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Somalia
Annual Report 2014

International Federation of Red Cross and Red Crescent Societies

SP164SO/MAASO001

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This report covers the period 1 January to 31 December, 2014.

SRCS Hargeisa branch mobile clinic staff providing health services to communities in the catchment area. Photo by SRCS

Overview

In line with the Somali Red Crescent Society's (SRCS) Strategic Development Plan 2010-2014 and the Health Strategy 2013-2017 which is aligned to the IFRC Strategy 2020, SRCS Integrated Health Care Programme (IHCP) that comprises of a network of Maternal and Child Health/Outpatients Department (MCH/OPD) clinics has been the flagship of the national society since the onset of the civil conflict following the collapse of the Somali state over two decades ago. In line with the goal of the programme, the SRCS network of 32 static and 15 mobile health clinics in Somaliland and Puntland provided the needed health care services and contributed to improving the health status of the target population. Through the activities of the static and mobile health clinics in Puntland and Somaliland, 481,565 (292,616 females and 188,949 males) community members directly benefitted from the range of basic health care services provided with multilateral support of the Red Cross Red Crescent Movement partners through the IFRC. The network of MCH/OPD clinics managed by the SRCS provides preventive, promotive and curative health care services to the target population of about 600,000.

The IFRC Somalia Country Representation supported the SRCS in its organizational capacity and institutional development activities through a range of capacity building support which include governance and management support, branch and sub-branch development and development of its financial systems and procedures.

The IFRC Country Office provided technical, financial and logistical support for the SRCS to convene three zonal meetings to develop its new Strategic Development Plan 2015-2019. Technical support and guidance was provided to three branches in Puntland to reactivate their branch committees following an induction course on Branch Governance and Management. Six sub-branches in Bari region in Puntland supported to convene a meeting to discuss sub-branch management and dissemination of the national society new accounting and administration manual.

The national society was supported financially and technically to conduct a Finance Development workshop in Hargeisa, Somaliland on 13 January, 2014 in which the NS was able to disseminate the new accounting and administration manual to the SRCS branches in Puntland and Somaliland.

10 finance officers from six branches in Somaliland and the coordination office in Hargeisa were trained on the new financial manual developed as part of the SRCS finance development initiative. The IFRC senior finance officer facilitated the training.

The national society was also supported financially and logistically to convene two executive committee meetings in January and December, 2014 respectively and three senior management meetings during the course of 2014. To enhance the project management capacity at branch level, tailor-made courses were offered to five SRCS Branch Secretaries from Berbera and Lasanod (Somaliland), Bosaso and Galkayo (Puntland) and Dusamereb in South/Central Somalia to participate in a Certificate Course on Leadership and Management of Community Development Programmes offered by Africa Medical Research Foundation (AMREF) in Nairobi. Similar tailor-made course was offered to 4 branch health officers from Hargeisa, Berbera, and Dusamereb in South/Central Somalia. The deputy national health officer for Puntland attended a Certificate Course on Practical Project Management at AMREF from 8-19 September, 2014. To enhance the volunteers' leadership capacity two youth volunteer leaders from Somaliland and Puntland (one male and one female) were supported to attend the Global Volunteering Forum hosted by the Thai Red Cross in Bangkok 1st- 4th December, 2014 and the subsequent Volunteering in Conflict and Emergency (VICE) meeting in the same venue. The SRCS stand won the third prize among more than 60 National Societies that mounted their exhibits at a gallery.

Access to Somaliland and Puntland for field monitoring and supervision by IFRC international staff to provide technical support to the health staff at the clinics and the branch management has improved in 2014. The IFRC Somalia Country Representation staffs were able to visit eight out of the nine branches in Puntland and Somaliland as well as about 88% of the clinics supported by the Federation in the two zones. This was a tremendous improvement from the preceding year and enabled IFRC to increase the pace of technical support to the field staff. Border dispute between Puntland and Somaliland in sections of the Sool and Sanaag regions however posed security limitations for international staff. That notwithstanding, SRCS programme staff in the branches and the coordination offices had regular access to all the 32 static clinics for monitoring and support supervision throughout the reporting period.

