

# somalia



Ⓜ (ICRC delegation in Nairobi) 🏥 SRCS/ICRC hospital

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 and runs an extensive first-aid, medical and basic health-care programme to treat the wounded and sick in all parts of the country. 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 CHF ,000)

Protection	328
Assistance	22,595
Prevention	553
Cooperation with National Societies	1,059
General	7

▶ **24,542**

of which: *Overheads* 1,456

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>104.5%</b>
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## PERSONNEL

16	expatriates
31	national staff (daily workers not included)

## KEY POINTS

### In 2005, the ICRC:

- ▶ supported 2 surgical referral hospitals that admitted more than 4,000 inpatients, 5 first-aid posts that treated nearly 6,000 casualties and 19 Somali Red Crescent health-care posts that performed over 117,600 consultations;
- ▶ delivered essential household items to more than 350,000 people displaced by armed violence and/or natural disaster, seeds and tools to some 120,000 IDPs and construction materials to over 70,000 to help them rebuild their homes;
- ▶ completed agricultural projects to help over 315,000 vulnerable residents boost their food production and income and improved access to water for 250,000 people and their livestock;
- ▶ provided the Somali Red Crescent with substantial support to assist victims of conflict and natural disaster and reinforced the coordination of activities of Movement partners working in Somalia;
- ▶ together with the Somali Red Crescent, helped thousands of uprooted Somalis worldwide to re-establish and maintain contact with their relatives through the tracing and RCM services, including via the Missing Persons radio programme and the ICRC's family-links website;
- ▶ initiated IHL presentations for Somali institutes of higher learning.

## CONTEXT

The 14th Somali peace process, begun in Kenya in October 2002, faced major challenges in setting up the country's first functioning government since 1991.

The Somali transitional federal government, formed in October 2004, officially relocated to Somalia from Nairobi in June 2005 but had yet to establish a countrywide administration by the end of the year.

Tensions were high and the security situation in Somalia remained volatile throughout 2005. In central and southern regions, there were several localized armed confrontations between factions over the control of key areas and towns and frequent clan clashes, mainly over water and pasture. Hundreds of civilians were killed or wounded in the crossfire and thousands of families driven from their homes.

Somalis also continued to face a host of other obstacles to their daily survival as a direct result of the cumulative effects of 14 years of armed conflict and lawlessness. Poverty was endemic, and poverty-driven crime, especially looting and hold-ups, increased. Existing infrastructure was dilapidated, and basic services such as clean water and health care were poor to non-existent in the countryside. Around 80% of the population depended for their livelihood on agriculture and livestock breeding. Farmers and herders were hit during 2005 by a prolonged drought in pockets of southern and central Somalia. In addition, flash floods along the two main rivers wiped out harvests and displaced communities. By the end of the year, there were serious concerns that the country would face severe food shortages in 2006.

## 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	5,478	Essential household items	Beneficiaries 350,801
RCMs distributed	11,621	Agricultural inputs and micro-economic initiatives	Beneficiaries 506,004
<i>Tracing requests, including cases of missing persons</i>		Water-supply schemes and sanitation systems (completed projects)	
People for whom a tracing request was newly registered	797	Beneficiaries	250,000
Tracing requests closed positively (persons located)	101	<i>Health</i>	
Tracing requests still being handled at 31 December 2005	906	Health centres supported	Structures 19
<b>DOCUMENTS ISSUED</b>		Consultations	Patients 117,662
People to whom travel documents were issued	102	<b>WOUNDED AND SICK</b>	
		Hospitals supported	Structures 2
		Admissions	Patients 4,295
		Operations	Operations performed 4,482

## ICRC ACTION

The ICRC remained a key provider of emergency aid for victims of conflict and natural disaster in central and southern Somalia. In 2005, the delegation stretched its operational capacities to the limit, delivering relief goods to more than 350,000 people. The number and intensity of armed clashes during 2005 also led to a substantial number of war-wounded patients being treated at ICRC-supported facilities (2 referral hospitals in Mogadishu, plus 5 first-aid posts and 19 health-care posts located in clash-prone regions).

Because the delegation had to scale up its emergency operations, it was forced to adjust its overall priorities. This meant that it carried out slightly fewer than planned short- and medium-term projects (285 in total) designed to help farmers and nomads preserve their threatened livelihoods. Two-thirds of these projects involved the construction or rehabilitation of drinking-water points and irrigation systems that would boost crop production and protect farmland from floods. Just under one-third of the projects were cash-for-work, whereby poorer community members were paid for their labour on a local project, thus temporarily increasing their purchasing power. To improve project implementation and sustainability, the ICRC became more involved in building the capacities of Somali contractors and consultants.

