

Plan 2009-2010



Somalia

Executive summary

The Somali Red Crescent Society (SRCS) has operated continuously throughout the country's period of civil strife and is credited as being the largest indigenous humanitarian organisation with representation and services across Somalia.

SRCS programmes are aligned towards the Federation's Global Agenda goals and performance management and accountability framework. In line with Global Agenda, Goal 2, during the planning period 2009-2010, the National Society will, where possible, integrate all health-related activities into its interventions, including family health, female genital cutting, and HIV and AIDS. The SRCS health programme operates in all territories across Somalia, including remote areas with wide vulnerability indicators. This programme also works in the direction of building synergies with the Society's disaster management, organisational development, and humanitarian values programmes. The health programme serves an estimated 600.000 beneficiaries through 51 maternal and child health/outpatient department (MCH/OPD) clinics and four mobile clinics.

The **disaster management** programme will focus on the following outcomes: increased SRCS capacity to organise effective and efficient disaster response; improved SRCS capacities (structural and human) to respond effectively to and recover from common disasters/emergencies (including drought, floods, cyclones, and tsunami) and; vulnerability of communities in disaster-prone areas reduced through timely information, capacity building and livelihood resilience to disaster risks.

The **health and care** programme will aim at achieving these outcomes: improved access to quality and gender-sensitive health services to women, children, men and young people; improved nutritional status of women and children; improved access to immunisation of children and women; improved community involvement in prevention of water and sanitation related diseases; community engagement in public health emergencies; improved communities' basic first aid skills in target population in simple context; reduced vulnerability to HIV through community mobilisation, outreach activities and advocacy; reduced HIV infections among SRCS target population; strengthened capacity of staff and volunteers expanded HIV/STI treatment, care and support.

The **organisational development** programme will focus on the following outcomes: Strengthened governance participation and monitoring capacity; Increased branch capacity to deliver integrated services, and expanded support to the branches by the zone offices; streamlined reporting procedures responding to Somali standards and partner requirements; a closer co-operative mechanism and a longer-term secure external support structure; and analysing SRCS contributions, cost recovery, and longer-term institutional cost coverage

The **Principles and Values** programme will focus on these outcomes: increased awareness of the RCRC Fundamental Principles and Humanitarian Values is promoted among the target

communities; stigma and discrimination towards all vulnerable groups are reduced; produced and distributed IEC materials with stigma and discrimination reduction messages. In 2009, SRCS and the Federation will explore the possibility of taking the current co-operation mechanism between SRCS and its Movement partners, one step further. The SRCS will examine the formation of an *Operational Alliance* in conjunction with the development of its strategic documents for 2010-2015.

The total 2009-2010 budget is CHF 8,635,224 (USD 7,893,258 or EUR 5,500,143)

[<Click here to go directly to the attached summary budgets of the plan>](#)

Country context

The majority of the Somali population is poor and vulnerable. Public infrastructure is minimal and fragile in much of the country. Somalia largely relies on external support for its basic services. The vulnerability also gets worse by unending armed conflicts and climatic calamities. Population displacement, disease outbreaks, minimal health care and education have caused huge humanitarian needs. A continuous succession of natural disasters (drought, floods, cyclones and tsunami) aggravate fragile livelihoods and infrastructures. The prospect economic stability and recovery is very limited, and will, under the best of developments, take a very long time.

National Society priorities and current work with partners

The Somali Red Crescent Society (SRCS) has provided assistance and services to some 800,000 people under complex and dangerous conditions for more than 15 years. In view of the prevailing situation in the country, the international community in general and the International Red Cross Red Crescent Movement (the Movement) in particular should look at its support to SRCS in a long-term perspective of five to ten years. The Society's current strategic plan will come to an end in 2009, and preparatory work for a fresh strategic direction and financial frame work is scheduled to begin in the first quarter of 2009. The SRCS will continue to consolidate current core programmes and make experience-based modifications to enhance relevance and outcomes in 2009. All programmes are in line with the Federation Global Agenda Goals and will focus on integrating related disaster and health objectives to maximise impact at the community level. It includes further investments in the development of a qualitative human resource base composed of multi-purpose volunteers and staff.