Working in partnership

Operational Partners	Programme Component	Agreement
UNICEF	Contribution to the provision of Maternal and Child Health (MCH) kits and cold chain facilities including vaccines, MCH kits as well as tailor-made training for the relevant clinic and branch health staff.	Project Cooperation Agreement (PCA) renewed annually and signed between UNICEF and SRCS
World Food Programme (WFP)	Provision of food ration through the Mother and Child Health Nutrition(MCHN) programme to improve the nutritional status of expectant mothers at delivery, lactating mothers and children from 6 months up to 2 years.	Bilateral Partnership agreement with the SRCS
World Health Organization (WHO)	Provision of primary health care laboratory equipment and reagents, training of clinic staff and quality control of laboratory services	Bilateral agreement with the SRCS
UNFPA	Targeted training in reproductive health and provision of clean delivery kits	Bilateral agreement with the SRCS
Ministry of Health	Coordination of cluster meetings and activities as well as overall policy direction and guidelines for the development and provision of health care services	SRCS is auxiliary to the regional health authorities

Progress towards outcomes

Business line 1: Raise humanitarian standards

Outcome 1: Uplifted thinking that inspires and underpins our services to maintain their relevance in a changing world, along with increased magnitude, quality, and impact.

Measurement			
Indicators	**BL**	**Annual Target[1]**	**Year to Date Actual**
Output 1.1: A databank of objectively-analysed NS capacities is established that creates greater self-awareness of their profile at all levels, services, strengths, gaps and their future potential for boosting their own development. • The Somali Red Crescent contributes information annually to the databank with support of the Somalia country office.		1	100%
Output 1.2: A country trend report on key humanitarian and development issues is developed and is kept updated. • No. of quarterly country analysis of country context and trends shared with partners.		4	100%

Comments on progress towards outcomes
• The VSAT communication system to improve internet connectivity at branch level was installed in the Bosaso Branch in February. • Although the installation was planned for 2013, that could not be carried out due to insecurity in and around Bosaso at the time the installation was to take place. The initiative has improved the internet access in the branches/coordination offices and facilitated internal and inter-branch communication and with partners. It was also expected to offer the branch staff and volunteers the opportunity to enrol in e-Learning offered by the Federation through the e-Learning platform and other websites to improve their knowledge and skills development. Although the V-Sat installations had been carried out as part of the Digital Divide Project, the benefits have been below expectation with frequent complaints about its connectivity and speed. Moreover, the sustainability of the service is a challenge due to the high cost of running the service. • The National Society has not undertaken self-assessment; however, a limited branch capacity assessment was undertaken in three branches in Puntland with bilateral assistance from the German and British Red Cross. • The IFRC supported the SRCS to kick start the process to develop its new strategic development plan 2015-2019 by organizing a consultative meeting for the NS senior management and technical staff from the three regions in Garowe, Puntland 24-25 March, 2014. The meeting reviewed the current plan which expired in December, 2014 and came up with an action plan and time line to develop the new plan. • Following the support provided to the NS during the first quarter to kick start the process of developing its new strategic development plan 2014-2015, the IFRC Country office supported the NS

[1] Targets set the degree of improvement on each indicator required to achieve the objective. In order to set the target you need to know the current level of performance (“baseline”).

to conduct zonal consultative meetings in Somaliland 29-30 April and Puntland 4-5 May, 2014. While the ICRC supported the consultative meeting for South and Central branches in Mogadishu 10- 11 May, 2014. A task force put together by the National Society subsequently came up with the final draft which was endorsed by the executive committee at its meeting in December in Garowe, pending the completion and final ratification at the All-Inclusive Meeting (General Assembly) of the National Society in 2015.

- Three SRCS staff from Somaliland and South/Central Somalia participated in a Rapid Assessment by Mobile Phone (RAMP) training organised by the IFRC Eastern Africa and Indian Ocean Islands Regional Office in March, 2014. The training offered some opportunity to the staff to get conversant with the technology that is fast being rolled out by the Federation for future assessments. It is faster and technologically advantageous alternative to the conventional paper assessment tool.

