



# somalia

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi since 1994. It focuses on providing emergency aid to people directly affected by armed conflict, often in combination with natural disasters, runs an extensive first-aid, medical and basic health-care programme to treat the wounded and sick and restores family links. It also carries out small-scale water, agricultural and cash-for-work projects with a medium-term outlook, designed to restore or improve the livelihoods of communities weakened by crises. It works closely with and supports the development of the Somali Red Crescent Society.

## EXPENDITURE (IN KCHF)

Protection	604
Assistance	46,560
Prevention	666
Cooperation with National Societies	1,289
General	-

► **49,119**

of which: *Overheads* 2,969

## IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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## PERSONNEL

18	expatriates
33	national staff (daily workers not included)

## KEY POINTS

### In 2006, the ICRC:

- ▶ established regular dialogue with the parties to the conflict, reminding them of their responsibilities under IHL, and stepped up media contact to raise awareness of the plight of Somalis;
- ▶ as a neutral intermediary, repatriated Somalis detained by the US Navy, and entered into negotiations with all parties to the hostilities to obtain access to detainees;
- ▶ carried out major relief operations to assist victims of conflict, drought and floods, appealing for an additional CHF 15.8 million;
- ▶ provided food to some 465,000 people, clean drinking water to 1.5 million people, essential household items to over 900,000 IDPs and agricultural and veterinary support to some 1.2 million people; ran tracing and RCM services to enable dispersed family members to restore contact;
- ▶ flew 140 tonnes of medical supplies into Mogadishu and deployed surgical staff to help medical facilities treat thousands of weapon-wounded, and supported 21 Somali Red Crescent health clinics which conducted more than 173,000 outpatient consultations;
- ▶ worked closely with and supported the Somali Red Crescent and assumed the lead role in coordinating Movement activities in central and southern Somalia.

## CONTEXT

Over 2006, Somalia was afflicted by a severe drought, devastating floods and a sharp escalation in armed conflict that took a heavy toll on lives and livelihoods and plunged the population into deeper poverty and reliance on external aid.

The drought that gripped the Horn of Africa in early 2006 – the worst in decades – triggered life-threatening food and water shortages among the mainly pastoralist population in central and southern Somalia. Crops failed, water sources and grazing land dried up, and livestock, the backbone of the economy, weakened and died. Between January and the arrival of the rains in April, large numbers of people and their herds were forced to press well beyond their traditional migration routes in search of water and pasture.

Somalis had just begun to recover from the drought when torrential rains hit in late October, causing widespread flooding along the Juba and Shebele rivers, where communities survived on subsistence farming. Entire towns and villages were isolated or their inhabitants displaced. Crops planted after the drought were destroyed, water sources contaminated and the fragile food-supply chain disrupted further.

Amid the drought, the floods and the deprivation caused by 15 years without a functioning government, the political landscape changed significantly and conflict escalated, claiming a high number of casualties and uprooting thousands more families. After protracted fighting, the Supreme Islamic Courts Council (SICC) took control of Mogadishu from a coalition of factions in June and proceeded to extend its presence into much of central and southern Somalia. At the end of December, the Baidoa-based transitional federal government, formed in October 2004 as part of the 14th Somali reconciliation process, launched a counter-offensive and with the support of the Ethiopian armed forces ousted the SICC from most areas it controlled. At year-end, the international community was in discussions to secure an African Union peace-keeping force for Somalia.