The backbone of SRCS' programmes is its Integrated Health Care Programme (IHCP), which provides awareness, preventive and curative health-care services to the vulnerable people with emphasis on mothers and children in all parts of the country. Statistics for these groups show a mortality rate for children aged under five years of 135/1,000 live births; a infant mortality rate of 86/1,000 live births (UNICEF 2006); and a maternal mortality ratio of 1,044/100,000 live births (UNICEF 2007). In addition to its qualified staff, SRCS utilises its network of volunteers to deliver essential services, and one of the areas for support in this plan focuses on improving its capacity to manage and mobilise volunteers to deliver services and respond to emergencies.

SRCS disaster management (DM) programme will continue to be funded primarily from available Tsunami funds allocated to Somalia (appeal 28/04), and by funding from the Tsunami Response Programme of the American Red Cross. In 2009-2010, links between the disaster management programme and branch development will be enhanced through the



integrated Community-Based First Aid, CBFA *in Action* programme that aims to combine elements of integrate disaster management and response to disease outbreaks to achieve increasingly effective results at community and household levels.

Through the capacity development programme, SRCS branch development strategy sets out the direction of the National Society to increase capacity to address vulnerability at regional and district levels. Fundamental Principles and Humanitarian Values are promoted as cross-cutting issues through all SRCS core programmes. Diversity and non-discrimination elements are included in health interventions and training, with specific focus on reducing HIV-related stigma and discrimination.

The SRCS and the Federation collaborates closely with local authorities, UN agencies and other NGOs working in Somalia. The collaboration focuses on sharing of information, updating experience, learning and exchanging ideas at different levels. SRCS and the Federation are members of the health sector committee of the co-ordination body, Co-ordination of International Support to Somalis (CISS) which co-ordinates and reviews all health activities in Somalia. At community level, SRCS is committed to improving communities' ownership and management of health services as a prime strategic objective. It works with community health committees in all clinic locations to manage and plan health activities.

The Federation, ICRC and other RCRC partners continue to provide support to the implementation of the SRCS programmes. Operational partners working in Somalia meet on a regular basis in order to co-ordinate their support and exchange information. These meetings are chaired by SRCS. Several PNSs have long partnership relations with SRCS. They include British, Finnish, German, Italian, Netherlands, Norwegian and Swedish Red Cross societies. They have expressed intent of maintaining and developing their support to SRCS in 2009 and possibly beyond. A number of more recent partners have also shown their commitment with new funding initiatives including the American and Saudi National Societies.

Secretariat supported programmes

Disaster management

Programme purpose: Reduce the number of deaths, injuries and impact from disasters
Programme component 1: Disaster response (Emergency and Recovery)
Outcome: Impact of disasters and emergencies on people's lives in Somalia reduced through adequate and timely response measures (life-saving assistance, shelter and basic health care)
Programme component 2: Disaster preparedness at institutional and community levels
Outcome 1: Increased SRCS capacity to organise effective and efficient disaster response.
Outcome 2: Improved SRCS capacities (structural and human) to respond effectively to and recover from common disasters/emergencies (including drought, floods, cyclones, and tsunami).
Programme component 3: Disaster risk reduction
Outcome: Vulnerability of communities in disaster-prone areas reduced through timely information, capacity building and livelihood resilience to disaster risks.

SRCS capacity to respond to disasters and emergencies will be enhanced by setting up SRCS Emergency Response Teams composed of staff and volunteers from the national level and selected branches. The teams will receive communication and other response

equipments, regular training and perform annual simulation drills. Where security and safety permit, non-food relief items will be pre-positioned in strategic locations.

Branches and sub-branches will continue vulnerability and capacity assessments. The result of these assessments will be used to increase communities' resilience to disasters. They will form the basis for community-based disaster risk reduction initiatives, including non-structural community-based projects. The VCA assessments will also form the entry point for CBFA activities.

