations received from WFP were distributed under the Maternal, Child Health and Nutrition intervention to prevent malnutrition. These comprised maize, vegetable oil, corn soya blended fortified porridge, and pulses. A total of 42,561 children aged between 6 to 24 months and 48,247 pregnant and lactating mothers benefited from the WFP supported food rations.

A total of 11 schools and orphanages under three Puntland branches (6 under Bosaso, 3 under Garowe and 2 under Galkayo) were assisted with dry food rations. This was aimed at keeping children in schools and reducing the drop out cases of children from drought affected communities. The schools under the Bosaso and Galkayo branches received two rounds of food ration while those under the Garowe branch received one round. A total of 3,001 school children (1,931 boys and 1,070 girls) benefitted from the food ration.

**Table 1: Procurement and distribution of food rations**

| Item          | Bosaso (6 schools) | Garowe (3 schools) | Galkayo (2 schools) |
|---------------|--------------------|--------------------|---------------------|
| Sugar         | 9,000 kilograms    | 3,750 kilograms    | 3,000 kilograms     |
| Flour         | 11,250 kilograms   | 3,750 kilograms    | 3,000 kilograms     |
| Rice          | 10,800 kilograms   | 3,750 kilograms    | 3,000 kilograms     |
| Vegetable oil | 2,106 litres       | 360 litres         | 1,200 litres        |
| Dates         | -                  | -                  | 400 kilograms       |
| Pasta         | 1,800 kilograms    | -                  | -                   |

Scaled up integrated health services and nutrition has built up the resilience of affected communities through better access to health and nutrition services. Besides this, communities' resilience has also been improved through increased health awareness, knowledge and health behavioural change. Health education sessions aimed at raising awareness and changing and improving health seeking

behaviour were conducted by community mobilizers attached to the 10 mobile clinics in both Puntland and Somaliland. These reached out to 67,783 people (26,958 males and 40,825 females). The sessions included hygiene promotion on hand washing, the importance of immunisation, proper nutrition, breastfeeding and weaning practices, diarrhoea prevention and management, along with HIV and AIDS awareness.

**Programme component 3:**

Water, sanitation and hygiene promotion

**Outcome:** The risk of acute water shortage and waterborne diseases has been reduced through improved access to safe drinking water, improved sanitation and hygiene promotion to 150,000 drought affected people in Somaliland and Puntland.

**Activities planned:**

- Procure five generators and submersible pumps for five boreholes in Somaliland and Puntland.
- Provide fuel to run 23 boreholes in Puntland and 10 boreholes in Somaliland.
- Dig four shallow wells fitted with four hand pumps in the IDP settlements in Puntland.
- Chlorinate water reservoirs, shallow wells, deep wells and water containers.
- Procure and distribute 900 ceramic water filters to the households in Somaliland.
- Mobilize the affected communities to protect water sources through regular clean up campaigns.
- Mobilize volunteers to clean up drainage system at water sources.
- Distribute and demonstrate the preparation of oral rehydration salts at the household level.
- Scale up campaigns to raise the awareness of affected communities on basic hygiene practices and household water treatment methods (boiling water, cleaning and protecting of water containers), as well as general water hygiene, through community mobilizers.
- Procure and distribute 240 sets of sanitation tools (each set containing a shovel, a wheel barrow, a digging fork and an axe) through the three SRCS branches in Puntland.

**Achievements:**

Five new generator sets and submersible pumps with complete sets of water pipes and fittings were procured to replace old and dysfunctional units in Nugal region (two units), Mudug region (one unit) and Bari region (two units) of Puntland. Through the fuel subsidy programme, 49,200 litres of fuel were delivered to the communities in areas affected by the drought to run the boreholes. Of this, 21,200 litres of diesel were delivered to run 10 boreholes in Somaliland and 28,000 litres delivered to run 23 boreholes in Puntland. The target community in Ufeyn district, south-east of Bosaso in Puntland, was provided with PVC pipes and fittings to connect the water system in the village to the main water tank coming from a natural spring 17 km from the centre of the village. The rehabilitation of this water system provided a long-term solution for the water problem in the district benefiting 7,200 people.

