

SOMALIA



ICRC / AR_2010

ICRC Somalia delegation is based in Nairobi



ICRC-supported hospital

EXPENDITURE (IN KCHF)

Protection	602
Assistance	64,319
Prevention	797
Cooperation with National Societies	1,043
General	-

► **66,760**

of which: Overheads **4,075**

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
---------------------------	-----

PERSONNEL

Expatriates	15
National staff (daily workers not included)	42

KEY POINTS

In 2010, the ICRC:

- remained operational in Somalia despite challenging security conditions
- with the Somali Red Crescent Society, mounted large-scale relief operations, providing hundreds of thousands of people with food, daily water rations and essential household items
- helped farmers, fishing communities and urban households work towards regaining their economic independence through livelihood-support projects
- supported 16 hospitals, including 2 of Mogadishu's key surgical referral facilities, which treated more than 7,000 weapon-wounded patients
- with the National Society, helped tackle rising malnutrition among children, increasing from 3 to 14 the number of therapeutic feeding programmes
- repeatedly reminded parties to the conflict to respect IHL, through face-to-face meetings and programmes broadcast on Somali radio stations

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 small-scale 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 humanitarian crisis engulfing much of Somalia showed no signs of abating during 2010. Armed conflict intensified in the centre and south, killing, wounding and displacing many thousands of people. Natural disasters compounded the crisis in a country that had been without an effective government for almost 20 years.

Mogadishu was again the scene of some of the fiercest fighting between forces supporting the transitional federal government (TFG), including the African Union Mission in Somalia (AMISOM), and armed groups. In December, the UN Security Council authorized AMISOM to increase its presence from 8,000 to

12,000 troops. Amid mounting political tensions, the prime minister of the TFG resigned in September and was replaced by a new prime minister.

Communal violence in central regions and flooding in the south drove more people from their homes. In the north, the self-declared republic of Somaliland held an election, resulting in the peaceful handover of power to a newly elected president. In the semi-autonomous region of Puntland, fighting occurred between security forces and an Islamist armed group.

Prior to the arrival of the *Gu* and *Deyr* rainy seasons, droughts decimated crops and herds. At year-end, rising malnutrition levels were noted in regions deprived of *Deyr* rains.

MAIN FIGURES AND INDICATORS

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages	Total	UAMs/SCs*	
RCMs collected	9,692		
RCMs distributed	17,268		
Names published in the media	6,181		
Names published on the ICRC family-links website	10,873		
Tracing requests, including cases of missing persons	Total	Women	Minors
People for whom a tracing request was newly registered	1,036	221	572
People located (tracing cases closed positively)	424		
<i>including people for whom tracing requests were registered by another delegation</i>	9		
Tracing cases still being handled at 31 December 2010 (people)	1,612	365	844
UAMs/SCs,* including unaccompanied demobilized child soldiers	Total	Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2010	7	5	
Documents			
People to whom travel documents were issued	97		

* Unaccompanied minors/separated children

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat		Total	Women	Children
Food	Beneficiaries	683,938	16%	67%
	<i>of whom IDPs</i>	494,161		
Essential household items	Beneficiaries	679,000	17%	66%
	<i>of whom IDPs</i>	679,000		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	898,140	17%	66%
	<i>of whom IDPs</i>	170,647		
Water and habitat activities	Beneficiaries	1,029,638	20%	60%
	<i>of whom IDPs</i>	403,928		
Health				
Health centres supported	Structures	37		
Average catchment population		537,167		
Consultations	Patients	555,530		
	<i>of which curative</i>		168,653	302,164
	<i>of which ante/post-natal</i>			
Immunizations	Doses	69,392		
	<i>of which for children aged five or under</i>	61,307		
	<i>of which for women of childbearing age</i>	8,085		
Referrals to a second level of care	Patients	7,741		
Health education	Sessions	1,507		

MAIN FIGURES AND INDICATORS				
ASSISTANCE				
WOUNDED AND SICK				
Hospitals		Total	Women	Children
Hospitals supported	Structures	16		
	<i>of which provided data</i>	16		
Admissions	Patients	8,403	2,195	1,029
	<i>of whom weapon-wounded</i>	7,029	1,545	724
	<i>(including by mines or explosive remnants of war)</i>	126		
	<i>of whom other surgical cases</i>	1,122		
	<i>of whom medical cases</i>	602		
	<i>of whom gynaecological/obstetric cases</i>	164		
Operations	Operations performed	14,410		
Outpatient consultations	Patients	13,101		
	<i>of which surgical</i>	6,609		
	<i>of which medical</i>	6,492		
First aid				
First-aid posts supported	Structures	4		
	<i>of which provided data</i>	4		
Wounded patients treated	Patients	5,387		
Water and habitat				
Water and habitat activities	Number of beds	170		

