

# SOMALIA



ICRC Somalia delegation is based in Nairobi ICRC-supported hospital

## EXPENDITURE (IN KCHF)

Protection	612
Assistance	89,665
Prevention	777
Cooperation with National Societies	1,536
General	-
	<b>92,589</b>
	of which: Overheads 5,608

## IMPLEMENTATION RATE

Expenditure/yearly budget	77%
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## PERSONNEL

Expatriates	18
National staff (daily workers not included)	44

## KEY POINTS

### In 2011, the ICRC:

- provided emergency food rations to more than 1.2 million people, emergency water rations to 347,000 people and shelter materials to 561,060 IDPs
- increased its support to National Society-run primary health care clinics, some incorporating outpatient therapeutic feeding centres, deployed 12 mobile health/nutrition teams to drought-prone areas and opened 13 wet-feeding centres in IDP camps
- provided 749,000 people with the means to produce their own food again, or to generate a regular income, thus contributing to their greater economic self-sufficiency
- improved rural communities' access to fresh water sources and trained community members in their maintenance
- completed the construction of a new operating theatre in one of two Mogadishu hospitals receiving sustained ICRC support, while providing medical facilities throughout Somalia with ad hoc materials and surgical training
- maintained dialogue with weapon bearers aimed at increasing respect for civilians, and medical, and other aid workers, and facilitating access to people in need

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. It focuses on providing emergency aid to people directly affected by armed conflict, often in combination with natural disasters, and runs an extensive first-aid, medical and basic health care programme. It endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It also carries out water, agricultural and cash-for-work projects, designed to restore or improve livelihoods in communities weakened by crises. It works closely with and supports the development of the Somali Red Crescent Society.

## CONTEXT

Widespread lack of rain once again intensified the humanitarian crisis in Somalia, which remained in the grip of an armed conflict that had now lasted more than 20 years. Through the combined effects of armed conflict, unstable weather conditions and economic crises, communities suffered severe food shortages that led to acute levels of malnutrition, notably in the centre and south. As thousands more people were killed or wounded in the fighting, many fled their homes to find safety and assistance within Somalia or across borders, in Ethiopia and Kenya.

While Mogadishu remained the scene of continual fighting, other areas also experienced upsurges in armed conflict between forces supporting the Transitional Federal Government, including troops of the African Union Mission in Somalia (AMISOM), and armed groups. In the last quarter of the year, Kenyan and Ethiopian armed forces entered Somalia. Inter-communal violence, exacerbated by drought, also affected the civilian population. Amid ongoing fighting, poor weather conditions and security and access constraints, humanitarian organizations continued to face difficulties in reaching people in need, particularly in areas controlled by the *Harakat al-Shabaab Mujahedin* group, more commonly known as *al-Shabaab*.

In the north, tensions flared into violence in the disputed areas between the semi-autonomous region of Puntland and the self-declared republic of Somaliland.

## ICRC ACTION AND RESULTS

Various operational challenges notwithstanding, the ICRC continued to reach people in need across Somalia. This broad access was the result of its neutral, impartial and independent stance, its regular contact with parties to conflict, the experience and flexibility of its field officers and the well-accepted countrywide presence of the Somali Red Crescent Society, its main partner in the field. Operating from Nairobi via "remote management", the ICRC adapted its working procedures and control mechanisms as the situation evolved, to ensure proper monitoring of its activities.