The co-ordination offices and disaster-prone branches will receive communication equipment to facilitate timely sharing of information during disasters and emergencies. It will also enhance SCRS' early warning capacity. Internet connectivity is planned for all the branches in 2009.

The SRCS disaster management programme will continue to receive Tsunami funds and funding obtained from the American Red Cross in July 2007. Community-Based First Aid (CBFA) activities in 14 branches are not covered by the above funds, and require additional funding of CHF 288,000.

Profile of target beneficiaries: The disaster management programme will use existing health and care structures to prepare for and respond to disasters and emergencies, employing the CBFA *in Action* approach. The disaster management programme is estimated to benefit some 175,000 people directly, and two million indirectly.

Potential risks and challenges: Security concerns and access are steadily increasing problems with continuing conflict in some areas of the country. Working in Somalia continues to present constraints and considerable and costly logistics and communication challenges. Weak governance and administrative structures often lead to restricted access to communities in need. SRCS works in collaboration with the existing authorities to extend community participation, ownership and management of its services. Recurrent droughts coupled with increased prices of essential staple and other commodities and fuel further increase the vulnerability to disasters/emergencies. There is high stigma and discrimination associated with HIV and AIDS in most parts of Somalia.

Health and care

Programme purpose: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
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The health and care programme budget is CHF 6,692,667 (USD 6,117,612 or EUR 4,262,845)

Programme component 1: MCH/OPD/Hospital
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Outcome 1: Improved access to quality and gender-sensitive health services to women, children, men and young people.

Outcome 2: Improved nutritional status of women and children.
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Outcome 3: Improved access to immunisation of children and women.
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SRCS in co-operation with the Federation will continue to provide preventive, promotive and basic curative health services through its 30 MCH/OPDs, and four mobile clinics supported by the Saudi Red Crescent. The Federation supports 22 MCH/OPDs, and four in Bari region in co-operation with the German Red Cross. SRCS also operates four in Sool and Sanaag in co-operation with the German Red Cross. The SRCS will examine current support to the Nugal hospital in consultation with all stakeholders. The Federation will carry on supporting the health programmes with equipment and supplies, and provide technical support to enable SRCS further integration and expansion of these programmes.

The permanent clinics serve the immediate neighbouring communities. They also provide outreach services to a second group of communities through monthly visits by the clinic health

staff working with trained volunteers in those communities. A third component of SRCS' wide-reaching network is made up of mobile units which primarily serve the nomadic and the IDP populations. Growth monitoring and reporting aims at detecting abnormal growth attributed to inadequate nutrition, and reducing the risk of death among young children. It also helps educate carers to facilitate early referral for conditions manifest by growth disorders; will continue to be provided at the clinic and outreach sites.

The SRCS will continue to provide rehabilitation services in co-operation with the Norwegian Red Cross to physically disabled persons through the Mogadishu, Hargeisa and Galkayo branches.

SRCS will continue to provide routine immunization targeting children and mothers in its areas of operations. This is aimed at increasing child and mother survival against vaccine preventable diseases. The services are provided through the permanent and outreach locations including in IDP camps. SRCS also participate in accelerated campaigns organised in partnership with UNICEF using volunteers, community health committees and health staff. The SRCS will continue to empower communities through health education to develop in their sense of self-responsibility for health conditions as individuals, family members and communities.

Programme component 2: Community based first aid (CBFA)
Outcome 1: Improved community involvement in prevention of water and sanitation related diseases.
Outcome 2: Community engagement in public health emergencies.
Outcome 3: Improved communities' basic first aid skills in target population in simple context.

Community-based activities including CBFA, health education and risk reduction are carried out at SRCS branch and sub-branch levels through volunteers working within their community structures. The beneficiaries within vulnerable communities will receive both direct health services and improved access to information and knowledge on areas covered by the SRCS programmes. National Society staff and volunteers will receive training, technical support, supplies and equipment required to respond to community needs.

Programme component 3: HIV and AIDS
Outcome 1: Reduced vulnerability to HIV through community mobilisation, outreach activities and advocacy.
Outcome 2: Reduced HIV infections among SRCS target population.
Outcome 3: Strengthened capacity of staff and volunteers
Outcome 4: Expanded HIV/STI treatment, care and support.