- 10 finance officers from six branches in Somaliland and the Coordination office in Hargeisa were trained on the new financial manual developed as part of the SRCS finance development initiative. The IFRC Senior Finance officer facilitated the training.

- The SRCS Somaliland coordination office was supported to print new financial receipt books and log sheet books as part of the implementation of the new financial management system. In addition, the SRCS Coordination office was assisted to take stock of all the national society assets and inventory in the Coordination office and the six branches to be recorded in the new inventory books.

Business line 2: To grow Red Cross and Red Crescent Services for Vulnerable People

Outcome 1: Timely quality disaster relief assistance is delivered to the affected people and the SRCS are enabled to fully mobilize its branch emergency response teams when and where required.
Outcome 2: Comprehensive technical assistance is provided to SRCS on community disaster management programming, incorporating disaster risk reduction.

Measurement			
Indicators	**BL**	**Annual Target[1]**	**Year to Date Actual**
Output 2.1: SRCS has country- wide branch emergency response teams ready to provide services to victims of disasters. • # of Branch Emergency Response Teams (BERT) established and trained in Somaliland, Puntland and South/Central Somalia.	-	2	100%
Output 2.2: SRCS has established a community DRR programme in four regions. # of pilot community managed DRR (CMDRR) projects established in Somaliland and Puntland.	-	2	0%

Comments on progress towards outcomes

[1] Targets set the degree of improvement on each indicator required to achieve the objective. In order to set the target you need to know the current level of performance (“baseline”).

- 42 volunteers from 2 branches in Somaliland, Lasanod and Burao were trained in Emergency Response under the Branch Emergency Response Team training (BERT) initiative. The training increased the human resources capacity of the branches to respond to emergencies and disasters that might occur in their localities.
- The activities planned under business line 2 have been severely affected by the low level of funding for Disaster Management in 2014. From an initial budget of CHF 645,693.67 only 200,000 CHF had been received from the Tsunami Residual Fund. A carry over balance from 2013. The priority was given to sustain the services of the mobile clinics. This has left only CHF 24,000 from the Tsunami Residual fund for business line 2 enough for 2 BERT drills to be conducted in 2014.
- However, some sectors of disaster preparedness and response were covered under the tropical cyclone emergency response, these included, procurement and distribution of food to 2,625 households in Bari and Nugal regions of Puntland, distribution of non-food items provided by partners to 2,000 families, rehabilitation of 3 shallow wells and extension of a water pipeline system that has benefited 4,800 people in Bari region.
- Funds that were expected in the second half of the year to cover some of the activities under business line 2 were delayed and activities moved to 2015.

Business line 3: Strengthen the specific Red Cross Red Crescent Contribution to Development.

Outcome 1: Strategy 2020 is rolled out in Somalia through the SRCS branches where accessibility is feasible. Support provided to SRCS for strategic development planning based on S2020 and the NS Development Plan 2010-2014.

Outcome 2*:* Programme support mechanisms addressing health care priorities are developed and improved and encouraging volunteering and engagement of youth in Red Cross Red Crescent activities.

Outcome 3: Social cohesion is promoted and situations of discrimination and exclusion are addressed.

Outcome 4: NS capacity and internal development are strengthened by alignment of assistance to their self-determined needs.

Measurement			
Indicators	**BL**	**Annual Target[1]**	**Year to Date Actual**
Output 3.1: SRCS contributes to achieving the aims of S2020 through implementation of the priorities of the NS Strategic Plan 2010-2014 and the Health Strategy 2013-2017, developed with assistance and support from the country representation			
• # of target branches with work plans consistent with the NSP and S2020		9	100%
Output 3.2: SRCS preventive, promotive and curative health interventions in 31 static MCH/OPDs in Somaliland and Punt land scaled up		32	100%
• No. of static clinics providing comprehensive MCH/OPDs services in Puntland and Somaliland.		15	100%
• No of mobile clinics providing comprehensive MCH/OPDs services in Puntland and Somaliland.		481,565	80%
• # No. of patients treated both at clinic and mobile clinic catchment areas.			