## MAIN FIGURES AND INDICATORS

RESTORING FAMILY LINKS		CIVILIANS		
<i>Red Cross messages (RCMs) and reunifications</i>		<i>Economic security, water and habitat</i>		
RCMs collected	4,850	Food	Beneficiaries	464,982
RCMs distributed	12,079	Essential household items	Beneficiaries	906,264
<i>Tracing requests, including cases of missing persons</i>		Agricultural inputs and micro-economic initiatives	Beneficiaries	1,221,211
People for whom a tracing request was newly registered	624	Water supply schemes and sanitation systems (completed projects)	Beneficiaries	1,562,800
Tracing requests closed positively (persons located)	164	<i>Health</i>		
Tracing requests still being handled at 31 December 2006	1,330	Health centres supported	Structures	21
<b>DOCUMENTS ISSUED</b>		Consultations	Patients	173,384
People to whom travel documents were issued	91	Immunizations	Activities	80,553
		<b>WOUNDED AND SICK</b>		
		Hospitals supported	Structures	12
		Admissions	Patients	5,714
		Operations	Operations performed	5,598

## ICRC ACTION

The ICRC remained a key provider of emergency aid in central and southern Somalia, mounting large-scale relief operations for victims of the drought, the floods and the conflict. The delegation stretched its operational capacity to the limit, delivering a combination of food, water, relief goods and agricultural and veterinary assistance to some 800,000 people during the drought and around 400,000 people affected by the floods. The sharp escalation in conflict led to several thousand weapon-wounded being treated at ICRC-supported hospitals and first-aid and health posts. In addition, thousands of uprooted Somalis restored contact with relatives at home and abroad through the tracing and RCM services.

For the first time in several years, the ICRC was able to establish regular contact with the main parties to the conflict in Somalia. During bilateral meetings with the transitional federal government and the SICC, the organization appealed for full compliance with IHL, stressing the protection afforded to people not or no longer taking part in the hostilities, and explained the ICRC's mandate and strict principles of neutrality and independence. The delegation received security guarantees from both sides.

The dialogue with the parties to the conflict, combined with the ICRC's long-standing presence in Somalia and its close working relationship with the Somali Red Crescent, allowed the delegation to deploy rapidly and carry out its relief operations as planned, with no major security or logistics problems. Flexibility was key. The ICRC constantly adapted its activities to the scale and urgency of needs, taking into account the constraints on the ground and the fact that

it could not address all humanitarian needs. Operations were based on a realistic assessment of the ICRC's capacity to deliver aid to communities in distress in a controlled and efficient way. With emergency aid the priority, the delegation carried out fewer than planned short- and medium-term projects aimed at boosting crop production and improving water facilities. Given the security situation, the ICRC limited the presence in Somalia of its expatriate staff, who remained based in Nairobi, Kenya, and had responsibility for overall strategy and management, while national staff kept field operations running smoothly.

As one of the few organizations with a permanent presence in Somalia, the ICRC regularly updated journalists on the humanitarian situation and drew attention to the applicable rules of IHL and customary law.

The ICRC continued to provide the Somali Red Crescent, its main operational partner, with substantial support to strengthen its governance and programmes. As lead agency for the Movement in central and southern Somalia, it also ensured the coordination of activities of all Movement partners. To further maximize the impact of humanitarian efforts, the delegation remained in close contact with aid organizations in the field and attended the meetings of Nairobi-based Somalia coordination bodies, comprising donors, UN agencies and NGOs.

## CIVILIANS

### Protecting civilians

During formal discussions, the ICRC regularly reminded the transitional federal government and the SICC of their responsibility

to spare civilians, their property and vital public infrastructure from attack, in accordance with IHL.

During violent demonstrations in Mogadishu, four international media correspondents requesting evacuation and the body of a Swedish journalist killed in the unrest were flown to Nairobi and handed over to the relevant authorities by the ICRC in its role as a neutral intermediary.

### Delivering emergency aid to drought, flood and conflict victims

Around 800,000 victims of the drought and 400,000 people affected by the floods that hit central and southern Somalia in 2006 were assisted during relief operations mounted by the ICRC, with the support of the Somali Red Crescent. Families displaced by the escalating conflict or clan clashes also received emergency aid, mainly essential household items and, if they had access to land, seeds and tools. The lives of many of those IDPs were also threatened by the drought and floods. The drought-relief operation ran between January and July. On 17 March, the organization appealed for an additional CHF 15.8 million to cover the extra food aid, water-trucking services and veterinary assistance not budgeted for in 2006. Flood relief was initiated in early November, immediately after the rains arrived, and was scheduled to wind up in January 2007. Because many roads were impassable, the ICRC chartered planes to fly in relief goods and used boats to rescue people. All activities were coordinated with those of other aid organizations in the field, primarily Action Contre la Faim, CARE, Médecins sans Frontières, UNICEF and WFP.