ICRC ACTION AND RESULTS

Despite a volatile security environment, and intermittent difficulties accessing people in need, the ICRC remained operational throughout much of Somalia in 2010. Operating from Nairobi via “remote management”, the ICRC had constantly to adapt working procedures and control mechanisms to an evolving situation, in order to ensure proper monitoring of its activities. Its work was facilitated by its neutral, impartial and independent stance, its regular contact with parties to conflict, the experience and adaptability of its field officers and the well-accepted presence countrywide of the Somali Red Crescent. Faced with a complex and shifting range of humanitarian needs, the ICRC maintained its operational flexibility, responding to emerging crises while assisting communities in rebuilding livelihoods.

By April, the ICRC and National Society had already delivered emergency food relief to the total number of beneficiaries budgeted for in this category for the whole year. Given rising levels of malnutrition reported in central and southern regions, the ICRC appealed to its donors in May for additional funds to provide more food aid and livelihood support. By year-end, 430,902 conflict-, drought- and flood-affected civilians had received emergency food to sustain them for two to four months.

More than 679,000 IDPs exposed to the elements after fleeing their homes were provided with blankets and tarpaulins. With drought affecting several communities before the *Gu* and *Deyr* rainy seasons, the ICRC trucked in clean water for up to eight weeks to more than 332,400 people (including 119,700 IDPs) and 513,500 people.

Meanwhile, farming, fishing and urban households worked towards regaining economic independence with the help of ICRC-funded livelihood-support projects. Ahead of the *Gu* season, 240,000 people in farming communities received staple

crop seed, which produced healthy yields. Plans to repeat the distribution ahead of the *Deyr* season had to be cancelled when access to some areas could not be obtained on time. During the dry season, 246,600 people grew vegetables or staple crops from ICRC-supplied seed, enabling them to meet basic food needs and generate income. With ICRC support, key water points and irrigation systems were built or repaired, sometimes as cash-for-work projects; communities received sandbags as protection against seasonal floods; and households headed by women set up small businesses to generate additional income. Vulnerable coastal communities enhanced their fishing and boatbuilding skills with ICRC equipment and advice.

Support continued to 37 outpatient clinics (two of them upgraded from health posts) run by the Somali Red Crescent. Clinics received drugs, dressing materials, funds and staff training to offer free curative and mother and child care and measles vaccinations. In August, a new health post opened in Gedo. Amid growing concerns over malnutrition – a problem exacerbated by armed conflict, drought, rising food prices and difficulties of access of aid agencies – the ICRC boosted its support to Somali Red Crescent health centres offering treatment to malnourished children under five, increasing the number of therapeutic feeding programmes from 3 to 14.

To treat the weapon-wounded, Keysaney and Medina hospitals in Mogadishu received substantial ICRC support, including infrastructure repairs to the former after a shelling incident. Other hospitals and clinics received ad hoc supplies to deal with weapon wounds. More than 7,000 weapon-wounded patients were treated at ICRC-supported hospitals. Some 20 surgeons enhanced their war-surgery skills at an ICRC-organized seminar.

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

Given the high number of civilian casualties and attacks on aid workers and medical staff and facilities, the ICRC maintained its confidential dialogue with weapon bearers, repeatedly stressing their obligations under IHL to protect and respect people not or no longer taking part in hostilities. Broadcasts on radio stations reinforced this message.

The National Society gained more experience by partnering the ICRC in relief and communication activities and, with ICRC support, reinforced its family-links network and management. To maximize aid efforts, the ICRC ensured the coordination of Movement activities, stayed in contact with other aid organizations in the field and attended meetings of Nairobi-based Somalia coordination bodies, comprising donors, UN agencies and NGOs.

CIVILIANS

Communities survive conflict, drought and floods with help of emergency aid

During the year, hundreds of thousands of people lacking immediate access to shelter, food and water sustained themselves with emergency supplies provided by the ICRC and National Society staff, who reinforced their skills in efficient aid delivery during an ICRC-organized training course.

Some 679,000 civilians displaced from their homes in central and southern Somalia by armed conflict, natural disaster or a combination of these received ICRC kits containing items essential to daily life. IDPs were able to shelter from the elements using tarpaulins, keep warm with blankets and clothing, and prepare meals using their own kitchenware, thus removing the need to share scarce utensils with host communities.