Thousands of Somalis uprooted by conflict or economic necessity were able to restore or maintain contact with close relatives through the tracing and RCM network. The network included the ICRC-supported Missing Persons radio programme, broadcast by the BBC Somali Service, and the family-links section of the ICRC website.

Given the political uncertainty and volatile security situation, ICRC efforts to spread knowledge of IHL were limited mainly to influential sectors of civil society, with the focus on the media and academic circles.

The ICRC continued to provide the Somali Red Crescent with a substantial level of financial, material and technical support to help victims of conflict and natural disaster. The National Society's knowledge of local conditions and assistance in carrying out medical, relief and protection programmes helped the ICRC work effectively and safely in Somalia. As lead agency of the Movement in Somalia, the ICRC also convened regular meetings to coordinate the activities of Movement partners working in Somalia and, within its capacity, offered them support in the fields of logistics and security. To further maximize the impact of humanitarian activities, the ICRC retained its observer status on the Nairobi-based Somalia Aid Coordination Body, comprising donors, UN agencies and NGOs.

Despite the volatile security situation in Somalia throughout 2005, the ICRC managed to increase its field presence and had consistent access to most of the country. This was in large part because of the organization's adapted operational set-up, in place since 1994, with the Somalia delegation operating from Nairobi. Expatriate personnel were responsible for overall strategy and management and made frequent but short field trips to Somalia. ICRC Somali staff oversaw security, logistics and programme implementation within the country.

## CIVILIANS

## Providing emergency aid

More beneficiaries than planned received ICRC relief goods in 2005 because of the rise in the number and intensity of armed clashes, combined with flash floods in May and pockets of drought. Central and southern Somalia were worst affected. Displaced families relied primarily on their clan affiliations for support, but the host communities often had few resources to spare.

The ICRC provided around 38,200 of the worst-off families uprooted by armed violence with, as needed, tarpaulins for shelter, blankets, clothing, kitchenware and jerrycans. Households with access to arable land received seeds and farm implements. Families able to return to their villages were given materials and tools to rebuild their homes.

When the Juba and Shebele rivers flooded in the May rainy season, the delegation also delivered tarpaulins, blankets and seeds to some 20,100 families who had had to abandon their homes. Those able to return received construction materials.

In January, the ICRC completed a one-off distribution of food, begun in December 2004, to around 10,000 drought-stricken pastoralist households in Puntland, Mudug and Galgudud to tide them over until the harvest reached the markets in April. ICRC evaluations showed that the severe malnutrition rate among the children of the beneficiaries had dropped from 30% in October 2004 to less than 5% by the end of May 2005. This food-aid operation had been included in the ICRC's 2004 budget and beneficiary figures.

- ▶ 350,801 IDPs received essential household items

- 119,820 IDPs received seeds and tools
- 70,980 IDPs returning home received construction materials

### Boosting food security

After 14 years without a functioning government in Somalia, poverty was endemic for a host of reasons, including chronic security problems, crumbling public infrastructure, no public services – with the poor unable to afford the private alternatives – limited labour opportunities, few export markets and the departure of skilled Somalis to work abroad. A good rainy season at the end of 2004 ensured that most Somalis had enough food for the first half of 2005. However, a prolonged drought in some areas combined with flash floods in 2005 raised concerns about serious food shortages looming in 2006.

To mitigate the effects of armed violence and natural disaster, the ICRC provided vulnerable communities in central and southern Somalia with the means to boost their food production and income. The delegation completed slightly fewer projects than planned because it had had to scale up its emergency aid programme.

The ICRC carried out small-scale cash-for-work projects in 89 food-insecure communities. In total, 8,872 families (53,232 people) benefited from these projects, whereby needy families received cash in return for their labour rehabilitating rainwater catchments. This enabled the families to buy up to 60% more food for a two-month period and gave the communities a facility that aided long-term productivity.

In Lower Shabele, the ICRC built 48 sluice gates along the Shebele River. This allowed around 5,760 families (34,560 people) with small farms to regulate the irrigation of their crops and protect their 4,860 hectares of farmland from flash floods during the rainy season. Before the start of the rainy seasons in April and September, the delegation also distributed a total of 370,000 empty sand bags to 150 riverside communities (16,010 households or 96,060 people) in Gedo, Hiran, Middle and Lower Juba and Middle and Lower Shabele to use as protection against floods.

In Hiran and Middle and Lower Juba, the ICRC modernized farming techniques by providing three fixed and two mobile irrigation pumps to 600 families (3,600 people) who were practising rain-fed agriculture on small farms, while 40 riverside communities (3,120 people) received smaller mobile

pumps to increase the amount of irrigated land under cultivation.