[1] Targets set the degree of improvement on each indicator required to achieve the objective. In order to set the target you need to know the current level of performance (“baseline”).

• 80% immunization coverage in Somaliland and Puntland for the six vaccine preventable diseases.		24,969	154%
• No. of under one children that received three doses of Pentavalent 3.		24,969	123%
• No. of under one children that received the Measles vaccine.		23,562	116%
• 80 % of antenatal mothers received ANC services (attend the clinic 3- 4 times.		29,298	181%
• # of ANC mothers who received 2 doses of T.T.		13,103	64%
• 90% of ANC/PNC clients provided health education at clinic and mobile sites.		119,304	110%
• 60% of ANC mothers delivered at the facility come for PNC services.		9,251	76%
Output 3.3: SRCS application of CBHFA tool for community based health promotion activities in 12 branches in Somaliland, Puntland and Central/South Somalia scaled up			
• # of branches in Somaliland, Puntland & South Central zone utilizing CBHFA approach in community based activities		9	100%
• # of volunteers trained on CBHFA and epidemic control.		195	108%
• # of branches in Somaliland, and Puntland with active HIV action teams		9	100%
• # of volunteers trained on peer education at the branch level		275	152%
• # of HIV/AIDS & anti-FGM/C campaigns conducted		9	50%
• 20% increase in volunteer base, compared to 2013		22%	110%
• # of volunteer leaders trained in Volunteer Management		38%	95%
• # of branches in Somaliland and Puntland with youth clubs implementing activities in Red Cross/Red Crescent principles and values		6	100%
• # of branches fully utilising updated financial guidelines and systems.		11	100%

Comments on progress towards outcomes
• SRCS Somaliland swapped the Daami clinic for the Hudun clinic under the Las Anod Branch, Somaliland. In March 2014, the Ministry of Health settled a dispute over the overall management of the Daami clinic which resulted in the swap. All 32 static and 15 mobile health clinics in Puntland and Somaliland with multilateral support through the Federation continued to provide uninterrupted basic preventive, promotive and curative health care services to the target population during the reporting period.

- The Halaboqad IDPs clinic at the outskirt of Galkayo town commenced complete MCH services following the addition of delivery facilities at the end of 2013 and the engagement of a midwife to provide services including child deliveries. The Goldogob clinic was also provided with a solar system with some assistance from UNICEF to provide emergency power to the clinic, particularly during deliveries at night.
- The increasing deliveries at the MCH/OPDs necessitated the provision of reliable power to aid the staff in conducting deliveries after dark. In that regard, 7 out of the 8 MCH/OPD clinics under the Garowe branch were provided with solar power. All the eight static clinics run the cold chain on solar power.
- Compared to the first half of 2013. There was much improvement in the logistical support to the clinics, thus enabling all clinic activities to operate without any major interruptions in the drugs supply. The supply of UNICEF MCH kits was much better than in 2013. Out Patient Department (OPD) kits procured through the Federation were shipped in time for distribution to all the static and mobile clinics. There was also a review of the OPD kit content in the next procurement. This was in response to emerging needs of the clinics.
- As part of its technical support to the SRCS health programme, the IFRC supported the National Society to conduct an internal review of the IHCP in Puntland and Somaliland respectively. The review meetings brought together, the programme managers of the respective branches to review the programme as a whole, determine programme implementation levels, highlight achievements, share lessons learnt, constraints faced and strategize to address the gaps identified. The meetings also assessed stakeholder involvement and proposed plans for longer term programme interventions through enhanced Community Based Health and First Aid (CBHFA).
- In August, the IFRC Somalia Representation sponsored five SRCS Branch Secretaries from Berbera and Lasanod (Somaliland), Bosaso and Galkayo (Puntland) and Dusamereb in South/Central Somalia to participate in a Certificate Course on Leadership and Management of Community Development Programmes offered by Africa Medical Research Foundation (AMREF) in Nairobi.
- In September, another batch of 4 branch health officers from Hargeisa, Berbera, and Dusamareb in South/Central Somalia, together with the Deputy National Health Officer for Puntland attended a Certificate Course on Practical Project Management at AMREF from 8-19 September, 2014.
- The IFRC Representation Programme Manager facilitated two PMER workshops in Somaliland and Puntland for SRCS branch health officers, Disaster Management Officers and volunteer leaders. The introduction of the CBHFA PMER Tool Kit was a key component of the training. The training attracted 57 participants (31 males and 26 females).
- The IFRC supported three SRCS programme staff, the Deputy National Health Officers for Puntland and South/Central Somalia respectively and the Galkayo Branch Health Officer to participate in the Africa CBHFA workshop hosted by the Malawi Red Cross. Their participation provided them with the opportunity to share and learn experiences with sister National societies in the Region and beyond. Through mutual experience sharing, participants were able to arrive at an understanding of how the CBHFA tools and methodologies can be useful in holistic health programming with an action plan for follow up. Experiences gained from the workshop will significantly impact on the application of the concept in SRCS programmes. The National Society effectively becomes part of the Regional and Continental network of National Societies applying the CBHFA strategy.
- IFRC also supported two youth volunteer leaders from Somaliland and Puntland (one male and one female) to attend the Global Volunteering Forum hosted by the Thai Red Cross in Bangkok 1st- 4th December, 2014 and the subsequent Volunteering in Conflict and Emergency (VICE) meeting in the same venue. The SRCS stand won the third prize among more than 60 National Societies that mounted their exhibits at a gallery.
- In the wake of the Ebola Virus outbreak in part of West Africa and in line with the Federation`s preparedness strategy for the outbreak, a Somalia Movement task Force was formed comprising the SRCS, IFRC and the ICRC. The task force worked closely with WHO and UNICEF in developing a response plan. This plan was subsequently refined after a Regional Ebola ToT training organised by the IFRC East Africa and Indian Ocean Islands Regional Office in December, 2014. Three SRCS

