

MAIN FIGURES AND INDICATORS

	Total		Total	Women	Children	
RESTORING FAMILY LINKS		CIVILIANS (residents, IDPs, returnees, etc.)				
<i>Red Cross messages (RCMs) and reunifications</i>		<i>Economic security, water and habitat</i>				
RCMs collected	7,532	Food	Beneficiaries	464,118	17%	66%
RCMs distributed	14,461		<i>of whom IDPs</i>	224,118		
<i>Tracing requests, including cases of missing persons</i>		Essential household items	Beneficiaries	562,134	17%	66%
People for whom a tracing request was newly registered	1,265		<i>of whom IDPs</i>	562,134		
	<i>of whom women</i>	Agricultural and veterinary inputs and micro-economic initiatives	Beneficiaries	630,528	17%	66%
	<i>of whom minors at the time of disappearance</i>	Water and habitat activities	Beneficiaries	847,156	20%	60%
Tracing cases closed positively (persons located)	400		<i>of whom IDPs</i>	239,442		
Tracing cases still being handled at 31 December 2009 (people)	1,695	Health				
	<i>of whom women</i>	Health centres supported	Structures	36		
	<i>of whom minors at the time of disappearance</i>	Consultations	Patients	499,265		
UAMs/SCs cases still being handled at 31 December 2009	7		<i>of which curative</i>		139,189	209,611
	<i>of whom girls</i>		<i>of which ante/post-natal</i>		88,360	4,933
DOCUMENTS ISSUED		Immunizations	Doses	71,112		
People to whom travel documents were issued	110	WOUNDED AND SICK				
		Hospitals supported	Structures	8		
		Admissions	Patients	8,194	1,625	934
		Operations	Operations performed	13,090		
		Water and habitat activities	Number of beds	140		

ICRC ACTION AND RESULTS

As the humanitarian crisis deepened, the ICRC remained flexible, focusing resources where they were needed most. It prioritized the speedy delivery of life-saving emergency aid – food, shelter and water – to help conflict victims cope.

Despite an increasingly hostile environment for aid workers (see *Context*), the ICRC stayed operational in Somalia. It even managed to reach people in areas other organizations avoided for security reasons. This was attributable to the ICRC's strictly neutral, impartial and independent stance, its regular contact with parties to conflict, its field officers' flexibility and expertise, and the well-accepted presence countrywide of the Somali Red Crescent Society, the ICRC's main partner in the field. The ICRC voiced concern, however, that, unless security improved, the gap between needs and the humanitarian response would grow.

In large-scale relief operations, tens of thousands more beneficiaries than budgeted for in 2009 (see *Civilians*) received relief goods, emergency food aid and survival water rations delivered by the ICRC and the Somali Red Crescent. The ICRC and WFP closely coordinated food aid, with WFP the main provider and the ICRC, through the Somali Red Crescent, able to reach hotspots.

Alongside relief operations, farmers and pastoralists were assisted in reviving their livelihoods. Most projects aimed to have a quick impact to complement the emergency aid, for example the provision of irrigation pumps and seed and the repair of irrigation and drinking water infrastructure. Slightly fewer projects than planned were carried out, mainly because security constraints prevented the necessary follow-up with beneficiaries.

Keysaney and Medina hospitals in Mogadishu treated over 5,000 weapon-wounded patients (some 2,000 more than in 2008) and were often swamped, but kept functioning, with substantial

ICRC support. A new Mogadishu ambulance service, as well as five first-aid posts and key hospitals outside the capital, also received medical supplies to treat casualties.

Some 540,000 people in central and southern Somalia had access to free health care at 36 Somali Red Crescent outpatient clinics supported by the ICRC. These included two more temporary clinics opened to serve IDPs in Mogadishu. In Galgaduud, three clinics began supplementary feeding programmes to combat rising infant malnutrition. Cholera outbreaks were also brought under control in Kismayo and elsewhere, with the ICRC and Somali Red Crescent together chlorinating wells, distributing supplies to hospitals and promoting hygiene.

Thousands of uprooted Somalis exchanged news with relatives at home and abroad through the family-links service, run by the Somali Red Crescent and the ICRC.

Deeply concerned at the IHL violations, the ICRC kept up its confidential dialogue with parties to conflict, repeatedly stressing their obligations to spare civilians, wounded or captured fighters, medical staff and infrastructure, and aid workers. It publicly deplored the rising number of casualties and relayed humanitarian messages to weapon bearers through radio stations and, new in 2009, comic strips and short headline messages in newspapers.

The Somali Red Crescent gained more expertise and hands-on experience by working on ICRC relief and communication projects and, with ICRC support, was reinforcing its family-links service.