With food insecurity reaching critical levels, the ICRC increased its initial budget and appealed for additional funds in early August. This allowed it to scale up programmes in southern and central Somalia, where the organization worked to provide life-saving emergency aid, complemented by projects designed to revive or boost the livelihoods of the worst-affected communities, wherever possible in a sustainable manner. Despite difficulties of access,

Main figures and indicators	PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>				
RCMs collected		7,822	UAMs/SCs*	
RCMs distributed		16,741		
Phone calls facilitated between family members		3		
Names published in the media		4,881		
Names published on the ICRC family-links website		12,673		
<b>Tracing requests, including cases of missing persons</b>				
People for whom a tracing request was newly registered		672	Women	Minors
People located (tracing cases closed positively)		267	149	378
	<i>including people for whom tracing requests were registered by another delegation</i>	13		
Tracing cases still being handled at 31 December 2011 (people)		1,707	390	881
<b>Documents</b>				
People to whom travel documents were issued		162		

\* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat</b>				
Food	Beneficiaries	1,558,989	14%	71%
	<i>of whom IDPs</i>	1,231,164		
Essential household items	Beneficiaries	561,060	17%	66%
	<i>of whom IDPs</i>	561,060		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	749,010	17%	66%
Water and habitat activities	Beneficiaries	543,987	20%	60%
	<i>of whom IDPs</i>	143,889		
<b>Health</b>				
Health centres supported	Structures	51		
Average catchment population		627,333		
Consultations	Patients	781,188		
	<i>of which curative</i>		241,328	435,488
Immunizations	Doses	154,197		
	<i>of which for children aged five or under</i>	141,295		
	<i>of which for women of childbearing age</i>	12,902		
Referrals to a second level of care	Patients	8,934		
Health education	Sessions	2,630		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	8		
Admissions	Patients	10,029	3,759	979
	<i>of whom weapon-wounded</i>	5,400	1,302	528
	<i>(including by mines or explosive remnants of war)</i>	90		
	<i>of whom other surgical cases</i>	2,084		
	<i>of whom medical cases</i>	1,112		
	<i>of whom gynaecological/obstetric cases</i>	1,433		
Operations performed		13,382		
Outpatient consultations	Patients	13,560		
	<i>of which surgical</i>	7,559		
	<i>of which medical</i>	6,001		
<b>First aid</b>				
First-aid posts supported	Structures	70		
	<i>of which provided data</i>	68		
Wounded patients treated	Patients	1,338		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	170		

more than 1 million people received a one-month food ration between October and December, with 124,200 receiving a second monthly ration before the year ended. Between February and April, some 347,000 people across Somalia survived on emergency water rations provided by the National Society and the ICRC.

Amid growing health concerns, the ICRC expanded its support to National Society-run primary health care clinics (with the opening of 2 new clinics, their number increased to 39), while people unable to travel received primary health care via 12 newly deployed

mobile medical teams. Therapeutic feeding facilities for malnourished children and lactating women, either incorporated into the health clinics or mobile teams, increased from 14 to 27. Malnourished children and their caregivers in IDP camps accessed 13 newly opened wet-feeding centres. Safe water distribution networks were installed in facilities as required.

To treat the weapon-wounded, Keysaney and Medina hospitals in Mogadishu received ongoing ICRC support, while supplies were delivered as needed to other facilities, including 70 first-aid posts,

to help them cope with influxes of patients. In Keysaney, the ICRC constructed a new operating theatre, while in Medina, staff and patients faced fewer health risks following the installation of a new drainage system.

Some 561,060 people displaced by armed conflict, drought or a combination of the two found protection from the elements and covered their basic needs with the help of ICRC-supplied shelter materials and household items. Displaced civilians found the means to contact relatives through ICRC-supported radio broadcasts and a mobile phone service provided by the ICRC in cooperation with the Kenyan Red Cross Society.

Through ICRC livelihood-support projects, some 749,000 people were once again able to produce their own food or generate an income with which to buy supplies. Rural and waterside communities resumed farming or fishing activities respectively after the ICRC distributed seed and tools, rehabilitated farms, built and repaired irrigation systems, and supplied fishing kits and related training. Women received grants to set up small businesses such as tea kiosks, mills and bakeries, while young unemployed people trained as car mechanics.

Through continual dialogue, radio broadcasts, and community briefings, parties to conflict were informed and reminded by the ICRC of their obligations under IHL to ensure respect for civilians, aid workers and medical staff. Parallels between IHL and Somali customary law were emphasized to promote better understanding of IHL.