programme staff participated in the training.

Business line 4: To heighten Red Cross Red Crescent influence and support for our work.

Outcome 1: SRCS is supported to update its statutes and further develop the auxiliary role of its branches at regional level

Outcome 2: Resource mobilization capacities of SRCS are scaled up, diversifying income sources and expanding partnership.

Measurement			
Indicators	**BL**	**Annual Target[1]**	**Year to Date Actual**
Output 4.1: SRCS has developed proper financial management system and guidelines • No. of SRCS branches in Somaliland and Puntland and two coordination offices engaged with local authorities to facilitate their work.	-	11	100%
Output 4.2: SRCS programme implementation and resource utilization improved resulting in expanded partnership as well as increasing opportunities for domestic resource generation • No. of branches engaged in domestic resource mobilization.	-	4	44%

Comments on progress towards outcomes
• Due to the political divide in the country the NS is unable to embark on the review of its statutes. Somalia continues to suffer from a protracted conflict where Regional Administration entities play more prominent role than the Federal Government. The Somali Federal Government authority currently does not extend beyond a few urban centres in South and Central Somalia. There is a national sovereignty constraint over the national territory. The international and national humanitarian actors in many instances replaced the National Government and provided essential public services such as health, education, water and sanitation due to limited capacity of State Institutions. In this fragile and fluid context, the SRCS plays its auxiliary partnership role at the regional/local authority level. It is largely due to the NS strict adherence to the Fundamental Principles that it gained the respect of all public authorities, however, and due to rapidly changing administrative landscape, extra effort is required to be made to ensure that the NS status as an auxiliary to the public authorities is clarified and understood at all levels. • The SRCS stepped up its contact with the Somali private sector companies, especially the telecommunication companies to scale up its resource mobilization drive. Four branches, Hargeisa, Berbera, and Boroma in Somaliland and Garowe in Puntland acquired shares in the telecommunication companies to boost their resource mobilization drive. However formal resource mobilization training could not be conducted as that is required to be linked to the development of National Society Resource Mobilization Strategy.

Business line 5: To deepen our tradition of togetherness through joint working and accountability

[1] Targets set the degree of improvement on each indicator required to achieve the objective. In order to set the target you need to know the current level of performance ("baseline").