To maximize the impact of aid efforts, the ICRC ensured the coordination of Movement activities, stayed in contact with aid organizations in the field and attended Nairobi-based Somalia coordination mechanisms, comprising donors, UN agencies and NGOs. It stressed the need to separate political initiatives from humanitarian aid and strove to demonstrate in the field the added value of neutral and independent humanitarian action in Somalia's volatile environment.

CIVILIANS

IDPs survive with the help of relief goods and food

Tens of thousands more Somalis were driven from their homes during 2009 by conflict or drought, or both. Many families were already hosting displaced relatives, so could not provide refuge. Thousands of IDPs, therefore, had to stay in or near Mogadishu, moving often as fighting erupted in different neighbourhoods. The drought dragged on, harvests failed yet again, and food became scarcer. Even when food was available, most people could not afford it. The conflict had disrupted trade, contributing to high unemployment and a weak Somali shilling, and the international financial crisis drove food and fuel prices up while remittances from abroad dwindled.

Nearly 500,000 IDPs were able to build shelters, fetch water and cook using relief goods delivered by the ICRC together with the Somali Red Crescent. When torrential rains inundated IDP camps around Mogadishu, some 7,000 families were given tarpaulins for protection. Another 4,000 displaced families who returned to their places of origin repaired their homes with ICRC building materials. Given the prolonged conflict and drought, more than twice the number of beneficiaries budgeted for received relief goods in 2009.

Similarly, some 224,000 near-destitute people – more than four times the number planned – survived with the help of ICRC food rations (rice, beans and vegetable oil) delivered in close coordination with WFP between May and December in the south (Bakool, Lower Juba and Middle Shabelle), Galgadud and Sool.

- ▶ 224,118 IDPs (37,353 households) received food rations for up to six months
- ▶ 562,134 IDPs (93,689 households) received essential household items

Somalis receive life-saving water

As the drought worsened, more water sources dried up. Communities faced serious health risks, and livestock, a key economic asset, began dying, forcing pastoralists to travel far in search of water and pasture.

To help save lives and livestock, nearly 600,000 drought victims – 24% more than budgeted for – each received survival rations of 5 litres of chlorinated water per day trucked in weekly by the ICRC to several hundred villages in southern and central Somalia. Deliveries were made during the 10 weeks prior to the main April/May rainy season and the five weeks leading up to late October when the shorter rainy season started.

- ▶ 596,940 people benefited from the trucking in of some 140 million litres of water over 115 days

People also lacked water because the country's delivery systems broke down frequently, damaged by years of conflict and neglect. Many Somalis and their livestock had access to water again after the ICRC built or repaired key facilities located on nomadic migration routes and in populated areas.

- ▶ 235,155 people benefited from the drilling/construction/repair of boreholes, wells and reservoirs

Communities access free health care

When they fell ill, many Somalis could not afford transport to a clinic, let alone treatment costs. Like water infrastructure, Somali health services had deteriorated, with all clinics now run privately or by NGOs.

By year-end, some 540,000 IDPs and residents in conflict zones in central and southern Somalia had access to free health care at 36 Somali Red Crescent outpatient clinics supported by the ICRC. All clinics received ICRC drugs, dressing materials, funds and staff training for curative and mother-and-child care, while UNICEF provided vaccines. Following fierce fighting, two more temporary clinics were opened in November in camps for displaced people in the north and east of Mogadishu, while the six temporary clinics opened in 2008 for IDPs in and around the capital received additional supplies and staff to cope.

To help reduce rising infant malnutrition, three Somali Red Crescent clinics in drought-stricken Galgadud initiated supplementary feeding programmes in late July for children aged five and under, with the ICRC providing training, food and medicines. By year-end, 253 of the 627 children treated were healthy again.

In the 36 ICRC-supported health centres (average monthly catchment population: 467,000):

- ▶ 499,265 people given consultations, including 93,293 attending ante/post-natal consultations and 405,972 attending curative consultations
- ▶ 71,112 vaccine doses administered (including 58,490 to children aged five or under and 12,622 to women of childbearing age)
- ▶ 4,690 patients referred to a second level of care
- ▶ 1,383 health education sessions held
- ▶ health facilities (average number of consultations per day: 61) benefited from water/sanitation/habitat projects

Cholera outbreak stemmed

Conflict, drought, chronic poverty and dilapidated health and water services combined to provide a perfect breeding ground for cholera.