The rehabilitation of water sources, including earth pans, boreholes and water catchments, targeted 15 “berkeds” (water points) in Somaliland (four in Ghalbeed region, two in Sahel region and three each in Toghdeer, Sanaag and Sool regions). Nine ceramic water filters produced from SRCS’ ceramic water factory in Hargeisa, Somaliland, were distributed to households in the Ghalbeed, Sanaag, Sool and Toghdeer regions of Somaliland.

In Puntland, three earth pans (berkets) were rehabilitated in Nugal region and two in Bari region. In addition, four shallow wells were dug at the new site of the IDP camp in Garowe and fitted with hand pumps to protect the wells from pollution and to ensure household access to clean and safe water. The total number of people that benefited from the boreholes, shallow wells and rehabilitated earth pans is estimated at 168,800.

SRCS's volunteer networks, mobilizers and health staff of clinics supported the drought affected and host communities to carry out clean-up campaigns in Puntland. The SRCS branches in Puntland mobilized 192 volunteers to carry out water chlorination activities that benefited 15,073 people. A total of 6,073 households were visited and 20,143 water containers were chlorinated in Garowe, Galkayo and Bosaso, including at the IDP settlements. In addition, 3,147 reservoirs and 1,224 shallow wells were also chlorinated.

SRCS volunteers also conducted health education, hygiene promotion and sanitation campaigns reaching out to drought affected communities to increase their health awareness. Topics covered included personal hygiene, separate containers for drinking water, covering of water and food and proper refuse disposal, diarrhoea prevention, preparation of oral rehydration salts, breast feeding and weaning practices. The health education activities benefitted over 35,000 mothers.

In an effort to improve sanitation and mitigate the risk of diseases in IDP settlements, 240 sets of sanitation tools (each set comprising a wheel barrow, a digging fork, a shovel and an axe) were procured and distributed to the IDP settlements in Puntland. A total of 80 sets of sanitation tools were distributed in the Bari region for the IDP settlements in Bosaso town, 80 sets for the IDP communities in Garowe and 80 sets in Galkayo for distribution to the IDP communities around Galkayo town.



Children collect water from a shallow well dug by SRCS at the new site of the IDP camp in Garowe, Puntland. Photo: SRCS

## Health and Care

**Programme component:**  
Primary health care

**Outcome 1:** Reduce mortality by providing improved quality health services through the network of MCH/OPDs and mobile clinics and community based activities focusing on curative, preventive and health promotion services.

**Outcome 2:** Improved health services are provided to target communities through the network of MCH/OPDs, outreach and mobile clinics.

### Achievements:

SRCS' stationary and mobile clinics continued to provide basic health care services to the vulnerable Somali community, focusing on maternal and child health. The 30 stationary and four mobile clinics in Somaliland and Puntland received 360 OPD kits procured through the medical logistics unit at IFRC Geneva. The overall service utilization in these stationary and mobile clinics in Puntland and Somaliland reached 262,970 beneficiaries. Out of the total number of beneficiaries, 86,661 were under five years of age (42,405 females and 44,256 males) while 176,309 were above five years (119,601 females and 56,708 males).

**Table 2: Consultations**

| Region  | Under 5 years |               | Over 5 years and adults |               | Total OPD      |
|---|---------------|---------------|-------------------------|---------------|----------------|
|   | Female        | Male          | Female                  | Male          |                |
| Puntland - 18 stationary clinics + 2 mobile clinics   | 24,119        | 24,765        | 72,378                  | 34,865        | 156,127        |
| Somaliland - 12 stationary clinics + 2 mobile clinics | 18,286        | 19,491        | 47,223                  | 21,843        | 106,843        |
| <b>Total</b>  | <b>42,405</b> | <b>44,256</b> | <b>119,601</b>          | <b>56,708</b> | <b>262,970</b> |

Through the expanded programme on immunisation, a total of 25,907 children received three doses of DPT (15,767 under one year of age and 10,140 above one year of age), while 57,960 women in the child bearing age (WCBA) received tetanus toxoid vaccine to prevent tetanus infection.