With the help of ICRC training and technical, material and financial support, the National Society promoted IHL, delivered emergency aid and livelihood inputs, and restored family links in affected communities. To maximize aid, the ICRC and National Society coordinated activities with other humanitarian and international organizations in Somalia.

## **CIVILIANS**

### **Civilians affected by conflict and drought survive with emergency aid**

Communities in south and central Somalia received emergency food supplies from the ICRC, which gained access to people in need through a continual dialogue with relevant weapon bearers. Distributions to some 200,000 people took place between June and August, but with the food security situation reaching critical levels in many areas, the ICRC appealed for extra funds in early August to meet growing needs, mainly in areas controlled by *al-Shabaab*. Despite difficulties of access owing to armed conflict and inclement weather, more than 1 million people received a one-month food ration between October and December, with 124,200 receiving a second monthly ration before year-end. Earlier in the year, some 347,000 people affected by poor seasonal rains relied on emergency water rations provided by the National Society and the ICRC.

In the south, centre and north of the country, some 561,060 IDPs, who had been living in the open air without basic possessions after fleeing violence, drought, or a combination of the two, shielded themselves from the elements using shelter materials and cooked their own meals using utensils and other household items provided by the ICRC. In malaria-prone areas, families protected themselves from disease-carrying mosquitoes thanks to the distribution of 70,000 nets, and some 29,000 people accessed clean water after emergency improvements to key water points.

### **Struggling communities work towards rebuilding livelihoods**

With ICRC/National Society support, conflict- and drought-affected communities across Somalia either produced their own food, or generated an income with which to buy supplies.

Some 383,880 people (63,980 households) nurtured staple or, if they had access to permanent water sources, vegetable crops using ICRC-supplied seed, tools and fertilizer. Of these, 60,000 people (10,000 households) received fodder seed, and subsequently produced enough fodder to sustain their livestock along with some surplus to sell for additional income.

In a new initiative, some communities rehabilitated derelict farms, benefiting 8,454 people (1,409 households). Civilians worked towards restoring the productivity of their farmland using tractors to plough the soil prior to planting seed, some of which had been specially produced in locally adapted conditions to maximize potential yields. In flood-prone areas of the Juba and Shabelle rivers, where crops had previously been washed away in seasonal deluges, communities protected their newly planted farmland by repairing riverbank breaches and/or received sandbags, benefiting 314,922 people (52,487 households). In coastal and riverside communities, 6,180 people (1,030 households) recovered their income generation capacities and boosted their daily protein intake after reviving traditional fishing practices with ICRC-donated equipment and refresher training.

Some 24,654 people (4,109 households) earned enough cash to cover their food needs for up to six weeks while participating in 41 cash-for-work projects that also managed to build and rehabilitate vital agricultural structures such as primary irrigation canals and traditional rainwater catchments. With the installation of 15 pumping stations and 5 intake gates, a total of 1,225 families (7,350 people) increased their chances of improving their farming revenues.

Backed by ICRC small-business grants, 595 women heading households (3,570 people) generated income by opening bakeries, mills, tailoring businesses and tea kiosks, or by buying equipment for sewing and milling. Some 30 young people resumed work mining and selling salt, while others, after training as car mechanics, secured positions in local garages to complete their apprenticeships.

### **Vulnerable communities gain access to clean water and expanded health care**

Drawing on their local knowledge and skills, farmers and nomads collaborated with ICRC specialists, local contractors and National Society staff to improve access to clean water sources for themselves and their livestock in drought-affected regions.

More than 115,000 people in various regions gained access to clean water after the re-drilling and equipping of boreholes, the rehabilitation and motorizing of hand-dug wells, and the provision of animal troughs, water tanks and generators. People from different communities were trained to maintain these structures to ensure their long-term use.

