



somalia

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi since 1994. It focuses on providing people with emergency aid to alleviate the direct effects of conflict, which are often compounded by natural disasters, and runs an extensive medical and first-aid programme to treat the wounded and sick. It also carries out agricultural and water projects with a medium-term outlook, designed to restore or improve the livelihoods of vulnerable farmers and nomads. It supports and works closely with the Somali Red Crescent Society.

EXPENDITURE IN CHF

Protection

182,667

Assistance

21,322,324

Preventive action

360,399

Cooperation with National Societies

993,268

General

17,106

► **22,875,764**

of which: Overheads **1,383,216**

PERSONNEL

14 expatriates

27 national staff

KEY POINTS IN 2004

- ▶ The ICRC was the main provider of emergency aid in central and southern Somalia; it distributed relief goods to more than 200,000 people displaced by conflict and trucked in water for 342,000 people and their livestock hit by drought.
- ▶ The ICRC supported 2 surgical hospitals and 28 medical or first-aid facilities; hospital budgets were streamlined, while maintaining quality of care.
- ▶ Some 190 ICRC community projects designed to boost food production and income benefited over 300,000 vulnerable people.
- ▶ The ICRC built or repaired over 100 water points for nomads and farmers; during the drought, ICRC-rehabilitated boreholes were often the only water points functioning, enabling thousands of pastoralists and their livestock to survive.
- ▶ The ICRC's new "FamilyLinks" website gave Somalis uprooted by conflict another means of restoring contact with loved ones.
- ▶ The Somali Red Crescent received substantial ICRC support in assisting victims of conflict and natural disaster.

CONTEXT

The Somali National Reconciliation Conference, begun in Kenya in October 2002 under the aegis of the Intergovernmental Authority on Development, achieved a series of breakthroughs in 2004 towards establishing the country's first functioning national government in 13 years. By the end of the year a 275-member, clan-based transitional federal parliament was in place, led by a president and prime minister. Parliament still had to approve a cabinet and the government move from Kenya to Somalia.

Meanwhile, the political progress had little beneficial impact on Somalis' daily lives. Despite the ceasefire signed by conference delegates in October 2002, fighting continued, triggered by political disputes, competition for control of property or income-generating infrastructure, or clan rivalries over water and pasture. The clashes tended to be short-lived and localized, but occasionally claimed a high number of casualties. Since the collapse of the State in 1991, a combination of armed conflict, natural disasters and economic necessity had displaced hundreds of thousands of Somalis. Long-term instability had eroded traditional clan support networks, and few Somalis could afford the private alternatives to State-run social services. A drought in northern and central Somalia threatened the livelihoods of almost a million pastoralists. The rains arrived in October, but many farmers and nomads faced a struggle to survive until the harvest reached the markets in April 2005.

ICRC ACTION

With no significant change in the level of violence in Somalia, the ICRC maintained its role as a key provider of emergency aid in southern and central regions – the part of the country worst affected by fighting. More than 200,000 people displaced by conflict received, as needed, essential household items, seeds, tools and building materials. The ICRC also trucked in a month's supply of water to help some 57,000 pastoralist families (around 342,000 people) and their livestock survive the drought in northern and central regions.

The ICRC improved access to treatment for the war-wounded and sick in conflict-affected areas. It supported two surgical referral hospitals, five "pre-hospital" care centres (compared with three in 2003), 18 health posts and five cholera-treatment centres. Hospital budgets were streamlined, while maintaining the quality of care.

Some 300 short- to medium-term ICRC projects, mainly to rehabilitate community irrigation systems and vital water points, were completed, helping vulnerable farmers and nomads preserve their threatened livelihoods.

The ICRC launched its Somali "FamilyLinks" website. This, along with the traditional tracing and Red Cross message (RCM) services and the ICRC-supported Missing Persons radio programme broadcast by the BBC Somali service, enabled thousands of Somalis dispersed by conflict to restore contact.

The ICRC maintained a substantial level of financial, material and technical support to help the Somali Red Crescent Society meet the needs of the most vulnerable communities.

The ICRC's operational set-up for Somalia, introduced some 10 years ago, again allowed it to work effectively and safely in a difficult environment. The ICRC had no permanent structures or marked vehicles in Somalia and kept the number of staff to a minimum. Expatriate staff were based in Nairobi and made short but regular field trips to Somalia to oversee programme strategy and management. ICRC Somali staff were responsible for security, logistics, programme implementation and liaison with the Somali Red Crescent, and thus had more responsibility and autonomy than their ICRC counterparts in other countries.