Around 120,000 drought victims per month who had little or no food received

dry-food rations between February and July. In addition, 180,000 near-destitute people received a two-month supply of meat. The meat came from the slaughter of 30,000 head of livestock bought from drought-stricken pastoralists at above depressed market prices.

The lack of clean drinking water during the drought and floods endangered lives and livelihoods. Drought victims and their livestock had access to water through water-trucking services (500,000 litres of water delivered daily between January and April) and the rehabilitation of over 100 key water facilities, including boreholes, wells, rain-water catchments and urban water treatment plants. Families moving with their herds stored water in over 2,000 empty drums provided by the ICRC. During the floods, water-trucking was used initially, but many roads became impassable. Some 175,000 people, mostly villagers along the Juba and Shebele rivers, had their access to water restored mainly through the setting up of emergency distribution systems, maintenance of water treatment plants and cleaning of wells.

Displaced families were able to set up temporary homes through the provision of shelter materials and any essential household items they lacked (mats, blankets, kitchenware, clothing, soap and jerrycans).

To help households get back on their feet, families whose crops had been destroyed and IDPs with access to land received staple-crop seeds (15 kg per family) for the next planting season. The harvest was expected to cover about 50% of their annual cereal consumption. To boost the survival rate of livestock weakened by the drought, some 620,000 animals were treated against diseases and parasites by the ICRC, together with the Italian NGO COOPI and *Vétérinaires sans Frontières-Switzerland*.

The spread of disease was a major concern. ICRC-supported Somali Red Crescent health clinics monitored the situation and during the drought helped UNICEF carry out a measles vaccination campaign. During the floods, the clinics received 11,000 doses of oral rehydration salts to administer in the event of a cholera outbreak and soap to complement hygiene education sessions. To combat malaria, 46,800 families were provided with mosquito nets impregnated with insecticide. By year-end, no outbreaks of disease had been reported.

With the focus on emergency operations, fewer than planned livelihood-support projects were carried out in central and southern

Somalia. Most of the projects completed helped drought and flood victims, thus complementing the relief activities. To protect their homes and fields from seasonal flooding, communities along the Juba and Shebele rivers were given some 502,000 empty sand bags, while around 1,500 riverside families used sluice gates built by the ICRC to regulate water levels and crop irrigation. Farmers received irrigation pumps to boost their crop production, and just over 57,000 people in 76 communities earned cash in return for their labour rehabilitating vital infrastructure, mainly water facilities. Poorer farming and nomadic families who fished to supplement their diet or income, but could not afford new nets and hooks, were given fishing gear.

- 464,982 people (77,497 households), including 49,062 IDPs (8,177 households), received a total of 12,923 tonnes of food
- 1,221,211 people (220,131 households), including 19,500 IDPs (3,250 households), benefited from agricultural, veterinary and fishing assistance, including the provision of seeds and tools to 542,100 people (90,350 households), veterinary treatment for the livestock of 189,000 drought victims (31,500 households) and destocking, which benefited 180,000 drought victims (30,000 households)
- 1,562,800 people and their livestock benefited from water projects, including emergency water-trucking services for 240,000 drought and flood victims
- 906,264 IDPs (151,044 households) received essential household items, including 196,236 long-term IDPs in Mogadishu and Kismayo
- 550 flood victims rescued by boat

#### Providing basic health care

In the absence of a public health service, primary health care was provided by the private sector, which many Somalis could not afford, and by international organizations and local NGOs, with varying levels of community support.

