

SOMALIA



ICRC Somalia delegation is based in Nairobi ICRC-supported hospital ICRC office

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

The new government of the Federal Republic of Somalia was formed with the election of its president in September and the appointment of a cabinet endorsed by parliament in November. The completion of this UN-backed process ended the eight-year Transitional Federal Government's mandate and was acclaimed by the international community, which nevertheless acknowledged current challenges.

Fighting persisted between troops supporting the Somali authorities, including those of the African Union Mission in Somalia (AMISOM), and the Harakat al-Shabaab al-Mujahideen group, more commonly known as al-Shabaab. Al-Shabaab reportedly lost control of main towns in southern Somalia. Some of its members were detained, while others surrendered. Retaining influence in rural areas, however, al-Shabaab allegedly shifted to guerrilla tactics in Mogadishu and the countryside, and sought to increase its presence in the north. Meanwhile, tensions intensified in the disputed areas between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland.

While food security improved following humanitarian interventions in 2011, hundreds of thousands of civilians continued to struggle to overcome the effects of the protracted armed conflict and climate shocks, including floods in Beletweyne. The widespread insecurity, blurring of front lines, and restrictions on humanitarian operations hampered the delivery of assistance to vulnerable communities.

ICRC ACTION AND RESULTS

Despite risks and challenges, the ICRC continued to respond to the needs of people affected by conflict across Somalia. In January, restrictions were imposed upon ICRC operations in areas controlled by al-Shabaab. Food commodities intended for communities in Middle Shabelle and South Galgadud, as well as seed and fertilizer destined for farmers in the Hiran region, were confiscated. Because of security difficulties, food distributions and livelihood-support and infrastructure projects were suspended in these areas. However, with the flexibility of its field officers and the countrywide presence of the Somali Red Crescent, the ICRC adapted its working procedures and control mechanisms to continue providing assistance to those in need. Meanwhile, it increased its expatriate presence in Somalia (particularly in Baidoa, Garowe and Mogadishu), while maintaining a base in Nairobi, Kenya.

EXPENDITURE (IN KCHF)

Protection	965
Assistance	53,346
Prevention	925
Cooperation with National Societies	922
General	-

► **56,158**

of which: Overheads 3,425

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Expatriates	22
National staff (daily workers not included)	56

KEY POINTS

In 2012, the ICRC:

- worked to ensure that detention conditions complied with IHL by visiting detainees in Baidoa, Mogadishu and Puntland and by providing legal advice in the drafting of the African Union Mission in Somalia's detention guidelines
- with the National Society, engaged in dialogue with the Harakat al-Shabaab al-Mujahideen, with a view to resuming assistance operations for vulnerable populations in areas under the group's control
- distributed food rations to over 1.7 million residents and IDPs in conflict- and drought-affected areas to enable them to survive during "hunger gap" periods or to maintain their dignity during displacement
- to help them work towards regaining self-sufficiency, assisted over 86,600 rural households (519,600 people) in boosting agricultural production and some 171,000 people in improving their long-term access to water
- ensured 27,800 severely malnourished children received free primary health care and therapeutic feeding at 51 fixed and mobile National Society-run clinics, which continued to function despite security and access difficulties
- supported first-aid posts and hospitals, including the Keysaney (National Society-run) and Medina (community-run) hospitals in Mogadishu, in coping with large influxes of wounded and sick patients (over 7,000 people)

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
			UAMs/SCs*	
RCMs collected		4,579		
RCMs distributed		15,376		
Phone calls facilitated between family members		4		
Names published in the media		6,997		
Names published on the ICRC family-links website		9,127		
Reunifications, transfers and repatriations				
People reunited with their families		1		
Tracing requests, including cases of missing persons				
			Women	Minors
People for whom a tracing request was newly registered		537	120	282
People located (tracing cases closed positively)		305		
	<i>including people for whom tracing requests were registered by another delegation</i>	5		
Tracing cases still being handled at the end of the reporting period (people)		1,370	292	679
Documents				
People to whom travel documents were issued		18		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
			Women	Minors
Detainees visited		1,452		
Detainees visited and monitored individually		26		6
Detainees newly registered		26		6
Number of visits carried out		16		
Number of places of detention visited		6		
Restoring family links				
RCMs collected		30		
Phone calls made to families to inform them of the whereabouts of a detained relative		18		
Detainees released and transferred/repatriated by/via the ICRC		3		