To ensure effective coordination of humanitarian activities, the ICRC maintained its

observer status on the Nairobi-based Somali Aid Coordination Body, comprising donors, UN agencies and non-governmental organizations (NGOs), and had regular meetings with its partners in the International Red Cross and Red Crescent Movement.

CIVILIANS

Providing emergency aid

Armed violence and tensions drove tens of thousands of families from their homes, mainly in central and southern Somalia. Some displaced people found casual labour in urban centres or were supported by their clan, but many faced destitution. The ICRC provided the worst-off displaced families with essential household items (tarpaulins, clothing, jerrycans, blankets and kitchenware). Those with access to arable land received seeds for planting and farm implements. Families able to return to their villages were given materials to help rebuild their homes.

Following several poor rainy seasons in Nugal, Mudug and Galgudud, livestock were dying, food and water prices were up by 20% and pastoralists were selling their assets at low prices to survive. Many of the 75,000 pastoralist households in the area (some 110,000 sq km) had migrated with their weakened animals to distant grazing grounds in search of water and found themselves isolated. An ICRC field assessment in September showed that families had lost between 20% and 70% of their herds. In response, between mid-September and mid-October when the rains arrived, the organization trucked in some 25 million litres of water for around 57,000 households in over 250 remote locations. The water was drawn from 80 local boreholes, most of them rehabilitated by the ICRC in the past five years. The ICRC was also preparing to distribute food in early 2005 to some 10,000 of the worst-off families to tide them over until the harvest reached the markets in April.

- ▶ 207,400 IDPs (27,655 families) received essential household items
- ▶ 82,120 IDPs (10,950 families) received seeds and farming implements
- ▶ 82,950 IDPs (11,060 families) returning home received construction materials
- ▶ some 25 million litres of water delivered to 342,000 pastoralists and their livestock

Boosting crop production and income

Some 80% of Somalis relied on their own crops and livestock to feed themselves; many were close to exhausting their resources. Agricultural production had halved since the collapse of the State in 1991, and ongoing instability had eroded clan networks and other traditional means of coping with hardship. The ICRC ran some 190 projects with a medium-term outlook, designed to help weakened communities restore or preserve their livelihoods and thus be in a better position to weather another crisis. The majority of projects were in central and southern Somalia – the regions most affected by violence and natural disasters – focusing on the fertile agricultural hub around the Juba and Shebele rivers.

One-off community intervention projects (CIPs) were completed in 109 communities, the majority in central Somalia, the Juba valley and Gedo. A CIP lasted on average 19 days and paid cash to needy members of the community – in total 7,755 workers – in return for their labour in rehabilitating vital community infrastructure, usually a rain-water catchment or irrigation channel. The aim was to provide struggling communities with both a short-term economic injection and a facility that aided long-term productivity. Several of the communities were hosting displaced families. Communities helped design the CIPs and received training and tools to maintain the refurbished facilities. An assessment of CIPs completed in 2003 showed that the beneficiaries spent 60% of the cash on food and 40% on essential farming and household items.

In Lower Shabele along the Shebele river, ICRC gravity irrigation projects rehabilitated 45 sluice gates so that around 7,800 farming families could regulate the irrigation of their crops and prevent their homes and 10,000 hectares of fields from being flooded during heavy seasonal rains. In April and October, before the rainy seasons started, the ICRC also distributed empty sandbags – in total some 220,000 – to 110 farming communities around the Juba and Shebele rivers to use as protection against flooding.

In Hiran and Middle Shabele, the ICRC installed powerful irrigation pumps to boost crop production in six communities (1,880 families) that had practised rain-fed agriculture. The communities contributed to the pump irrigation projects (PIPs) by helping to dig or repair irrigation channels. The ICRC gave smaller, one-cylinder

irrigation pumps to 22 communities in Middle and Lower Juba, enabling around 440 families to plant more staple and cash crops. It also set up trial plots in all PIP communities in Hiran (22 since the project was launched in 1997) to demonstrate to farmers the advantages of using powder from the seeds of the neem tree as a free and environmentally friendly pesticide.

To cover crop failure triggered mainly by drought or flash floods, the ICRC provided around 19,500 resident families on small farms in central and southern Somalia with enough seed of staple crops (10 to 15 kg per family) for each to sow about 1.5 hectares. An evaluation of the ICRC's 2003 distribution showed that the seeds had helped families survive without having to sell their assets and had been shared by the community, which strengthened the social-support network. The ICRC also delivered vegetable seeds to some 26,000 farming families in Puntland and central and southern Somalia to grow as an alternative source of food or income. The beneficiaries faced long-term food insecurity but had access to a permanent water supply.