In the first quarter alone, 60,000 IDPs in Galgadud (the total number of beneficiaries of food relief initially budgeted for in 2010) received emergency rations from the National Society and the ICRC. Over the year, 430,902 IDPs in Somalia survived periods of crisis with the help of ICRC-supplied food rations, including beans, cereals and vegetable oil, to cover periods of two to four months.

As water shortages became critical before the *Gu* season, notably in Galgadud and Mudug, more than 332,400 people (IDPs and host communities) survived on emergency water supplies trucked in for up to eight weeks. More than 513,500 people in 11 regions adversely affected by drought as a result of delayed *Deyr* rains began receiving water rations from late October. Trucking operations were ongoing at year-end.

Villagers build economic security and gain improved access to water

Prior to the *Gu* season, 240,000 people in conflict-affected farming communities, which had experienced two failed harvests in succession, planted staple crop seed supplied by the ICRC. These communities also received a one-off, two-month ICRC food

rations to allow them to focus on improving yields and boosting income, without the distraction of seeking out alternative food sources in the period before harvest. Twice as many beneficiaries as originally budgeted for received this assistance. Access issues prevented the delivery of staple seed in advance of the *Deyr* season.

With the help of ICRC-supplied vegetable seed, pesticide sprayers and instruction leaflets, 134,400 people with access to permanent water sources grew enough vegetables to cover their basic food needs while generating sufficient surplus to boost household income by up to 30%. Some 18,318 people (3,053 households) also benefited from new initiatives to improve their food production. For example, 10 sluice gates were repaired and 52 pumps distributed, benefiting 15,192 people (2,532 households) and 521 households (3,126 people) hired tractors to plough land, with the ICRC covering the cost, and received tools and fertilizers.

In Galgadud, Mogadishu and Mudug, 652 families (3,912 people) headed by women, who had lost their breadwinners as a result of armed conflict began earning an income again. They set up small businesses with basic items provided by the ICRC, such as milling machines or materials to open a tea shop. Coastal communities (24,000 people/4,000 households) fished with ICRC-supplied kits they could not otherwise afford or could not access locally. Fifty trainees revived traditional boatbuilding skills with ICRC support. Plans to buy livestock from nomads and distribute the meat to poor families did not take place as the need for such assistance among communities did not arise.

Some of the poorest residents in 22 villages in South Galgadud, Puntland and Middle and Lower Shabelle, in total 13,170 people (2,195 households), earned much-needed income, while helping to upgrade vital infrastructure in their communities through ICRC cash-for-work projects. Workers mainly rehabilitated irrigation canals and rainwater catchments. More than 112,200 people in flood-affected farming communities also received supplies of staple seed, allowing them to rebuild their livelihoods following inundations of agricultural lands.

In the south of the country, where rains during the *Gu* season were heavy, 249,000 people (41,500 households) in flood-prone areas sought to protect farmland and homes using sandbags supplied by the ICRC. Four riverbank breaches were rehabilitated, offering flood protection for 103,140 people (17,190 households).

Drawing on their local knowledge and skills, communities worked with ICRC specialists, local contractors and National Society staff to improve access to clean water sources for farmers, nomads and their livestock in 10 drought-prone regions (benefiting some 170,500 people). Projects included the rehabilitation or drilling of 30 boreholes and hand-dug wells, plus 12 traditional rainwater catchments. In September, 50 operators were trained in borehole maintenance. To improve coordination in water provision and provide a planning tool for future projects, the ICRC established a database of water points using a geographic information system.

Conflict-affected communities benefit from extended health services

Some 555,530 IDPs and residents in conflict-affected areas were able to access free primary health care services at 37 ICRC-supported outpatient clinics, including 8 temporary facilities, run by the Somali Red Crescent. Two of the temporary clinics, opened late in 2009, had been upgraded from health posts. All clinics received drugs, dressing materials, funds and staff training from the ICRC to provide curative and mother and child care, plus vaccinations. Three of the clinics underwent renovation work. Six of them operated mobile outreach teams to treat people too sick to travel or unable to afford transport. In December, a new ICRC-supported health post providing basic health care opened in rural Gedo. To avert a possible measles outbreak, several thousand children under five were vaccinated at six of the clinics in February. As no major cholera outbreaks occurred in 2010, activities to tackle this disease were limited to health messages broadcast on radio.

More than 13,000 severely malnourished children (on average 2,610/month) received emergency treatment (food and drugs) at 14 ICRC-supported outpatient therapeutic feeding programmes (increased from 3 in 2009). The services were set up in Somali Red Crescent clinics and supported by ICRC food, drugs and staff training.