Outcome 1: Assistance is aligned among Movement components: the SRCS, PNSs, ICRC and the Federation, to optimize the Movement's work and impact at country level.
Outcome 2: The SRCS increase the quality and impact of its programs through sound program management, including timely and quality planning, monitoring and reporting.

Measurement			
Indicators	**BL**	**Annual Target[1]**	**Year to Date Actual**
Output 5.1: SRCS and Movement partners work together and harmonize assistance to the NS through effective Movement coordination mechanism led by SRCS.			
• No. of partnership meeting held with movement partners.	-	1	100%
• No. of SRCS Movement coordination meeting activated.	-	2	100%
Output 5.2: SRCS provides quality reports on time to all donors with the assistance of Federation Country Representation and designated PMER Officer			
• No. of branches submitting timely and quality reports.	-	9	100%

Comments on progress towards outcomes
• In Somalia, the IFRC and ICRC supported SRCS to convene a Movement Partners meeting in October 2014. The meeting was attended by NS based in Nairobi, including, British, Danish, Finnish, German, Japanese, Norwegian, Swedish, Iranian and Italian Red Cross as well as Kenya Red Cross. • The first draft of the NS new strategic development plan 2015-2019 was presented to the Movement partners during the Movement Coordination meeting on the 9th of October, 2014. • The SRCS Disaster Management Coordination unit submitted three progress reports during the first half of the year whereas the National Health officers submitted monthly progress reports. In addition the NS branches contribute to submit the specific reports and emergency operations updates. Three operations updates were issued during the reporting period. The five reporting units are two Coordination Offices (Somaliland and South & Central- Mogadishu) as regional hubs and three branches in Puntland (Garowe, Galkayo and Bosaso). Due to increased reporting capacity from the branches the Federation was able to meet all its reporting obligations by 31st December 2014, with zero overdue reports.

Stakeholder participation and feedback

The main beneficiaries of the SRCS programme, the communities, through the Community Health Committees, were involved in the planning, management and monitoring of the SRCS clinic activities as well as coordination of community based health promotion activities by the community volunteers. They were also actively involved in the mobilization of the community in response to emergencies and during the immunization campaigns as well as the mobilization of financial and other resources to support the development of community health. Although no structured or formal study has been conducted to obtain feedback from stakeholders, feedback from community members, through community meetings and coordination meetings at the regional levels commend the quality and scope of services provided by the SRCS for reaching many underserved and remote communities with limited access to basic health care services.

[1] Targets set the degree of improvement on each indicator required to achieve the objective. In order to set the target you need to know the current level of performance ("baseline").

Following the renewal of the SRCS Partnership Agreement (Field Level Agreement) with the World Food Programme (WFP), the latter resumed the supply of food ration (pulses for porridge, edible oil, sorghum, green beans and plumpy dose biscuits for children) to the SRCS clinics. The programme is aimed at promoting the growth and prevention of acute malnutrition among infants and young children 6-24 months, pregnant and lactating mothers through the nutritional support as well as increase ANC and post natal attendance.

The SRCS similarly renewed its Partnership Cooperation Agreement (PCA) with UNICEF that enabled the SRCS access MCH kits, vaccines and cold chain equipment from UNICEF through the Ministry of Health. The PCA also entailed the provision of tailor-made training accelerating the Expanded Programme of Immunization for SRCS health staff.

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority **H**igh **M**edium **L**ow	Recommended Action
Insecurity Puntland, Global/East African/Nairobi insecurity restricting travel and access to the project areas	M	• Defer implementation of planned project activities • Defer planned monitoring and supervision by IFRC Somalia Country Representation staff and Puntland National and branch health staff
Logistics Unavailability of cargo space in ECHO and UNHAS flights to Somalia	L	• Use of commercial flights for the shipment of cargo to Somaliland and Puntland with cost implications.
Beneficiaries Lack of beneficiary involvement in project implementation	L	• Employ stakeholder negotiation mechanisms to rejuvenate community interest and participation. • Increase community involvement in all phases of the project to increase ownership.
External Diminished stakeholder support - vaccines, MCH kits, food ration, MCH capacity	L	• Delay immunization schedules for children under five & women of childbearing age. • Lobby for increased participation by the Puntland and Somaliland MoH. • Lobby for increased external partner participation.
Human Resources High turnover of clinic staff and volunteers	M	• Provide competitive and practical incentives to staff and volunteers. • Lobby for funding for long term contracts for DM Officers and activities.