Poorer families fished to supplement their diet or income, especially during a drought or other hardship, but many could not afford new nets and hooks. The ICRC distributed 6,000 sets of fishing gear to farming and nomadic families along the Juba and Shebele rivers and the coastlines of Mudug, Middle Shabele and Lower Juba.

The tree nursery set up by the ICRC in December 2002 in Janale, Lower Shabele, was handed over to the community at the start of 2004, with over 3,000 fruit and neem saplings ready for sale. The project was designed to boost and vary local sources of food and income.

- 182 community water/irrigation projects benefited over 80,000 people
- 146,250 people received staple-crop seeds
- 195,000 people received vegetable seeds
- 45,000 people received fishing kits

Providing clean water

Competition for water was a common source of tension between clans. Only a fraction of Somalis in rural areas had access to clean water, and in the absence of a functioning government most communities lacked the resources to maintain existing water points. The ICRC continued to construct or repair wells, boreholes, *berkad* (traditional sub-surface reservoirs) and rainwater catchments throughout central and southern Somalia

so that farming and nomadic families and their livestock had access to clean water within a reasonable distance. Where feasible, communities helped finance the drilling of boreholes. Boreholes rehabilitated by the ICRC in past years were often the only water points functioning during the drought in northern and central regions, enabling nomads and their animals to survive.

- work completed/ongoing to build or repair 15 boreholes, 72 wells, 14 community *berkad* and 10 rainwater catchments
- 8,000 bags of cement (50 kg each) distributed to repair *berkad*

Restoring family links

Thousands of Somalis uprooted by conflict used the tracing and RCM services, provided by the ICRC and the Somali Red Crescent, to find and communicate with family members in Somalia and abroad. As part of these services, the names of people sought by their relatives were read out on the ICRC-supported Missing Persons radio programme, a 15-minute show broadcast six times a week by the BBC Somali service. By late 2004 Somalis worldwide could also click on the new "FamilyLinks" website at www.icrc.org and read the names of people sought through the radio programme or tracing requests registered by the National Society.

- 10,235 RCMs delivered and 5,235 collected
- 6,290 names of people sought broadcast by the BBC
- 29 people located whose families filed tracing requests
- ICRC Somali "FamilyLinks" website launched (457 names registered)

WOUNDED AND SICK

The ICRC supported two surgical hospitals in Mogadishu, which served as the main referral units for war-wounded patients from a large part of the country, five "pre-hospital" care clinics and 18 health posts covering most of central and southern Somalia. To react rapidly to clashes in remote regions, it positioned first-aid supplies in potential hot spots, which were distributed to local clinics and community leaders to treat any casualties who could not be evacuated immediately.

Supporting surgical hospitals

The ICRC provided funds, training and medical and surgical supplies and equipment to Keysaney Hospital (110 beds) in north

Mogadishu, run by the Somali Red Crescent, and Medina Hospital (65 beds) in south Mogadishu. Following assessments and with the agreement of both hospitals, the ICRC reduced its provision of pharmaceuticals to a level comparable to other ICRC-supported hospitals in Africa and decreased Keysaney's budget to encourage more cost-recovery initiatives and bring it in line with Medina. The ICRC also organized a conference in Mogadishu on various aspects of surgery, attended by 26 medical staff from hospitals in the capital and the towns of Baidoa and Marka.

- 2 surgical hospitals supported
- 4,364 patients, including 2,043 war-wounded, 3 of them mine victims, treated
- 4,306 operations performed
- 6,993 outpatient consultations given
- renovations at both hospitals, including rehabilitation of the water systems, and general building maintenance supported

Expanding first aid

To improve access to treatment in central and southern regions affected by conflict, the ICRC assessed existing medical facilities to identify those that, with support, could become "pre-hospital" care centres (PHCCs) – facilities that administered first aid and could also stabilize patients needing emergency surgery and transfer them to a referral hospital. The ICRC provided five such centres with medical supplies and equipment (Baidoa Hospital in Bay region, Brawa Hospital in Lower Shabele, Mudug Regional Hospital in Galkayo and Somali Red Crescent-run health posts in Dusamareb in Galgudud and Jilib in Lower Shabele). The health posts became PHCCs in June, after the ICRC had carried out minor renovations and organized staff training. Mudug Hospital suffered internal problems. Following discussions with the management, the Puntland authorities and Médecins Sans Frontières (MSF)-Holland, which was also supporting the facility, the ICRC ended its cooperation with the hospital in August.