As drought exacerbated health risks among civilians, the ICRC boosted its support to health facilities. More than 620,000 people, mainly women and children, accessed free primary health care services in ICRC-supported National Society clinics which increased in number to 39 with the opening of 2 new clinics in the Middle Juba region. The clinics (one of which was upgraded) received

medicines, dressing materials, funds and staff training to enable them to provide curative and mother-and-child care, including vaccinations. Meanwhile, six of the eight ICRC-supported clinics in and around Mogadishu continued to operate outreach services.

People unable to travel for financial, health or security reasons received medical care from 12 mobile medical teams deployed in drought-prone areas of southern Somalia. With malnutrition reaching acute levels, all mobile teams, as well as some primary health care clinics, were equipped to provide therapeutic feeding to severely malnourished children and lactating women. Consequently, the number of National Society-run outpatient therapeutic feeding centres increased from 14 to 27. Meanwhile, moderately malnourished children and their caregivers attended 13 wet-feeding centres, opened and sustained, with ICRC support, in IDP camps in southern Somalia's main towns.

In total, 327,825 malnourished people in Somalia received ICRC-provided Plumpy'nut and porridge. This number included 48,450 severely malnourished children and 25,175 pregnant and lactating women who received Plumpy'nut, medicines and vaccines administered by ICRC-trained staff in fixed and mobile therapeutic feeding centres. Cure rates among patients were reported to be more than 80%. Earlier in the year, during the hunger gap period between April and June, 5,000 moderately malnourished children received supplementary feeding rations for three months in the Mudug region. As a first response to the drastically deteriorating nutrition situation in Middle Juba, 3,000 moderately malnourished children received supplementary feeding for two months to bridge the gap until the emergency measures could be activated.

In the wet-feeding centres, some 120,000 moderately malnourished children and their caregivers received treatment. Patients in these facilities also benefited from the installation of safe water-distribution networks, distribution ramps and latrines. To improve the quality of care, 80 National Society staff learnt community-based management of acute malnutrition during courses in Mogadishu.

Well-chlorination and hygiene-promotion campaigns sought to reduce the threat of cholera within communities.

### **Families split apart are able to re-establish and maintain contact in Somalia and abroad**

Several thousand Somalis separated from their families by conflict, drought or economic necessity were able to locate relatives at home or abroad and exchange news using the family-links service run by the National Society and the ICRC.

At their families' request, the names of 4,881 missing Somalis were read out on the ICRC-supported "Missing Persons" radio show broadcast on the BBC's short-wave Somali service. Families also tracked relatives through an ICRC website (12,673 names) listing people sought through the radio programme or registered by the Red Cross and Red Crescent network. Newly arrived Somali refugees in Kenya (see *Context* and *Nairobi*) contacted relatives through mobile phone services provided by the ICRC in cooperation with the Kenyan Red Cross and the Somali Red Crescent. To enhance the quality of tracing services, National Society staff attended regional family-links meetings.

A total of 162 refugees without official identification papers were resettled in third countries with ICRC travel documents issued in coordination with the relevant embassies and UNHCR.

## **WOUNDED AND SICK**

### **Weapon-wounded and other trauma patients receive care**

With armed conflict taking place around and even inside hospitals (two staff members in Banadir Hospital were killed during one such incident in January), parties to the conflict were repeatedly reminded by the ICRC of their duty under IHL to protect the wounded and sick, as well as medical personnel and infrastructure.

More than 5,400 weapon-wounded patients received treatment at ICRC-supported hospitals in Somalia during the year. Some 4,000 of them were treated at Mogadishu's two ICRC-supported referral hospitals: Keysaney (run by the Somali Red Crescent) and Medina (community-run). Despite challenging daily conditions, these hospitals remained operational with the help of ICRC-provided medical and surgical supplies, equipment, funds, staff training and supervision. Other facilities, including 70 first-aid posts, received ad hoc materials to deal with influxes of casualties.