* Unaccompanied minors/separated children

With limits imposed on its operations in some areas of southern and central Somalia, the ICRC continued to extend its reach to other conflict-affected regions, while appealing to all parties to the conflict to facilitate the organization's access to vulnerable communities. In these regions, over 1.7 million residents and IDPs sustained themselves with ICRC-supplied food rations. Hundreds of thousands enhanced their living conditions with essential household items and improved water supplies. Whenever and as soon as possible, this large-scale emergency assistance was complemented by resilience-building activities, including livelihood support and construction/rehabilitation of water infrastructure. With ICRC support, families worked towards regaining self-sufficiency. For instance, farmers increased their productivity with the help of ICRC-provided inputs such as seed and tools, livestock treatments and the upgrade of irrigation and flood-prevention structures. With ICRC training and material assistance, some households pursued other income-generating activities, such as running small businesses and fishing. Separated family members restored contact through the family-links service run jointly with the Somali Red Crescent.

Despite the suspension of ICRC activities in areas controlled by al-Shabaab and security-related difficulties, Somali Red Crescent-run medical facilities continued to provide free health care with ICRC support. Fifty-one fixed and mobile National Society clinics delivered primary health care to violence-affected Somalis. Moderately to severely malnourished children and pregnant and lactating women received treatment at therapeutic and wet feeding centres at National Society clinics or from mobile health teams across southern and central Somalia. To help them cope with the growing influx of weapon-wounded patients, the ICRC maintained its support to Keysaney and Medina hospitals in Mogadishu in the form of funds, supplies, training and infrastructure maintenance. Supplies were delivered as needed to other facilities.

The ICRC reminded the authorities concerned and armed groups of their responsibility to protect civilians, engaging in discussions with senior Somali government officials and international allied forces on IHL provisions governing the conduct of hostilities. National Society and ICRC staff pursued dialogue with weapon bearers to facilitate the continual provision of essential services, including health care, to vulnerable populations. In view of the arrest/surrender of some armed group members, the ICRC provided legal advice in the drafting of guidelines on AMISOM's handling of detainees and defectors.

Having secured the relevant authorities' approval, the ICRC monitored the living conditions and treatment of people held in various places of detention in Baidoa, Mogadishu and Puntland, and shared its findings confidentially with the detaining authorities. To enhance inmates' well-being, the ICRC worked with the authorities to upgrade ventilation systems and water and sanitation infrastructure and distributed hygiene items. When requested by foreign detainees, the ICRC helped facilitate their repatriation or notified their embassies of their detention.

With ICRC support, the National Society strengthened its capacities to assist conflict-affected communities. To maximize the effectiveness of aid, the ICRC and National Society coordinated activities with other humanitarian and international organizations in Somalia.

CIVILIANS

Conflict- and disaster-affected civilians receive emergency aid and livelihood support

Maintaining its neutral, impartial and independent stance, the ICRC engaged in confidential dialogue with relevant weapon bearers in order to reach communities in need of humanitarian aid. Even with constraints on its operations (see *ICRC action and results*), it assisted civilians suffering the effects of armed conflict