To help out farmers whose crops had been hit by drought or floods, the ICRC delivered staple crop seeds to around 16,200 riverside families (97,200 people). Each household received enough seed (10–15 kg) to cultivate about one hectare, which would cover 30–50% of their annual cereal consumption. In addition, some 10,200 households (61,200 people) received seeds to grow vegetables to vary their diet or to sell for extra income.

In a new initiative, the ICRC gave 10 wooden boats to 30 families (180 people) in Lower Shabele who earned an income from fishing. Their boats had been swept away by the December 2004 tsunami that travelled across the Indian Ocean to the shores of East Africa.

- 315,024 people benefited from agricultural and micro-economic projects

### Providing clean water

In the absence of a functioning government, most Somali communities lacked the resources to maintain existing water points. The chronic lack of water affected the health of people and livestock and triggered clan clashes over water and pasture. The ICRC continued to build or repair water points throughout central and southern Somalia and Puntland to ensure that farming and nomadic families and their livestock had access to clean water within a reasonable distance. Where boreholes were drilled, the communities contributed by supplying the pump. To ensure that the water points were sustainable, the ICRC trained 24 Somali commercial contractors and consultants in the maintenance and repair of boreholes.

- 48 wells, 11 boreholes and 11 rainwater catchments built or repaired, and 8,000 bags of cement delivered to repair *berkad* (traditional sub-surface reservoirs)
- 250,000 people benefited from water projects

### Providing health care

In the absence of a public health service, primary health care was provided by the private sector, the Somali Red Crescent, international organizations and NGOs, with varying levels of community support.

The ICRC supported a total of 19 Somali Red Crescent health-care posts that offered free first aid and curative care to a combined population of around 200,000 residents and IDPs. The posts were located in conflict-affected areas not covered by the private sector or other organizations. The ICRC provided the posts with supplies, including dressing materials to be used mainly to treat the war-wounded, assisted in staff training and on-the-job supervision and contributed to the running costs, including salaries, of the majority of the posts. UNICEF supported the mother-and-child-care activities in the posts. The two ICRC-supported health posts that closed during 2004 because of security constraints could not be reopened during 2005 for the same reason.

- 19 ICRC-supported health-care posts gave 117,662 consultations and dressed 20,716 wounds

### Combating cholera

Given its high population density and inadequate water and sanitation facilities, Mogadishu had in the past suffered an average of two cholera outbreaks a year. To stem the spread of the disease, the ICRC, together with WHO, UNICEF and NGOs, chlorinated 326 wells in 2005 and trained Somali Red Crescent personnel to monitor suspect wells. It also provided four Mogadishu radio stations with cholera-prevention spots that were broadcast regularly for one month. These initiatives contributed to the absence of a cholera outbreak in the capital during 2005. This meant that the five ICRC-supported Somali Red Crescent centres that dispensed oral rehydration salts did not have to reopen during the year.

### Restoring family links

Thousands of Somalis uprooted by the instability in their country continued to locate and exchange news with their relatives at home and abroad through the tracing and RCM network, run by the ICRC and the Somali Red Crescent. Somalis worldwide could also 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. In addition, they could click on [www.familylinks.icrc.org](http://www.familylinks.icrc.org) and read the names of people sought through the radio programme over the last six months or tracing requests registered by the Somali Red Crescent.

Somali refugees surveyed in Kenya said that they were generally satisfied with the tracing and RCM services, but cited two problems – the slow delivery of messages and a lack of return messages from some areas of Somalia. The ICRC, Kenyan Red Cross and Somali Red Crescent were working together to address these issues.

- ▶ 11,621 RCMs delivered in Somalia and 5,478 collected
- ▶ 101 people located at the request of their relatives
- ▶ 906 requests to trace relatives, including 463 children, pending
- ▶ 6,654 names of people sought broadcast by the BBC and 3,623 registered on the ICRC's website
- ▶ 102 travel documents issued to Somali refugees accepted by third countries for resettlement

## WOUNDED AND SICK

### Supporting hospitals

With the collapse of the State health service, the few remaining hospitals in Somalia struggled to cope with the constant flow of war-wounded and other trauma patients. Most international aid was directed towards primary health care, leaving the ICRC as one of only a handful of organizations supporting medical and surgical treatment.

The ICRC continued to support Keysaney Hospital in Mogadishu North, run by the Somali Red Crescent, and the community-run Medina Hospital in Mogadishu South. These were the main referral hospitals for war-wounded patients throughout central and southern Somalia. The ICRC provided the hospitals with staff salaries, medical supplies, equipment, training and on-the-job supervision. The hospitals covered about 15% of their running costs through community support, which was gradually increasing, and a cost-sharing scheme was introduced by the ICRC. In 2005, the ICRC initiated a physiotherapy training programme, and in December a physiotherapy unit serving both hospitals opened in Medina Hospital, which improved the management of trauma cases. The organization also trained and supervised staff on building and generator maintenance, according to standard ICRC guidelines.