Helped by a rapid ICRC/Somali Red Crescent response, a cholera outbreak in the port town of Kismayo was brought under control between February and May. The number of reported cases dropped by 50% within two weeks and no deaths were registered after the third week. From the outset, medical facilities received ICRC supplies, neighbourhood wells were chlorinated, and Somali Red Crescent clinics in Kismayo and other cholera-prone areas were given oral rehydration salts to treat mild cases of diarrhoea. National Society clinics countrywide promoted hygiene, and nine radio stations broadcast ICRC-produced cholera-prevention spots for two months. These initiatives also helped stem smaller cholera outbreaks in the Shabelles and Mudug.

In a complementary pilot project, health workers and traditional midwives began, after ICRC training, to promote good health and hygiene practices in two villages in the Jubas. As a result, one village decided it needed more latrines and built them.

- ▶ 15,000 people benefited from the chlorination of wells

Farmers get help to boost production and income

Farmers received a variety of ICRC assistance designed to revive food production and generate income, especially in Somalia's agricultural heartland around the Juba and Shabelle rivers.

Farmers with failed harvests received staple-crop seed ahead of both planting seasons and seed to grow vegetables to eat themselves or sell. The worst-off families were also given one-off

food rations to tide them over until the harvest. Many communities were able to boost crop production – some doubled their yield – after the ICRC provided irrigation pumps and repaired 10 sluice gates controlling irrigation. Riverside families also got sandbags and help repairing riverbank breaches so they could protect their fields and homes from annual flash floods. There was only minor flooding in 2009, so fewer sandbags than planned were needed.

In cash-for-work projects, near-destitute people were hired by the ICRC, usually for a month, to rehabilitate a key community water facility. The communities got a short-term cash injection and a tool to improve the local economy over the medium term. Some 200 women heading households also used ICRC grants to buy sewing and milling machines and tea-shop materials to earn an income. Security constraints limited the implementation of both those programmes.

- 630,528 people (105,088 households) benefited from agricultural and micro-economic initiatives, including:
 - 382,800 people from distributions of seed
 - 189,000 people from receiving sandbags
 - 57,528 people from cash-for-work projects or initiatives to improve crop irrigation
- 240,000 people (40,000 households) received food rations

Families stay in touch

Thousands of Somalis uprooted by conflict or for other reasons continued to rely on the ICRC/Somali Red Crescent family-links service as one of the few reliable means to locate and exchange news with their families at home and abroad. The ICRC-supported “Missing Persons” radio programme broadcast on the BBC’s short-wave Somali Service remained popular, with thousands of names read out on the show, at relatives’ request. People could also click on www.familylinks.icrc.org and find the names of relatives sought through the radio programme or registered by the Red Crescent and Red Cross network.

At the request of all parties, three Seychellois sailors released by Somali pirates were flown by the ICRC, as neutral intermediary, from Somalia to Nairobi, Kenya, and handed over to the authorities concerned. Similarly, two people released from the US internment facility at Guantanamo Bay Naval Station in Cuba were reunited with their families in Somalia.

- 7,532 RCMs collected from and 14,461 RCMs distributed to civilians
- new tracing requests registered for 1,265 people (307 women; 721 minors at the time of disappearance); 427 people located, including 27 for whom tracing requests had been registered by another delegation; 1,695 people (449 women; 885 minors at the time of disappearance) still being sought
- 3 people registered by another delegation reunited with their families
- 7 cases of unaccompanied/separated children still being handled
- 6,724 names of people sought broadcast by the BBC and 8,727 registered on the ICRC’s website
- 110 people issued with an ICRC travel document

WOUNDED AND SICK

The ICRC deplored the rising number of civilian casualties and indiscriminate attacks on medical staff, ambulances, hospitals and clinics. Parties to conflict were frequently reminded in discussions and through public statements of their duty under IHL to protect the wounded and sick and medical personnel and infrastructure.

More than 5,000 weapon-wounded were treated at the two ICRC-supported hospitals in Mogadishu – Keysaney (run by the Somali Red Crescent) and Medina (community-run). As the main referral facilities for war surgery, both hospitals were often swamped, yet managed to keep functioning, backed by ICRC medical supplies, equipment, training, supervision, funds and maintenance support. Five new interns joined the hospitals, while 20 Somali doctors and 4 nurses honed their skills at a three-day ICRC war-surgery seminar held in Mogadishu in April. A new ambulance service in Mogadishu run by the Lifeline Africa Foundation also regularly received ICRC medical supplies. Because of deteriorating security, the Qatar Red Crescent Society surgical team based at Keysaney Hospital, on standby since November 2008, could not resume working, and their ICRC contract ended in January.

Five first-aid posts covering Bay, Galgadud, Lower Juba and Middle Shabelle received monthly medical supplies, and other medical facilities got ad hoc deliveries to treat weapon-wounded patients. During clashes in Kismayo, for example, medical centres there were restocked and three surgical staff members from Keysaney Hospital helped out temporarily at the city hospital, operating on 137 weapon-wounded patients.