Main figures and indicators	ASSISTANCE ¹	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	1,760,616	17%	67%
	<i>of whom IDPs</i>	1,666,550		
Essential household items	Beneficiaries	614,026	18%	66%
	<i>of whom IDPs</i>	614,026		
Productive inputs	Beneficiaries	519,672	17%	66%
Cash	Beneficiaries	38,130	12%	47%
	<i>of whom IDPs</i>	22,497		
Work, services and training	Beneficiaries	123,252	17%	66%
Water and habitat activities	Beneficiaries	253,555	20%	60%
	<i>of whom IDPs</i>	82,380		
Health				
Health centres supported	Structures	52		
Average catchment population		484,667		
Consultations	Patients	643,901		
	<i>of which curative</i>		93,748	304,771
	<i>of which ante/post-natal</i>		55,078	
Immunizations	Doses	77,779		
	<i>of which for children aged five or under</i>	69,114		
Referrals to a second level of care	Patients	4,053		
Health education	Sessions	1,913		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	11		
Admissions	Patients	7,649	2,898	744
	<i>of whom weapon-wounded</i>	2,503	614	189
	<i>(including by mines or explosive remnants of war)</i>	68		
	<i>of whom other surgical cases</i>	2,931		
	<i>of whom medical cases</i>	917		
	<i>of whom gynaecological/obstetric cases</i>	1,298		
Operations performed		11,855		
Outpatient consultations	Patients	20,854		
	<i>of which surgical</i>	8,867		
	<i>of which medical</i>	9,285		
	<i>of which gynaecological/obstetric</i>	2,702		
First aid				
First-aid posts supported	Structures	57		
	<i>of which provided data</i>	55		
Wounded patients treated	Patients	750		
Water and habitat				
Water and habitat activities	Number of beds	170		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect all activities carried out during the reporting period

and climate shocks. As the ICRC's main operational partner, the Somali Red Crescent strengthened its capacities to implement relief and economic security projects and provide health care. In places that the ICRC managed to reach, hundreds of thousands of people received emergency aid to help them cope in the short term and, whenever possible, livelihood support as soon as they were able to work towards regaining self-sufficiency.

Following the suspension in January of distributions in areas controlled by al-Shabaab, food supplies, including some that had been intended for distribution in 2011, were delivered to conflict-affected people in regions where the ICRC and the National Society were able to gain or maintain safe access. A total of over 1.7 million people received food items consisting of rice, beans, oil and cereal-soy blend, enabling them to cover their basic nutritional requirements for up to two months before the harvest season and to retain vital livelihood assets that they would have otherwise exchanged for food. Most of them lived in destitute or violence-prone areas in Bakool, Banadir, Galgaduud, Gedo, Hiran, Lower Juba, Mudug, Puntland, Sanag and Sool. On the basis of a

comprehensive ICRC survey of IDP needs, over 420,000 people received one-month food rations in one of the largest distributions ever carried out in Mogadishu. In Buhodle, some 22,000 people who had fled fighting in Sool and Togdheer benefited from food and water rations. Over 614,000 people improved their living conditions using ICRC-supplied household items, while some 82,000 IDPs in different regions gained access to water following emergency interventions. Of these, 39,000 people displaced by floods in Beletweyne built temporary shelters and met their basic needs thanks to ICRC-provided materials and relief supplies. Some 29,000 IDPs in Gedo regained access to clean water following the rapid provision of water pumps and repairs to equipment.

Except in areas where floods destroyed crops, the provision of agricultural inputs in 2011 contributed to better yields and lower cereal prices in early 2012. To further bolster their food security and increase their incomes, farmers in Bay, Gedo, Hiran and Lower Juba and pastoralists in Galgaduud, Mudug and Puntland (78,000 households/472,000 people) resumed or boosted agricultural production with staple, vegetable and/or fodder

seed, tools and irrigation pumps provided by the ICRC. Some 25,000 households (150,000 people) prepared their land for planting using rented tractors. The animal health departments in Puntland and Somaliland treated some 388,000 heads of live-stock against parasites for over 4,400 pastoralist households (26,000 people).