Lessons learned and looking ahead

1. The Somali Red Crescent Society is recognized as a leading primary health care provider in Somalia. It is filling a major gap in the health service delivery system due to the collapse of the public health service infrastructure. This positive development exposed the national society to more pressure from the government authorities and communities to do more and reach further which is beyond its capacity due to the limited financial resources and the declining external funding.
2. The Somali Red Crescent Society continue to depend on external funding to run its programmes. With high expectations from the government authorities and the public, the national society image and reputation is at stake if it failed to sustain its current programme delivery due to lack of external funding. There is a changing dynamics in the humanitarian sphere with competing and changing priorities of the back-donors with serious consequences on the sustainability of the SRCS health services.
3. Local resource mobilization is at its infancy in Somalia. The national society started with contacting the telecommunication companies to acquire some shares as an investment and appointed some private sector leaders as honorary members in the executive committee to advocate for the national society resource mobilization drive. However, the national society faces many challenges in its resource mobilization drive as it is perceived by the public as rich organization due to its links to an international and global movement. There are plans for a bilateral support from the Norwegian Red Cross to develop a resource mobilization strategy in 2015. This will provide the framework for a more structured resource mobilization, particularly from local sources to support some of the core costs and ultimately reduce the dependency on external funding.
4. Retention of the youth volunteers is a key challenge for the national society. Although the creation of youth clubs in some of the branches attracted a number of young people who were engaged in First Aid activities, skills training, nevertheless, the turnover remained high. Volunteers join the SRCS with the perception that their temporary engagement with the National Society will turn into job opportunity. When they don't find that opportunity they move on. This challenge should be addressed as a long term capacity issue to be resolved through updating the volunteers' management policy and long-term investment on youth projects, and tailor-made skills programmes. There is also high turnover of paid staff, especially in the health sector due to uncompetitive remuneration within NS. Well trained staffs leave to join other organizations that pay better. The national society with the support of the IFRC and the RC/RC Movement partners will review its human resource policy to retain its trained staff.
5. The auxiliary partnership role of SRCS is well recognized by the line ministries in the three zones, however, the local and regional authorities are not prepared to step in to increase their share in supporting financially the health services delivery system due to lack of financial resources and human resource capacity. The local authorities turn to SRCS to at least maintain the same level of service which is not sustainable in the long term. The partnership with the community through the community health committees is working in Somaliland and Puntland and could be developed to a country wide Community Management Model to ensure the sustainability of the health services.
6. Coordination between the Red Cross Red Crescent Movement partners and with other stakeholders needs to be strengthened and move from mere information sharing to more robust resource sharing mechanism to enhance harmonization and better alignment.
7. The resurfacing of the polio virus in Puntland and numerous reported cases of measles in both Puntland and Somaliland will require renewed effort by the SRCS in scaling up the EPI activities both at the stationary and mobile clinic catchment areas. Increased surveillance, community mobilization and sensitization as well as accelerated defaulter tracing by volunteers will contribute significantly to stemming and controlling the spread of these health emergencies. Although these reported outbreaks were not necessarily in the immediate catchment areas of the SRCS clinics but mainly in conflict and nomadic communities. Scaling up EPI activities will contribute tremendously to the overall national efforts at increasing coverage and therefore preventing these primary diseases. However, the obvious diminishing funding, particularly for the mobile clinics provide a glim hope of scaling up the EPI activities in the remote and hard to reach areas.

8. The steady increase in non-communicable diseases among the Somali population should trigger a deliberate plan to place due attention to documenting and reporting such cases by the clinics. Besides hypertension, mechanism to detect most of the non-communicable diseases has been limited and clinic staffs have to be oriented at early detection and referral to the regional hospitals. It will be expected that this will be high on the agenda of the next health review meeting.

Financial situation

Click here to go directly to the financial report..

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

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