- 8,672 wounded people treated in the 5 ICRC-supported health centres/first-aid posts that provided data

In the 8 ICRC-supported hospitals that provided data:

- 8,194 patients (including 1,625 women and 934 children) admitted: of whom 5,860 weapon-wounded (including 956 women and 516 children; 99 people injured by mines or explosive remnants of war), 1,467 other surgical cases, and 758 medical and 109 gynaecological/obstetric patients
- 13,090 surgical operations performed
- 12,324 outpatients given surgical or medical consultations
- 2 hospitals (140 beds) benefited from water/sanitation/habitat projects

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Most parties to conflict had contact with the ICRC. During discussions, those parties were reminded repeatedly to take every feasible precaution to avoid causing injuries or loss of life among civilians, to prevent damage to civilian property, and to respect the rights of medical staff and infrastructure, wounded or captured fighters, and aid workers. All sides also had the ICRC's mandate and strict principles of neutrality and impartiality explained to them so that Movement staff could reach needy people safely.

Most Somali weapon bearers were, however, young, poor and raised in a lawless environment, so had not heard of Somali customary law governing conflict, let alone IHL, the ICRC and the Movement. Given security constraints, the safest and most effective way to reach those young men was through radio, Somalis' favourite mass media. Ten radio stations, assisted by the ICRC and Somali Red Crescent, broadcast talk shows, dramas and spots publicizing the links between IHL and Somali law. Similarly, newspapers and other print media began publishing comic strips and, as front page headlines, short humanitarian messages targeting weapon bearers. Another creative project to send humanitarian text messages via mobile phones – almost every Somali owned one – was on hold because of technology problems.

CIVIL SOCIETY

Religious leaders, business people, clan elders and the media in Somalia, as well as Somalis abroad, could all influence public and political opinion, including support for IHL.

Somalia's humanitarian crisis was kept in the public eye through fairly constant international and national media coverage, fed by ICRC press releases, bulletins and fresh field footage. Journalists often quoted the ICRC as deploring the growing number of people killed, wounded or impoverished by conflict, and appealing to all sides to respect IHL. To learn more about war reporting, 90 journalists based in central and northern Somalia participated in two-day sessions covering the Movement, Somali customary law and IHL. These were the first-ever ICRC media briefings held outside Mogadishu.

Traditional leaders and other opinion-makers also learnt about humanitarian issues through radio shows and through comic strips and headline messages published in the Somali press (see *Armed forces and other bearers of weapons*).

Backed by ICRC funds and expertise, Somali Red Crescent communication coordinators met quarterly to evaluate progress and plan new initiatives to better promote the Movement and IHL. In addition, all National Society communication officers participated in a national workshop to hone their skills and share ideas, and regularly received promotional materials for public distribution.

RED CROSS AND RED CRESCENT MOVEMENT

Present countrywide (2 coordination offices, 19 branches and some 130 local offices), the Somali Red Crescent remained the ICRC's main partner in the field. Hundreds of National Society personnel played a major role in ICRC relief, medical and IHL-promotion programmes, at the same time gaining expertise and hands-on experience in those fields (see *Civilians, Wounded and sick, Armed forces and other bearers of weapons* and *Civil society*).

Somali Red Crescent meets main objectives

Despite major challenges, including deteriorating security and a shortage of skilled personnel, the Somali Red Crescent, with Movement support, successfully completed its 2005–09 plan of action and endorsed the next five-year plan, which was set to go before the governance for approval in early 2010. To maintain its set-up, the National Society received ICRC funding to cover salaries and other running costs for some 180 management, technical, family-links, communication and medical staff. Similar support also allowed the Somali Red Crescent to remain active within the Movement, attending the statutory meetings held in Nairobi in November.

Somali Red Crescent personnel responsible for managing family-links and IHL-promotion activities met at quarterly meetings where they evaluated progress, identified unmet needs and planned new initiatives, including ways of working together to support each other's objectives. Among various training events, key branch personnel countrywide participated in a national workshop covering communication, the Safer Access approach and restoring family links. The National Society and the ICRC were also gathering information in Somalia and abroad to assess whether Somali migrants needed the family-links service.

The International Federation and partner National Societies working in Somalia were assisted with security and logistics by the ICRC, as the Movement's lead agency in the country. The partners also attended meetings regularly to coordinate support to the Somali Red Crescent and to people in need. The ICRC and the Qatari Red Crescent continued discussions on future cooperation to provide surgical services in Somalia (see *Wounded and sick*).