Struggling households found alternative income sources with ICRC support. In urban areas, for instance, vocational training, materials and cash grants enabled over 2,300 households (14,000 individuals), most of them led by women, to start small businesses that would allow them to generate, within three months, enough income to cover at least 50% of an average household's food needs. In riverside/coastal areas in Lower Shabelle and Mogadishu, breadwinners of some 150 households (900 individuals) learnt fishing techniques and made their own fishing nets/lines during an ICRC-run workshop. Meanwhile, more than 4,500 people from landless and vulnerable households (comprising some 38,000 individuals) in Bakool, Hiran, Lower Shabelle, Middle Shabelle and Mudug generated income from cash-for-work projects. Through these projects, irrigation canals, rainwater catchments and flood-prevention structures were rehabilitated, thus allowing communities to increase their water supply, and some additional 18,000 households (108,000 people) to reduce the risk of floods damaging their farmlands.

External constraints did not permit ICRC staff to adequately monitor improvements in the production or income of participants in livelihood-support projects; however, National Society/ICRC staff received positive oral feedback from beneficiaries.

Over 171,000 people benefited from longer-term measures to boost their access to water for both household consumption and farming. Residents in drought-prone areas gained more sustainable access to water following the drilling of boreholes, the installation of generators, the construction of elevated tanks and animal troughs, and the building/rehabilitation of *berkhads* (traditional rainwater catchments) and water points. Beneficiary communities directly contributed to the design and execution of each project. With ICRC-provided tools and training, technicians in Garowe operated and maintained the boreholes in their area. Owing to difficulties of access and insecurity, some projects in Bakool and Middle Juba were postponed. With civilians requesting the resumption of these projects, the ICRC continued to pursue efforts to secure access to these communities.

Vulnerable IDPs and residents have continued access to health care

With health concerns growing because of drought/floods, food scarcity and overcrowding in IDP camps, the provision of free health care services remained a key priority for the National Society and the ICRC.

Thirty-nine Somali Red Crescent primary health care clinics, including a newly built facility in violence-prone Galinsoor (Mudug), and 12 mobile health teams serving people unable to travel for financial, health or security reasons continued to receive ICRC financial and material support. However, insecurity and movement restrictions imposed by al-Shabaab hindered the regular delivery of supplies to some clinics. A few clinics, such as those in Afgoye and Balad, suffered interruptions in service because of intense fighting and mass movements of IDPs out of those areas.

Despite these difficulties, National Society clinics in southern and central Somalia remained operational. They enabled an average of 482,000 IDPs and residents in conflict-affected areas to receive free primary health care services. Of the 641,000 consultations conducted, over 54,000 attended to the needs of pregnant and lactating mothers. To lower the risk of disease, some 78,000 vaccines were administered; however, the coverage was below target because of difficulties in replenishing vaccine stocks. To prevent cholera outbreaks, National Society radio spots and community seminars raised awareness of good sanitation practices, and families used hygiene items and water purification tablets received from the ICRC.

Efforts to curb malnutrition continued as some 59,900 people, comprising mainly children under the age of five, received nutritional and medical support. Moderately malnourished children and their caregivers (117,000 people) were given nutritional supplements at 13 temporary wet feeding centres, which received water rations for up to four months. Severely malnourished children (7,900 individuals) were treated at National Society-run therapeutic feeding centres, while their carers benefited from cooked meals at wet feeding centres. These interventions contributed to the reduction of child mortality rates by preventing the development of medical complications in some 27,800 severely malnourished children and 8,800 pregnant and lactating women. Where the ICRC was able to deliver supplies regularly, the average monthly cure rate among patients was above 80%. Because severe complicated malnutrition cases were fewer than expected, the planned opening of new stabilization centres was no longer needed, as existing facilities were able to cope.