In 2005 UNAIDS estimated that 44,000 adults and children were living with HIV and AIDS in Somalia. Surveys among women attending antenatal clinics have found HIV prevalence as high as 2.3 per cent in Berbera (WHO, 2005). According to a UNICEF survey in 2004, HIV knowledge appears to be very poor with only 8% of young women (15–24 years) and 13 per cent of young men knowing how to prevent the transmission of HIV. HIV & AIDS is addressed by SRCS through its Integrated Health and Care Programme. Within the HIV and AIDS Global Alliance framework, SRCS will train peer educators, who will carry out education and counselling at community level.

SRCS health staff and volunteers will carry out health education sessions on facts of HIV and AIDS and related topics at the SRCS clinics and in the community through its outreach programmes. Awareness activities and campaigns targeting different segments of the community will be held twice a year. Blood donor recruitment will be established in areas with blood banks. SRCS will participate in marking World AIDS day by conducting campaigns on HIV and AIDS related topics, targeting the general population.

SRCS will train peer educators who will carry out education and counselling at community level. Community volunteers and PLWHA caretakers will be trained in HBC, nutrition, caring for careers, community counselling among other topics. SRCS will translate materials into the Somali language to be used by volunteers when training communities.

Within the framework of the HIV and AIDS Global Alliance programme, SRCS will provide support to Orphans and Vulnerable Children.

Profile of health target beneficiaries: No census data and little other reliable demographic data exist for much of Somalia. SRCS clinic catchments population totals 450,000 out of an estimated national population of 7.5 million (UNDP Disaster Risk Index). The Nugal hospital catchment’s population is estimated at 165,000.

The majority of the MCH/OPD clinics are situated in rural areas, where typically smaller remote populations have no other access to health services. Vulnerable beneficiaries such as mothers and children, nomadic population and IDPs are further served through outreach activities and mobile units. Critical water and sanitation issues will be targeted through CBFA interventions and supplementary PHAST training. Under the HIV and AIDS Global Alliance framework, SRCS will sensitise over 600,000 people on the pandemic including stigma and discrimination against PLHIV, developing the techniques and materials it has worked on over previous years.

Potential risks and challenges: see under the disaster management section.

Organisational Development

Programme purpose: Increased RCRC and local community capacity to address the most urgent situations of vulnerability.

The organisational development budget is CHF 1,191,192 (USD 1,088,841 or EUR 758,721)

Programme Component 1: Governance capacity building and support

Outcome 1: Strengthened governance participation and monitoring capacity

Programme component 2: Management and staff effectiveness, support and security

Outcome 1: Increased branch capacity to deliver integrated services, and expanded support to the branches by the zone offices

Outcome 2: Streamlined reporting procedures responding to Somali standards and partner requirements

Programme component 3: Resource mobilisation and partnerships

Outcome 1: A closer co-operative mechanism and a longer-term secure external support structure

Outcome 2: Analyse SRCS contributions, cost recovery, and longer-term institutional cost coverage

The Society’s strategic and delivery capacity will be strengthened. Three senior officer positions will be created to strengthen the SRCS Field Co-ordination offices in Mogadishu, Hargeisa and Garowe. The positions are scheduled to be filled as of January 2009. Standardised operational tools will be adapted to the Society’s requirements, and PMER training provided to management and staff.

Profile of target beneficiaries: SRCS governance, management, staff and volunteers and its service clients.

Potential risks and challenges: see under the disaster management section.

Humanitarian Values and Principles

Programme purpose: Promote respect for diversity and human dignity, reduce intolerance, discrimination and social exclusion

The Principles and Values programme budget is CHF 355,399 (USD 324,862 or EUR 226,369)

Programme component 1: Fundamental Principles and Humanitarian Values.

Outcome 1: Increased awareness of the RCRC Fundamental Principles and Humanitarian Values is promoted among the target communities.

Outcome 2: Stigma and discrimination towards all vulnerable groups are reduced.