A planned evaluation of the health and hygiene project in the Juba regions could not proceed owing to security issues.

Separated family members regain and maintain contact

Several thousand Somalis separated from their families by conflict, natural or economic disaster or their combined effects were able to locate relatives at home and abroad and exchange news using the family-links service run by the National Society and the ICRC. At their families' request, the names of missing Somalis were read out on the ICRC-supported "Missing Persons" radio show broadcast on the BBC's short-wave Somali service. A review of this project confirmed its humanitarian value. Families also tracked relatives through an ICRC website listing 10,873 people sought through the radio programme or registered by the Red Cross and Red Crescent network. In 2010, 424 people were located using the family-links service, while 97 refugees accepted for resettlement by third countries and without official identification papers were issued with ICRC travel documents.

To improve the quality of tracing and RCM services, National Society personnel from across the country honed their skills and shared their expertise during a workshop and field trip organized with ICRC support. A tracing coordinator in Mogadishu met representatives of the British Red Cross to reinforce coordination of activities.

WOUNDED AND SICK

Amid escalating civilian casualties and indiscriminate attacks on medical staff, hospitals and clinics during the course of fighting, parties to conflict were repeatedly reminded by the ICRC of their duty under IHL to protect the wounded and sick and medical personnel and infrastructure.

More than 7,000 weapon-wounded patients received treatment at ICRC-supported hospitals in Somalia. Most patients (over 6,000) were treated at Mogadishu's two ICRC-supported referral hospitals: Keysaney (run by the Somali Red Crescent) and Medina (community-run). Resources were often stretched to cope with influxes of patients, and the triage building at Keysaney had to undergo repairs after being struck during a shelling incident that killed one patient and wounded another. Nevertheless, both hospitals remained operational, backed by the ICRC's continuing provision of medical supplies, equipment, funds, staff training and supervision, along with infrastructure maintenance. Plans for a new operating theatre at Keysaney were progressing at year-end.

Six newly graduated Somali doctors who had begun working in the two hospitals received specialist training from senior surgeons. Meanwhile, 24 surgeons from hospitals in the centre and south of the country and Puntland learnt more about treating weapon-related wounds at an ICRC seminar. The organization also sponsored prosthetic/orthotic staff to train abroad.

Outside Mogadishu, hospitals and clinics received ad hoc deliveries of ICRC emergency supplies to help treat influxes of weapon-wounded patients. A mobile surgical team based at Keysaney remained ready to be deployed beyond Mogadishu when required. A total of 5,387 people were treated at four ICRC-supported first-aid posts, located in the Bay, Mudug, Galgadud and Lower Shabelle regions. ICRC support also continued to the independently run Africa Lifeline ambulance service operating in Mogadishu.

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 among 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. This message was reinforced through various media, including broadcasts on Somali radio stations, produced with input from the Somali Red Crescent and the ICRC. Test runs were conducted for a project to promote IHL and its link with Somali customary law via mobile phone text messages, but it was discontinued once it was established that the project would not have the intended impact.

CIVIL SOCIETY

The media, religious leaders, business people, community elders and Somalis abroad all had the potential to influence public and political opinion, including support for IHL.

Through ICRC bulletins, press releases, seminars and audiovisual materials, journalists and broadcasters from the national and international media received regular updates on the Movement's principles and work in Somalia, drawing attention to the need for all sides to respect IHL. Traditional leaders and other opinion-makers learnt more about IHL via talk shows, dramas and spots broadcast on six Somali radio stations, with input from the National Society and the ICRC. To familiarize listeners with humanitarian principles and the work of the Movement, broadcasts drew parallels between IHL and Somali customary law governing armed conflict. Younger people in particular, including weapon bearers, who had grown up in a climate of uncontrolled violence, stood to benefit from these reminders of traditional Somali customs relating to the treatment of non-combatants.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent continued to play a crucial role in delivering emergency aid and medical and health care and promoting IHL. To help it further build its capacities, the ICRC provided the Somali Red Crescent with technical, material and financial support. The National Society received ICRC funds to cover salaries and other running costs for more than 200 management, technical, family-links, communication and medical staff in all 3 coordination offices and 19 regional branches. Close cooperation was maintained with Movement partners through regular coordination meetings.

During February, at a general meeting in Garowe, Puntland, some 50 Somali Red Crescent staff and volunteers from all regions endorsed a new five-year plan of action. Representatives of the International Federation, National Societies working internationally and the ICRC also attended.

Movement partners continued to receive security and logistical support from the ICRC, as the Movement's lead agency in Somalia. Regular meetings also enabled the partners to coordinate support to the National Society and assistance to the population.