Dispersed families re-establish contact in Somalia and abroad

Somalis continued to use the family-links service run by the Somali Red Crescent and the ICRC to locate and exchange news with their relatives at home and abroad (over 15,000 RCMs distributed and 4,500 collected). Thousands of families had the names of some 7,000 missing relatives read out on the "Missing Persons" radio programme on the BBC Somali Service or consulted the list of over 9,000 missing persons registered through the Red Cross and Red Crescent network on the ICRC's family-links website (familylinks.icrc.org). To improve the monitoring of tracing cases and discuss related issues, the National Society and ICRC tracing officers held an annual coordination seminar in Puntland.

Eighteen refugees without official identification papers resettled in third countries with ICRC travel documents issued in cooperation with the relevant embassies and UNHCR.

PEOPLE DEPRIVED OF THEIR FREEDOM

Following dialogue with the authorities concerned, people detained in Baidoa, Mogadishu (including those held in the Central Prison and under the jurisdiction of the Criminal Investigation Department) and Puntland, received visits for the first time from ICRC delegates. These visits were carried out according to the organization's standard procedures to check that their living conditions and treatment complied with IHL and other relevant laws. Following the visits, delegates shared their findings confidentially with the detaining authorities and made recommendations as necessary.

Upon their request, 15 foreign detainees had their embassies notified of their detention, and three foreign detainees were

repatriated under ICRC auspices. Inmates wrote RCMs, restoring contact with their relatives for the first time since their detention.

In places of detention visited, some 1,500 inmates enjoyed better living conditions following the supply of mattresses, clothing and hygiene items. Some 1,000 detainees received food rations during Ramadan. In one detention centre, inmates' living conditions improved following the renovation of the ventilation system and water and sanitation facilities, while those in the Mogadishu Central Prison, the largest prison in Somalia, stood to benefit from a project to enhance their access to clean water.

Meetings with the authorities aimed to formalize and extend ICRC access to all people detained in relation to the situation in Somalia, including those held by AMISOM, those in Somaliland and those held by armed groups. In several meetings, African Union (AU) representatives were apprised of humanitarian concerns relating to the UN's and AMISOM's planned approach to the handling and management of detainees and armed group defectors. Drawing on ICRC legal and practical recommendations, an AU legal team drafted AMISOM detention guidelines in accordance with IHL (see *African Union*).

WOUNDED AND SICK

Given the widespread insecurity, parties to the conflict were reminded of their obligation to safeguard the provision of care to the wounded and sick. Representations were made to the parties concerned to address alleged violations, in order to prevent, for instance, further damage to health facilities and looting of medical supplies. The National Society discussed with other stakeholders potential measures to address the issues encompassed by the Health Care in Danger project during a workshop in Norway (see *Europe*).

Over 2,500 weapon-wounded patients received treatment at 11 hospitals supported by the ICRC. In addition, some 750 casualties were stabilized in 55 ICRC-supported first-aid posts, including those run by the National Society. The hospitals admitted some 6,350 wounded or sick patients; some 11,900 surgeries and some 1,300 deliveries were performed at these facilities.

The majority of these medical interventions took place at the Keysaney (National Society-run) and Medina (community-run) hospitals (90 and 150 beds respectively) in Mogadishu. Resources were often stretched to cope with frequent influxes of patients, but both hospitals managed to remain operational, backed by the ICRC's provision of medical supplies, equipment and funds, training and supervision, and infrastructure maintenance.

Outside Mogadishu, people wounded during armed clashes were treated in medical facilities across Somalia, including in Bardera, Buhodle, Dusamareb, El Waq and Hargeisa. These facilities coped with influxes of patients with the help of emergency surgical material supplied by the ICRC.

ICRC-trained surgeons and staff in Keysaney and Medina hospitals contributed to building the capacities of doctors and nurses from other hospitals in southern and central Somalia through training and supervision. Two doctors started their second year of specialist training under the supervision of senior surgeons from both hospitals. In addition, work progressed on the design of a surgeons' refresher course and the recruitment of more candidates for two-year surgical internships at ICRC-supported hospitals. The shortage of and high demand for doctors in Somalia posed challenges in finding surgical interns.