Outcome 3: Produced and distributed IEC materials with stigma and discrimination reduction messages.

This programme will work closely with the HIV and AIDS projects to reduce stigma and discrimination through community sensitisation sessions in clinic locations and in communities through the outreach programme. It will broaden the message on humanitarian values to include principles and practices of intolerance discrimination and social exclusion. It will pay special attention to and organise special sessions with youth groups.

Profile of target beneficiaries: The Principles and Values programme is cross-cutting and in most cases integrated into the activities of other programmes. There are over 600,000 beneficiaries targeted in the catchment areas of the MCH/OPD clinics and hospitals. They will also receive the RCRC dissemination of its “Fundamental Principles and Humanitarian Values” and messages on stigma and discrimination against PLHIV.

Potential risks and challenges: see under the disaster management section.

Role of the delegation

The delegation’s budget for its support role is CHF 395,966 (USD 361,943 or EUR 252,208)

Technical programme support: The Federation’s Somalia delegation in Nairobi co-ordinates technical and financial assistance to the National Society. The delegation monitors programme progress and achievements and provides quarterly and other reports to stakeholders as agreed and required.

Partnership development and coordination: The SRCS and the Federation work in closely with local authorities, United Nations agencies and other humanitarian agencies working in Somalia. Collaboration aims at sharing information, learning, and updating of experiences at different levels. The SRCS and the Federation are members of the health sector committee of the Coordination of International Support to Somalis (CISS). The Committee co-ordinates and reviews all health activities in Somalia. Movement partners, including the International Committee of the Red Cross (ICRC) and Partner National Societies will continue to hold regular consultations and share information to enhance their inputs. Movement support comes from a range of partners including the American, British, Finnish, German, Italian, Netherlands, Norwegian, Saudi, and Swedish RC societies. In 2009, SRCS and the Federation will explore the possibility of taking the current co-operation mechanism between SRCS and its Movement partners, one step further. The SRCS will examine the formation of an Operational Alliance in conjunction with the development of its strategic direction for 2010-2015.

Representation and advocacy: The country representative works closely with the SRCS President and other leaders to ensure that the National Society is well represented in inter-agency and other international meetings which take place inside or outside of the country. The delegation staff consults with their Somali counterparts on a weekly basis.

Promoting gender equity and diversity

The SRCS' health personnel have a well-balanced gender composition. Two of three National Health Officers are female. There is a majority of female volunteers in most branches. Most volunteers are young. The Society aims at reaching all age groups and keeping a healthy gender balance among its branch volunteers.

All Community Health Committees have both female and male members who assist the Society's staff in managing clinics and act as links between the Society and the communities it serves. The Integrated Health Community Programme is primarily targeting women and children. Clinic staff and volunteers give health education on various topics including female genital mutilation, and HIV and AIDS.

Quality, accountability and learning

SRCS obtained accreditation through a SGS NGO Benchmarking audit in 2006, demonstrating accountability to stakeholders and compliance with best practices. The Society is scheduled to be audited by SGS again in 2009. In 2007, SRCS carried out mid-term reviews of its 2005-2009 Strategic Plan and of its Health Strategy for the same period. The Society will begin to prepare the strategic planning process for the following five years in 2009.

National and branch health officers regularly monitor the health and other programmes. National health officers gathered and compile reports which are shared with the delegation. The volunteers report back to the clinic staff on the number of beneficiaries from health education activities at the community level. Clinic, community and branch reports and other data and statistics are analysed in order to measure coverage and impact of the programmes at community level. The Heads of the two Co-ordination Offices and the OD director monitor progress in organisational efficiency at branch level.

Budget Summary

Programmes	2009 budget (CHF)	2010 budget (CHF)	Total budget (CHF)
Disaster Management	-	-	-
Health and Care	3,370,367	3,322,300	6,692,667
Capacity Development	595,596	595,596	1,191,192
Principles and Values	177,917	177,482	355,399
Coordination	188,663	207,303	395,966
Total	4,332,543	4,302,681	8,635,224

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilising the power of humanity".

Global Agenda Goals

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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