**Table 3: Vaccinations**

| Region  | DPT3 vaccine - children |               |               | Tetanus vaccine - mothers |               |               |
|---|-------------------------|---------------|---------------|---------------------------|---------------|---------------|
|   | Under 1 year            | Over 1 year   | Total         | Pregnant women            | WCBA          | Total         |
| Puntland - 18 stationary clinics + 2 mobile clinics   | 3,777                   | 2,685         | 6,462         | 12,476                    | 9,845         | 22,321        |
| Somaliland - 12 stationary clinics + 2 mobile clinics | 11,990                  | 7,455         | 19,445        | 18,889                    | 16,750        | 35,639        |
| <b>Total</b>  | <b>15,767</b>           | <b>10,140</b> | <b>25,907</b> | <b>31,365</b>             | <b>26,595</b> | <b>57,960</b> |

Growth monitoring continued to be carried out as a routine activity in all the stationary and mobile clinics. During the reporting period, 111,160 children were screened for malnutrition. Of these, 318 were diagnosed with oedema, 4,691 with severe malnutrition and 9,712 with moderate malnutrition, while 96,439 children recorded normal weight and 5,008 were referred for supplementary feeding programmes.

**Table 4: Growth monitoring**

| Region  | Malnutrition |              |              | Normal weight | Total          |
|---|--------------|--------------|--------------|---------------|----------------|
|   | Oedema       | Severe       | Moderate     |               |                |
| Puntland - 18 stationary clinics + 2 mobile clinics   | 76           | 1,980        | 5,012        | 42,213        | 49,281         |
| Somaliland - 12 stationary clinics + 2 mobile clinics | 242          | 2,711        | 4,700        | 54,226        | 61,879         |
| <b>Total</b>  | <b>318</b>   | <b>4,691</b> | <b>9,712</b> | <b>96,439</b> | <b>111,160</b> |

**Table 5: Nutritional surveillance**

| Region       | Vitamin A     | Zinc         | De-worming    | Referral                    |                              |                       |
|--------------|---------------|--------------|---------------|-----------------------------|------------------------------|-----------------------|
|              |               |              |               | Supplementary feeding prog. | Outpatient therapeutic prog. | Stabilization centres |
| Puntland     | 16,357        | 725          | 6,133         | 1,168                       | 931                          | 50                    |
| Somaliland   | 20,781        | 3,494        | 7,398         | 3,840                       | 1,963                        | 324                   |
| <b>Total</b> | <b>37,138</b> | <b>4,219</b> | <b>13,531</b> | <b>5,008</b>                | <b>2,894</b>                 | <b>374</b>            |

With support from UNICEF, SRCS' 12 stationary clinics in Somaliland and 18 in Puntland provided outpatient therapeutic programme services, which registered 8,718 children. Of these, 2,557 children recovered while 328 defaulted, 9 died, 14 were referred to regional hospitals for further management and 340 were continuing with the programme.

Safe motherhood activities recorded 79,173 consultation services (50,663 antenatal care and 28,510 postnatal care). Of these, 25,999 mothers received iron and folic acid while 10,464 received vitamin A supplements. Midwives and traditional birth attendants together assisted 11,199 deliveries, 2,593 at the mother and child health centres (MCH) and the remaining 8,606 at home. A total of 386

mothers with pregnancy related complications were referred to hospitals for further management.

**Table 6: Antenatal care services**

| Region       | Antenatal care       |                |                         |               | Deliveries   |              |
|--------------|----------------------|----------------|-------------------------|---------------|--------------|--------------|
|              | Total antenatal care | HIV counseling | Hemoglobin less than 10 | Iron/folic    | MCH          | Home         |
| Puntland     | 23,268               | 2615           | 1157                    | 9679          | 1129         | 5010         |
| Somaliland   | 27,395               | 5              | 766                     | 8255          | 1464         | 3596         |
| <b>Total</b> | <b>50, 663</b>       | <b>2,620</b>   | <b>1,923</b>            | <b>17,934</b> | <b>2,593</b> | <b>8,606</b> |