- ▶ 2 surgical hospitals supported
- ▶ 4,295 inpatients treated, including 1,599 war-wounded, 4,482 operations performed and 9,612 outpatient consultations given at ICRC-supported hospitals

### First aid for the war-wounded

In the countryside, the war-wounded often suffered unnecessary complications or died because there was no hospital nearby or they could not afford treatment.

The ICRC continued to support four regional first-aid posts and helped set up a new post in December 2005. The posts were located inside existing medical facilities situated in clash-prone areas (Baidoa Hospital in Bay region, Brawa Hospital in Lower Shabele, the new post in Ceel Dhere Hospital in Galgudud and the Somali Red Crescent health posts of Dusamareb in Galgudud and Jilib in Middle Juba). Staff received the training and supplies to administer first aid and stabilize serious trauma patients for referral to hospitals.

- ▶ 5,991 trauma patients treated at 5 ICRC-supported first-aid posts

## ARMED FORCES AND OTHER BEARERS OF WEAPONS

UNDP held a two-month training programme in Uganda on the establishment of a future national Somali police force, attended by 65 former Somali army generals and police officers selected by the Somali transitional federal government. As part of the programme, the ICRC in Uganda gave a presentation on IHL, using Somali-language teaching aids provided by the ICRC's Somalia delegation.

In Somaliland and Puntland, the ICRC continued discussions with the authorities on setting up IHL training programmes for their respective security forces.

## CIVIL SOCIETY

The ICRC continued to approach influential sectors of Somali civil society to raise public awareness of IHL, drawing parallels with *biri-ma-geydada* (spared from the spear), the traditional Somali code of conduct governing warfare. Spreading knowledge of IHL also broadened public support for the ICRC's related mandate and activities, thus helping to ensure that ICRC delegates had safe access to victims of conflict.

- ▶ teachers and administrators of 10 Mogadishu secondary schools trained to teach IHL to pupils, using specially designed ICRC textbooks and manuals

- ▶ 85 students attended IHL workshops at Mogadishu University, Puntland State University and East Africa University (Puntland)
- ▶ 20 local journalists attended an IHL presentation
- ▶ foreign correspondents in Nairobi regularly briefed on IHL and ICRC activities in Somalia
- ▶ to mark World Red Cross and Red Crescent Day, a play, attended by 400 people, staged in Mogadishu by the ICRC and Somali Red Crescent on the history of IHL, the Movement and the emblem
- ▶ IHL programmes broadcast on 5 local radio stations to complement World Red Cross and Red Crescent Day events held throughout Somalia

## RED CROSS AND RED CRESCENT MOVEMENT

With ICRC support since 1982, the Somali Red Crescent Society was the only Somali institution present and active countrywide. It was the ICRC's main partner in the medical field, the distribution of relief goods, tracing and the delivery and collection of RCMs and the promotion of IHL and the Fundamental Principles. The ICRC covered the salaries and expenses of core National Society staff and the running costs of the Nairobi office, 2 field coordination offices and all 19 branches. It also organized training for National Society personnel and provided materials, equipment and logistic back-up.

In 2004, the Somali Red Crescent revived and expanded its executive committee, a positive step in preserving the National Society's unity and defining national goals and strategies. The committee, with ICRC support, met in June and November 2005.

### Emergency aid

Somali Red Crescent volunteers administered first aid and met other essential needs of Somalis affected by the tsunami in late December 2004. On behalf of the National Society, the ICRC attended the East Africa regional and local meetings held to coordinate the tsunami response and recovery programmes.

### Tracing and IHL promotion

During 2005, the 19 Somali Red Crescent branches gave presentations on IHL and the Fundamental Principles to just over 24,000 people, with the focus on elders and religious leaders, the business community, security personnel, women's and youth groups and teachers and students.

To support the National Society's dissemination and tracing programmes in 2005, the ICRC:

- ▶ helped organize 3 regional workshops on tracing, the "Safer Access" approach and dissemination for volunteers and relevant staff from 11 branches;
- ▶ made joint field trips with the National Society to 5 branches to coach and supervise their personnel;
- ▶ assisted in producing and distributing 3,000 newsletters and creating a brochure to publicize the tracing and RCM network.

### **Movement coordination**

The Movement partners active in Somalia – the Somali Red Crescent, the ICRC, the International Federation and the German and Norwegian Red Cross Societies – met regularly to coordinate their activities and support for the National Society. In November, the American Red Cross announced its intention to support Movement programmes in Somalia and joined the meetings. Within its capacity, the ICRC also assisted the International Federation and partner National Societies with logistics and security issues.