In Keysaney, the treatment of weapon-wounded patients was enhanced with the completion of a new operating theatre. Patients and staff faced fewer health risks following improvements to the drainage system and septic tank at Medina Hospital. Four Somali doctors who had received specialist surgical training at Keysaney and Medina completed their courses in 2011, and two other local doctors continued their two-year surgical training at the two hospitals. In September, people injured during intercommunal violence in Galkayo were treated by an ICRC/National Society surgical team deployed from Medina and Keysaney to Mudug General Hospital at the request of the local authorities to assist local medical staff.

Senior medical staff from across Somalia received training in war and trauma surgery from a four-person ICRC surgical team based for three months in Garowe, Puntland.

## **ARMED FORCES AND OTHER BEARERS OF WEAPONS**

Parties to conflict in Somalia, the majority of whom were in regular contact with the ICRC, received repeated reminders of their obligations under IHL. These included taking every feasible precaution to avoid causing injury or loss of life to civilians, to prevent damage to civilian property and medical infrastructure, and to respect the rights of medical staff, wounded or captured fighters, and aid workers.

To ensure safe access of Movement staff to people in need, weapon bearers were told during face-to-face meetings about the Movement's mandate and strict principles of neutrality, impartiality and independence. With radio being the most popular form of mass media, nine Somali radio stations regularly broadcast spots designed to reinforce understanding and acceptance of IHL (see *Civil society*). To further enhance acceptance of the Movement, some weapon-bearers received leaflets outlining its work in Somalia.

## **CIVIL SOCIETY**

Through National Society/ICRC press releases, briefings and photographs, national and international journalists were kept informed of the Movement's Fundamental Principles and activities in Somalia and of the need for all sides to respect IHL and allow aid workers to reach people in need. Global media used such information to prepare broadcasts on the humanitarian impact of regional drought, on international relief efforts to alleviate the food security crisis and on the situation of war-wounded people in Somalia.



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With input from the National Society and the ICRC, Somali radio stations regularly broadcast items devoted to IHL and the Movement. Some broadcasts drew parallels between IHL and Somali customary law to make IHL more understandable to younger people, including weapon bearers. Community elders also participated in seminars on specific topics relating to IHL and humanitarian values.

### **RED CROSS AND RED CRESCENT MOVEMENT**

As the ICRC's main operational partner in Somalia, the Somali Red Crescent continued to play an essential role in delivering emergency aid, health and medical care, in restoring and maintaining family links (see *Civilians*) and in promoting understanding and acceptance of IHL (see *Armed forces and other bearers of weapons* and *Civil society*). It further enhanced its capacities to conduct these activities with ICRC technical, material and financial support and training.

To manage the increase in National Society activities in Mogadishu and the greater need for coordination among Movement partners, the Somali Red Crescent's disaster management department boosted the number of volunteers and its logistics capacity with ICRC support. With the ICRC-supported renovation of the Mogadishu coordination office completed, more staff members could be accommodated and more space for warehousing was created. The capacity of the Somaliland branch was enhanced with the construction of a new warehouse, also funded by the ICRC.

The salaries of more than 200 National Society management and technical staff continued to be covered by the ICRC, as were other running costs, while support to two coordination offices was maintained. With the ICRC's financial and logistical support, secretaries of the 19 National Society branches were able to meet for planning sessions in Somaliland. By attending ICRC-sponsored workshops, more than 30 National Society staff enhanced their skills in delivering nutrition and livelihood-support projects, and selected personnel learnt more about the monitoring of assistance activities.

Through regular meetings in both Nairobi and Mogadishu, Movement partners were able to coordinate emergency relief activities and provide support to the National Society. To maximize aid and minimize duplication of activities, the ICRC stayed in contact with aid organizations in the field and attended meetings of Nairobi-based Somalia coordination bodies comprising donors, UN agencies and NGOs. In addition, the National Society participated in the Movement's statutory meetings in Geneva, Switzerland in December.