**Table 7: Postnatal care services**

| Region       | Postnatal consultations | Initiation/F | Hemoglobin less than 10 | Iron/folic   | Vitamin A     | Totals        |
|--------------|-------------------------|--------------|-------------------------|--------------|---------------|---------------|
| Puntland     | 21,345                  | 4,531        | 525                     | 4,821        | 5,854         | 10,675        |
| Somaliland   | 7,103                   | 2,438        | 934                     | 3,244        | 4,610         | 7,854         |
| <b>Total</b> | <b>28,448</b>           | <b>6,969</b> | <b>1,459</b>            | <b>8,065</b> | <b>10,464</b> | <b>18,529</b> |

Through the SRCS volunteers' network, community health committees and clinic health staff, health education and hygiene promotion activities reached 203,441 beneficiaries (82,987 males and 120,454 females). Subjects addressed included diarrhoeal diseases, malaria prevention, personal hygiene, importance of immunization for both children and women, antenatal and postnatal services, importance of vitamin A supplementation, nutrition education, exclusive breastfeeding, proper weaning practices, discouragement of female genital mutilation/cutting, early identification of high risk pregnant mothers and HIV and AIDS prevention and control.



SRCS midwife in Galdogob MCH, Mudug region of north-central Somalia, attends to young mothers who delivered babies in the clinic. Photo: SRCS

Trainings to enhance the capacity of SRCS staff at the clinic and branch levels were conducted regularly. The IFRC country representation supported the SRCS in Somaliland and Puntland to review its health programme and roll out the minimum initial service for reproductive health for 47 staff (5 males and 42 females), including midwives, in collaboration with the International Planned Parenthood Federation, UNFPA and the Ministry of Health. The IFRC country representation also supported the first line training in Somaliland and Puntland on an epidemic control manual for volunteers, benefiting 50 volunteers (8 males and 42 females). The participants included health and disaster management officers, clinic head nurses and midwives. The trained staff further rolled out the training in Garowe and Galkayo branches with a total of 140 volunteers (90 females and 50 males) trained. The Bosaso branch in Puntland and the six branches of Somaliland will roll out the training in 2012.

Through the HIV/AIDS initiative, 120 volunteers (71 females and 49 males) at the Bosaso branch received training on HIV/AIDS treatment, care and support to increase their capacity to support PLHIV.

## Organizational Development

This programme focused on governance support and providing technical and managerial support to SRCS coordination offices and branches.

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| <b>Programme component 1:</b><br>National Society organizational development process   | <b>Outcome:</b> SRCS governance and management ability to effectively lead the National Society and its service delivery improved. |
| <b>Achievements:</b><br><p>The IFRC country representation supported and facilitated a meeting of the SRCS executive committee in Nairobi, Kenya from 6-9 January 2011. The Federation provided logistics and secretarial support to the meeting. The meeting discussed governance issues and planning for the drought response.</p> <p>Further, the IFRC country representation, in collaboration with ICRC, organized a joint Movement planning meeting from 25-28 June 2011, hosted by SRCS' coordination office in Somaliland. The meeting aimed at bringing all Movement partners together to prepare the plan of action for 2012. The meeting was attended by SRCS coordinators from Somaliland and south and central Somalia, as well as National Society senior technical staff and representatives from all 19 branches across the country. Partner National Societies were represented by the German Red Cross, which shared its experience of working with the youth in Somaliland. During the three day meeting, SRCS branches identified their priorities and provided input for the action plan for 2012.</p> <p>Regular monitoring missions were organised in Somalia to support SRCS in following-up the implementation of planned activities and ensuring quality and accountability. During these missions, technical support on programme management, reporting and financial management was provided to SRCS branch staff.</p>   |  |
| <b>Programme component 2:</b><br>National Society leadership and management development  | <b>Outcome:</b> Enhanced branch managerial capacity, strengthened leadership and improved organizational effectiveness.            |
| <b>Achievements:</b><br><p>Regular consultation meetings were held between SRCS leadership and the IFRC country representation, during which policy issues were discussed and progress of programme implementation reviewed.</p> <p>SRCS leadership and IFRC participated in a partners meeting organized by the East Africa regional representation in Nairobi, Kenya in May 2011. The meeting focused on strategic dialogue on the complex emergencies in the Horn of Africa - fragile states and cyclical drought. SRCS shared 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, Partner National Societies representatives based in Nairobi, ICRC, as well as IFRC country and regional representatives in East Africa along with senior management from Geneva and the Africa Zone office.</p> <p>To ensure stability and continuity of the services at SRCS branches, IFRC through the organization development programme, continued to support the salaries of all SRCS branch secretaries in all the 19 regions of Somalia, as well as senior management at the coordination offices in Somaliland and Mogadishu.</p> <p>Human resource capacity support was provided to the SRCS coordination office in Nairobi, to assist the National Society leadership in handling day to day operational issues and management of the relationship with partners in Nairobi.</p> |  |