A total catchment population of some 200,000 residents and IDPs in conflict-affected areas of central and southern Somalia had access to free health care at 21 Somali Red Crescent clinics supported by the ICRC. The facilities received funds to cover running costs and salaries, as well as basic drugs, dressing materials, training and on-the-job supervision to enhance patient care and management. Following seminars to upgrade staff knowledge, the clinics introduced new diagnostic tests and treatment for malaria.

In the 21 ICRC-supported health centres:

- 173,384 consultations (28,394 ante/postnatal and 144,990 curative) were given;
- 80,553 vaccine doses were administered (36,920 to children aged five or under);
- 15,000 dressings were applied.

#### Fighting cholera

Mogadishu used to suffer from an average of two cholera epidemics a year, but there were no reported outbreaks of the disease in 2005 or 2006. As preventive measures, the ICRC, together with other organizations, continued to chlorinate more than 300 wells in the capital, and ICRC-produced cholera-prevention spots were broadcast on local radio stations. As in 2005, it was not necessary to reopen the five ICRC-supported Somali Red Crescent cholera treatment centres in Mogadishu.

#### Restoring family links

Thousands of Somalis uprooted by the instability in their country located and exchanged news with relatives at home and abroad through the tracing and RCM network run by the ICRC and the Somali Red Crescent. Somalis worldwide could have the names of relatives sought read out on the ICRC-supported Missing Persons radio programme, a 15-minute show broadcast six times a week on the BBC's shortwave Somali Service. They could also visit the website [www.familylinks.icrc.org](http://www.familylinks.icrc.org) to find the names of people sought through the radio programme or registered by the Somali Red Crescent over the past six months.

- 4,850 RCMs collected from and 12,079 RCMs distributed to civilians
- new tracing requests registered for 624 people (324 females, 353 minors at the time of disappearance); 164 people located; 1,330 people (682 females, 772 minors at the time of disappearance) still being sought
- 6,537 names of people sought broadcast by the BBC and 6,155 registered on the ICRC's website
- 91 Somali refugees accepted for resettlement in third countries issued with an ICRC travel document

## PEOPLE DEPRIVED OF THEIR FREEDOM

Both the federal transitional government and the SICC entered into discussions with the ICRC concerning visits to detainees held in connection with the hostilities.

In early 2006, 10 Somalis captured by the US Navy off the coast of Somalia were released and returned to Somalia, with the ICRC acting as a neutral intermediary at Washington's request.

## WOUNDED AND SICK

### Treating the weapon-wounded

The escalating conflict underlined the importance of maintaining medical and health facilities in Somalia capable of treating the weapon-wounded and other trauma patients. In 2006, 140 tonnes of ICRC medical supplies were flown into Mogadishu, transported through an average of 50 checkpoints and distributed to hospitals and clinics to help them cope with influxes of wounded fighters and civilians.

As in past years, the Somali Red Crescent's Keysaney hospital in Mogadishu North and the community-run Medina hospital in Mogadishu South, the main referral facilities for war surgery in central and southern Somalia, received ICRC medical supplies, training, on-the-job supervision, funds for running costs and salaries, and help with general maintenance. In addition, five first-aid posts situated in Bay, Middle Shabele, Lower Juba and Galgudud continued to benefit from the provision of supplies and training to administer first aid and stabilize serious trauma patients for referral to hospital.

Over 2006, other medical facilities treating the weapon-wounded, including Benadir hospital in Mogadishu, which was used by the SICC, also received supplies and equipment that had been stored in conflict-affected regions. During the fighting in December, for example, 10 hospitals in Mogadishu and the countryside treated some 800 weapon-wounded, mostly fighters, with the help of ICRC medical supplies.

Most medical facilities outside Mogadishu lacked the resources to perform war surgery, and transferring patients to the capital was difficult for security reasons and also costly. With the help of ICRC training and equipment, the regional hospitals in Jowhar (Middle Shabele) and Merca (Lower Shabele) were able to cope with the influx of wounded when the conflict spread from Mogadishu. When fighting flared up in Galkayo (Mudug) in February, the regional hospital there was assisted by ICRC surgical staff, who performed some 30 operations. During the floods in November, the same team treated weapon-wounded in the Somali Red Crescent clinic in Bardera (Gedo). Red Crescent volunteers had managed to get the wounded to the clinic using tractors and donkey-drawn carts, but then flooding blocked the route to the nearest medical centre.