To boost local capacities in emergency care, 15 National Society instructors enhanced their first-aid teaching skills during an ICRC-facilitated course. The National Society also finalized its health strategy for 2013–17, which included an action plan for its organizational development.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Parties to the conflict in Somalia, the majority of whom were in regular contact with the National Society and the ICRC, were reminded of their obligations under IHL. This included appeals to ensure respect for those not or no longer taking part in the fighting and to facilitate safe access of humanitarian aid, including medical services, to vulnerable communities.

Bilateral meetings with senior Somali officials, including from the army, and international allied forces provided opportunities to promote IHL and remind key players in Somalia of the rules governing the conduct of hostilities and detention. More than 4,000 military personnel from international allied forces participated in IHL briefings prior to their deployment in Somalia (see, for example, *Nairobi* and *Uganda*). To supplement briefings planned for 2013, some 20,000 code of conduct booklets were produced for the Somali National Armed Forces.

With ICRC guidance, the National Society stepped up its efforts to strengthen dialogue with armed groups to facilitate the continual provision of its essential services in areas where very few humanitarian actors were able to operate.

PEOPLE DEPRIVED OF THEIR FREEDOM	SOMALIA	PUNTLAND
ICRC visits		
Detainees visited	1,279	173
Detainees visited and monitored individually	20	6
	<i>of whom women</i>	1
	<i>of whom minors</i>	5
Detainees newly registered	20	6
	<i>of whom women</i>	1
	<i>of whom minors</i>	5
Number of visits carried out	13	3
Number of places of detention visited	4	2
Restoring family links		
RCMs collected	30	
Phone calls made to families to inform them of the whereabouts of a detained relative	18	
Detainees released and transferred/repatriated by/via the ICRC	3	

CIVIL SOCIETY

Communication materials produced in Arabic, English and Somali generated extensive coverage of humanitarian concerns and the Movement's response in Somalia. They included news releases and a new Somali language webpage on the ICRC website. National and international media heightened public awareness of IHL and the ICRC's concerns, including those encompassed by the Health Care in Danger project, covering, among other events, the 20th anniversary of the establishment of the National Society-run Keysaney Hospital (see *Wounded and sick*).

Nine radio stations broadcast live round-table discussions, dramas and messages promoting the protection of civilians. Some broadcasts drew parallels between IHL and traditional Somali rules of warfare to make IHL more understandable to younger people, including weapon bearers. To deepen their knowledge of IHL and the ICRC, the National Union of Somali Journalists held bilateral discussions with ICRC delegates, and 20 Somali and foreign radio broadcasters attended a workshop abroad.

Regular meetings with traditional and new actors, including the UN, the Organisation of Islamic Cooperation, Islamic Relief, Médecins Sans Frontières, the Somali Humanitarian Operational Consortium and the Zamzam Foundation, enhanced understanding within the humanitarian community of the ICRC's concerns in Somalia.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent, in partnership with the ICRC, continued to deliver emergency aid and medical care, restore family links and promote acceptance of humanitarian action (see *Civilians*). It improved its operational capacities and management with financial, material and technical support from the ICRC. It sought to boost its performance through staff recruitment, the planning of a resource mobilization campaign and membership drive, and the introduction of a new financial management system. Medical staff and patients had better access to the National Society-run hospital in Mogadishu following an ICRC-funded road repair.

In Mogadishu, the National Society chaired the regular Movement meetings attended by the ICRC and other National Societies with an established presence in Somalia, including those of the Islamic Republic of Iran, Qatar, Turkey and the United Arab Emirates. During joint assistance operations, the ICRC supported the efforts of its Movement partners, including through the transport of staff and goods using its dedicated aircraft.

To maximize impact and minimize duplication of activities, the ICRC stayed in contact with international aid organizations and attended meetings of Nairobi-based Somalia coordination bodies, including donors, UN agencies and NGOs.