SRCS youth/volunteers clubs in Garowe, Bosaso and Galkayo in Puntland, as well as its branches in Somaliland continued to provide various skills development training opportunities to the youth. These included computer literacy, language skills, peer education and first aid.

## Principles and Values

The dissemination of principles and values, was integrated in all SRCS programme activities. The wider health and disaster management activities included messages on promotion of principles and values, along with advocacy on tolerance, anti-discrimination and respect for human dignity. SRCS' branches, through the youth/volunteers clubs, advocated regularly on issues to promote tolerance and peaceful co-existence.

**Programme component 1:**  
Promotion of Fundamental Principles and Humanitarian Values

**Outcome:** Enhanced knowledge, understanding and application of the Fundamental Principles and Humanitarian Values among the general public.

### Achievements:

All SRCS branches, through the various programme activities, disseminated and promoted principles and values among target communities. Messages to fight stigma and discrimination against PLHIV, 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 television stations were used in the dissemination campaigns.

The SRCS branches in Somaliland and Puntland celebrated Red Cross and Red Crescent day on 8 May 2011. They organized public gatherings, street processions, sports competitions among schools and awareness campaigns through local radio stations, to disseminate the message of the day and the theme of the occasion "Together for Humanity". An estimated 10,000 (8,000 males and 2,000 females) including youth, women, school students and community members benefited from the awareness sessions.

**Programme component 2:**  
Anti-discrimination and violence reduction

**Outcome:** Vulnerable communities' ability to combat discrimination, intolerance and violence is enhanced.

### Achievements:

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 the voluntary counselling and testing centres to determine their HIV status. The Somaliland and Puntland branches mobilized 1,062 volunteers to conduct the HIV and AIDS awareness sessions. An estimated 13,280 community members (5,693 males and 7,587 females) benefited from the awareness sessions, including youth, women groups and students. More than 16,000 leaflets with facts about HIV and AIDS were distributed.

The Puntland and Somaliland branches commemorated World AIDS Day on 1 December 2011 with street marches, public gatherings and distribution of leaflets on HIV and AIDS and stigma and discrimination reduction. An estimated 30,000 community members (22,000 males and 8,000 females) including youth, women groups and students benefited from the awareness sessions. About 3,000 T-shirts were printed and distributed, more than 10,000 leaflets on HIV and AIDS were distributed to community members, and 200,000 brochures on HIV and AIDS,



SRCS' Las Anod branch volunteers, Somaliland, celebrate World Aids Day. Photo: SRCS

translated into the Somali language, were printed and distributed throughout the SRCS branches across the country.

### Constraints or Challenges

The economic and social deprivation of the larger Somali population due to protracted conflict has been compounded by cyclical drought, floods and disease outbreak which led to increased vulnerability of the majority of the Somali community. The severe drought in 2011 led to massive population displacement due to food insecurity among nearly half of the 8 million Somali population, particularly in the south of the country. It disrupted livelihoods, weakened community resilience and further increased their vulnerabilities. This situation is predicted to continue through 2012 as the weather forecast predicts below average rains in Somalia during the long rainy season (March-June) and this poses a great risk of the recurrence of the food crisis of 2011. Therefore, the predicted crisis requires long-term commitment to ensure the continuity of interventions launched by the SRCS during 2011 to respond adequately to the needs of the population at risk and to enhance community resilience and coping abilities.