During the year, the ICRC issued a series of press releases deploring the heavy casualties resulting from the conflict and urging fighters to spare people from attack who were not or no longer taking part in the hostilities and to protect medical staff, facilities and vehicles, in accordance with IHL. In general, medical infrastructure and personnel were respected. In late May, however, fighters briefly occupied Keysaney hospital, and in early July Medina hospital was hit by fire from heavy weapons, preventing staff from working for two days.

In ICRC-supported hospitals:

- ▶ 5,714 patients (928 women and 640 children) admitted; 3,607 weapon-wounded (416 women, 191 children, 24 people injured by mines or explosive remnants of war); 1,463 other surgical cases; 644 medical patients;
- ▶ 5,598 surgical operations performed;
- ▶ 5,695 outpatient consultations given.

At five ICRC-supported first-aid posts:

- ▶ 8,558 trauma patients (1,543 women and 2,579 children) treated.

## ARMED FORCES AND OTHER BEARERS OF WEAPONS

For the first time in several years, the ICRC was able to hold formal discussions with the parties to the conflict in Somalia regarding IHL and customary law. The ICRC regularly reminded the transitional federal government and the SICC of their responsibility to ensure, in particular, that their forces spared civilians, medical staff and infrastructure from attack, respected the rights of wounded or captured fighters and did not impede humanitarian access.

In Somaliland, high-ranking officers of the region's security forces and recruits at the police academy participated in introductory sessions on IHL.

## CIVIL SOCIETY

After years of sporadic coverage, the media spotlight turned on Somalia, with journalists clamouring for information about the drought, the floods and the conflict. The ICRC, as one of the few organizations permanently present in Somalia, stepped up its communication with international and Somali journalists to highlight the dire humanitarian situation and raise awareness of IHL.

- ▶ the media updated through press releases, information bulletins, interviews and audiovisual material
- ▶ 8 schools in Mogadishu provided with 11,000 copies of a textbook on IHL and related Somali traditions, plus 5,000 copies of the accompanying teacher's manual

## RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent Society was the ICRC's main partner in the medical field, the distribution of relief goods and the collection and delivery of RCMs. Its local knowledge helped the ICRC work safely and effectively in a difficult environment. During a year of political upheaval and escalating conflict, the National Society received substantial ICRC support (funds, training, materials, equipment and logistics back-up) to meet the challenge of preserving its unity and operational capacity.

With ICRC input, the Somali Red Crescent executive committee met in September in Hargeisa to define goals and strategies. It adopted a new communication strategy to build up the National Society's image, stressing the Fundamental Principles and IHL.

### Emergency aid

More than 400 Somali Red Crescent personnel took part in the ICRC's drought and flood relief operations. National Society volunteers were on the spot, helping to distribute relief goods, set up and monitor water systems and treat livestock against disease. With ICRC support, the National Society also continued to run Keysaney hospital in Mogadishu and 21 outpatient clinics in the violence-prone countryside (see *Civilians* and *Wounded and sick* for details).

## Tracing and IHL promotion

The Somali Red Crescent, with ICRC support:

- ▶ helped run the tracing and RCM network and launched a countrywide evaluation of these services;
- ▶ held a recruitment campaign in May and June to build up its volunteer base and increase support for its activities by promoting IHL and the Fundamental Principles;
- ▶ held its annual four-day meeting in December for tracing and dissemination officers, where it defined the first steps to implement the new communication strategy.

## Movement coordination

Movement partners involved in Somalia met regularly. The ICRC, as the Movement's lead agency in central and southern Somali regions, ensured the coordination of activities and provided support with logistics, security and management. It also took part in regional mechanisms to coordinate the Movement response to the drought and floods affecting the Horn of Africa.