The ICRC covered the running costs of 18 primary-health-care posts run by the Somali Red Crescent and provided them with dressing materials to be used mainly for war-wounded patients. The posts offered free first aid and curative care to a total of some 190,000 residents and internally displaced people (IDPs) in remote, violence-prone areas of central and southern Somalia. As a temporary measure, two of the posts had been closed since May, owing to security constraints.

- ▶ 5 ICRC-supported PHCCs treated 5,343* patients for injuries, including 386* war-wounded
- ▶ 18 ICRC-supported primary-health-care posts gave 133,295* first-aid related consultations

* Figures may be incomplete or not verified owing to security constraints.

Fighting cholera

Between April and June – the high-risk period for cholera outbreaks – the ICRC supported four Somali Red Crescent-run centres in south Mogadishu and one in north Mogadishu dispensing oral rehydration salts to patients dehydrated by diarrhoea. The centres transferred severely dehydrated patients to two cholera-treatment centres in the capital run by Action contre la Faim and MSF-Spain. To stem the spread of cholera, the ICRC, UNICEF and NGOs together chlorinated 326 wells in Mogadishu.

- ▶ 1,588 patients treated at 5 ICRC-supported oral-rehydration centres

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Given the insecurity during 2004, the ICRC could not implement any structured programme to promote international humanitarian law (IHL) among the many armed groups in Somalia. In Somaliland, the ICRC held a three-day course on IHL in December for 20 staff officers – the first such course in two years. The commander and head of training expressed interest in developing an IHL programme.

CIVIL SOCIETY

The ICRC stepped up its promotion of IHL among Somalia's very active civil society, which ran schools and other infrastructure in the absence of a functioning government. It forged new contacts with key opinion-makers, particularly education administrators, women's groups and radio stations, which were wide-reaching, popular and had a powerful impact on public opinion. A highlight was an ICRC presentation on IHL during a workshop for 13 participants from various media groups, organized by HornAfrik, a Mogadishu-based radio station. The ICRC began developing new communication materials, including an illustrated textbook for secondary schools and universities linking Somali customary law to the Geneva Conventions.

In 2004 the ICRC:

- ▶ held IHL workshops/presentations for media representatives, a women's group and students from 6 education institutes;
- ▶ produced new promotional material on IHL (DVDs, fact sheets, content on the ICRC website, diaries and greeting cards);
- ▶ worked on a school textbook and comic book on IHL.

NATIONAL SOCIETY

The Somali Red Crescent Society was the ICRC's main partner in the medical field, played a key role in running the tracing and RCM services, gave first-aid courses and helped promote IHL and the role and Fundamental Principles of the Movement, particularly in areas inaccessible to the ICRC. To ensure the National Society had a stable structure and the necessary skills and tools, the ICRC organized training, provided materials and equipment and covered the salaries and expenses of core staff and the running costs of infrastructure (headquarters, two offices and 19 branches).

In May the Somali Red Crescent held its first general meeting in four years, co-financed by the ICRC, International Federation and Norwegian Red Cross. The participants agreed to uphold the unity of the Somali Red Crescent and adopted a five-year development plan and volunteer-management guidelines. The ICRC, International Federation, Somali Red Crescent and partner National Societies active in Somalia also met regularly to coordinate their activities and support for the National Society.

Restoring family links and promoting IHL

To help the Somali Red Crescent run its tracing and RCM network and dissemination programme, the ICRC:

- ▶ conducted the annual three-day workshop on tracing and dissemination, attended by 38 branch secretaries and officers;
- ▶ participated in 3 regional tracing/dissemination sessions for branch officers and volunteers in Puntland, Hiran and Gedo;
- ▶ had regular working sessions with the tracing coordinators in Mogadishu and Hargeisa to standardize procedures and analyse the workload;
- ▶ financially supported the National Society's cholera-awareness campaign in Mogadishu, reaching some 500,000 people;

- ▶ helped produce and distribute newsletters on the National Society's activities and promotional calendars to stakeholders and the general public;
- ▶ provided the National Society with 100 videos, as well as booklets and comic books on Red Crescent activities and IHL.

Emergency preparedness and response

To boost the Somali Red Crescent's capacity to both teach and administer first aid, the ICRC:

- ▶ provided teaching tools and materials for first-aid courses for the public;
- ▶ had the first-aid manual reprinted and distributed to all branches;
- ▶ organized the production and distribution to branches of 250 first-aid kits and 200 shoulder bags (provided by the Kenyan Red Cross), as well as flags and stickers.