Further, security challenges due to continued violence, particularly in the central and southern parts of the country, limit access to beneficiaries. Occasionally, the security situation in some pockets of Puntland and Somaliland similarly limits access to beneficiaries, especially for international staff to carry out technical support and supervision of activities. The use of armed escorts, which is mandatory all over Somalia, is increasing the security budget. The security situation is monitored regularly and information from available sources (ICRC, United Nations, SRCS branches and the media) is shared with the partners.

While most pledges are often strictly earmarked towards specific activities, the complexity and dynamic nature of Somalia's context demands some level of flexibility in the utilization of funds to allow for some unexpected and unanticipated developments to be accommodated.

### Working in partnership

SRCS, supported by IFRC, worked closely with Movement partners through multilateral and bilateral agreements, all aimed at effective coordination of programme implementation and increasing managerial efficiency. Movement partners included the ICRC, along with the Finish, German, Norwegian, British, Japanese and Swedish Red Cross Societies. The IFRC country representation provided information on programme implementation through regular programme updates and pledge based reports based on the requirements of individual partners and donors.

In addition, SRCS/IFRC continued to work closely with UNICEF, WHO, WFP, UN-OCHA and the Somalia Food Security and Nutrition Analysis Unit. UNICEF supported SRCS clinics with MCH kits as well as vaccines and cold chain equipment for the storage of vaccines. WHO supported the clinics with laboratory equipment, training of health staff and provision of quality assurance. WFP supported the health programme with the provision of food rations for pregnant women, lactating mothers, and children under the age of two years.

SRCS/IFRC regularly attended cluster meetings organised by UN-OCHA and Somalia Secretariat Support Services, a platform for information and knowledge sharing along with coordination of humanitarian support in Somalia. Likewise, representatives from SRCS coordination offices in Hargeisa, Somaliland and Mogadishu attended coordination meetings at the field level.

The SRCS branches in Somaliland and Puntland worked closely with the local health authorities and relevant government departments, strengthening their auxiliary role. The National Society is recognized and acknowledged by the local authorities as a reliable and credible health service provider and preferred partner. It was represented in all the committees and task forces that were assigned to address the 2011 drought situation, such as the Humanitarian Affairs and Disaster Management Agency in Puntland and the National Environmental and Disaster Preparedness and Management Authority in Somaliland.

## Contributing to longer-term impact

IFRC works with its partners to ensure that technical and material support is provided to SRCS at all levels to enable it to engage with communities in the management of slow-onset and cyclical disasters such as drought and floods. Longer term recovery interventions and disaster risk reduction in areas that experience frequent drought cycles is instrumental in building community resilience and saving lives.

The integrated programming approach and service delivery employed by SRCS is in line with its Strategic Plan 2010-2014 and needs to be supported by Movement partners. The integrated health programme will continue to serve Somali communities that have limited or no access to basic health care services, thereby contributing to the reduction of illnesses and deaths among vulnerable communities. Movement partners are encouraged to continue supporting the review and development of a new SRCS health strategy to address the emerging and changing trends in the health care delivery system in the country.

IFRC support will continue to improve SRCS' programme management and coordination capacity to increase the impact of interventions for target populations. IFRC's country office commissioned an external evaluation to evaluate the drought response operation within the country plan 2011, in an effort to draw lessons learned for future operations. The evaluation report is expected to be published during the second quarter of 2012.

## Looking ahead

The IFRC's future plans for Somalia will build on the priorities of SRCS as outlined in its strategic development plan 2010-2014, and the action plan developed by its branches during the recent drought response operation with health and care as its core programme linking it with disaster management and organizational development. Investment in mitigation will be scaled up and flexible ways of interventions will be developed to provide assistance that builds community resilience. A five per cent increase in the total number of beneficiaries is anticipated from 2011 to 2012.

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

The well recognized health care services provided by SRCS, through its network of clinics across the country, need to be improved and sustained. IFRC will continue to work closely with 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. SRCS will be supported to build on the experiences gained during the drought response to be more prepared for future emergencies.

## How we work

All IFRC 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 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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 nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

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