



Somali Red Crescent Society



ANNUAL REPORT 2018



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REPORT
2018**

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANS	African National Societies
ART	Antiretroviral Therapy
AWD	Acute Watery Diarrhoea
BBC	British Broadcasting Corporation
Berked	Water reservoir
BMZ	Federal Ministry for Economic Cooperation and Development
CATII	Category II
CBHFA	Community Based Health and First Aid
CRP	Community Resilience Project
DM	Disaster Management
DRR	Disaster Risk Reduction
EMAST	Essential Management System Assessment Tool
EPI	Expanded Programme on Immunization
EU	European Union
EWPA	Explosive Weapons in Populated Areas
FGM/C	Female Genital Mutilation or Cutting
GSW	Gun Shot Wound
GRC	German Red Cross
HCiD	Health Care in Danger
HIV	Human Immuno Deficiency Virus
ICRC	International Committee of the Red Cross
IDP	Internally Displaced People
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Crescent Societies
IHCP	Integrated Health Care Programme
IHL	International Humanitarian Law
IMAM	Integrated Management of Acute Malnutrition
ITNs	Insecticide Treated Nets
IYCF	Infant and Young Child Feeding
MCH	Mother and Child Health
MRG	Movement Reference Group
NFIs	Non-Food Items
ORS	Oral Rehydration Salt
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
PNC	Postnatal Care
PNS	Participating National Society
RCMs	Red Cross Messages
RCRC	Red Cross Red Crescent
RFL	Restoring Family Links
RTI	Respiratory Tract Infections
SAF	Safer Access Framework
TBAs	Traditional Birth Attendants
TOR	Training of Trainers
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WW	Weapon Wounded
YPAC	Youth Pan-African Conference

VISION

Strong communities enabled to deal with the causes of suffering
and respond
to the needs of vulnerable people

MISSION

To prevent and alleviate human suffering by working with
communities, local authorities and other partners to provide
basic and quality services to vulnerable people in accordance
with Fundamental Principles of the Red Cross and Red Crescent
Movement.

CORE VALUES

Integrity
Commitment
Transparency
Accountability
Value for People
Teamwork

FUNDAMENTAL PRINCIPLES OF THE RCRC MOVEMENT

The Principles of the International Red Cross and Red Crescent
Movement which guides the National Society include the following:

Humanity
Impartiality
Neutrality
Independence
Voluntary Service
Unity
Universality

Somali Red Crescent Branches

NAME	REGION
Baidoa	Bay
Bardera	Gedo
Beletweyn	Hiran
Berbera	Sahel
Borama	Awdal
Bosaso	Bari
Burao	Togdheer
Buale	Middle Jubba
Dusamareb	Dusamareb
Erigavo	Sanaag
Galkayo	Mudug
Garoe	Nugal
Hargeisa	Galbeed
Huddur	Bakol
Jowhar	Middle Shabelle
Kismayo	Lower Jubba
Lasanod	Sool
Merka	Lower Shabelle
Mogadishu	Banadir

Statement from the President of the Somali Red Crescent Society



I take this opportunity to extend my sincere gratitude to the SRCS Executive Committee for their commitment to strengthening the National Society. I also extend my appreciation to the volunteers and all the staff for their extraordinary work.

The Somali Red Crescent Society (SRCS) engaged itself in the development of different strategic processes including Human Resource, Finance Development, Health Strategy, Communication Strategy and the Safer Access Framework. SRCS decided to launch a comprehensive National Society Development Initiative (NSDI) which is aligned to the strategic plan of the SRCS.

During the year 2018, the SRCS massively responded to emergencies triggered by the drought, Tropical Cyclone Sagar and flooding. The humanitarian situation in Somalia continued to deteriorate due to the impact of the drought and erratic distribution of rainfall which caused spikes in food scarcity, malnutrition, cholera and other diseases. The Tropical Cyclone Sagar hit some parts of the country causing extensive destruction, including loss of livestock and crops, destruction of homes and infrastructure, as well as mass displacement. Flash and river flooding affected thousands of people and displaced many from their homes following the heavy rains received across the country.

Because of our extraordinary employees, volunteers and partners, the Somali Red Crescent delivered humanitarian assistance to the vulnerable people in the country. The services offered included primary health care, rehabilitation of the physically disabled, first aid, restoring family links, war wounded surgery, fistula repair and resilience.

I take this opportunity to extend my sincere gratitude to the SRCS Executive Committee for their commitment to strengthening the National Society. I also extend my appreciation to the volunteers and all the staff for their extraordinary work. Our sincere appreciation goes to the authorities and community leaders for their unwavering support.

On behalf of everyone at the Somali Red Crescent Society, I would like to thank the International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), Norwegian Red Cross, German Red Cross, Swedish Red Cross, British Red Cross, Canadian Red Cross, Finnish Red Cross, Icelandic Red Cross, Qatar Red Crescent, Kuwait Red Crescent, Iranian Red Crescent, Italian Red Cross, Arab Red Cross and Red Crescent Organization (ARCO), EU, UNICEF, WFP, WHO and Hormuud Telecommunication.

Yusuf Hassan Mohamed
President, Somali Red Crescent Society



Tribute to the Late SRCS President

The former Somali Red Crescent President, Dr Ahmed Mohamed Hassan, passed away in Nairobi, Kenya on July 11, 2018. Dr. Ahmed served as president of the SRCS for 43 years and was a recipient of the Henry Dunant Medal. He embodied all of our values as a National Society but he will most likely be remembered for guiding us through decades of humanitarian response during major political upheavals and conflict in Somalia. He kept the National Society together throughout a raging civil war and state collapse.

INTEGRATED HEALTH CARE PROGRAMME

The SRCS Health Programme has been the flagship of the SRCS activities since 1993. It consists of the following components:

- **Primary Health Care Programme:** It is a network of maternal and child health (MCH), and out-patient department (OPD) clinics (fixed and mobiles). These clinics provide, among others, expanded programmes of immunization (EPI), therapeutic and preventive nutrition services, treating and management of the sick including Integrated Management of Childhood Illnesses (IMCI), safe motherhood with Basic Emergency Obstetric and New Born Care (Bemonc) and the referral of complicated cases to regional hospitals.
- **Epidemic Prevention and Response:** SRCS trained volunteers to work with a range of preventive and promotive activities in their communities as well as create awareness on HIV/AIDS and other stigmatised and harmful traditional practices such as female genital mutilation and cutting (FGM/C). Community-Based Health promotion activities through CBHFA approach and Epidemic Control for Volunteers and Community Based Surveillance were implemented.
- **First Aid program and pre-hospital care:** This covers the First Aid trainings to communities, employees, health

workers, establishment of FA actions teams to respond to emergencies in the conflicted regions and internal capacity FA training for SRCS staff and volunteers.

- **Secondary Health Care:** SRCS runs Keysaney hospital in Mogadishu which provides surgical care for the weapon-wounded, medical emergencies and fistula program as well as Comprehensive Emergency Obstetric and New-born Care (CEmONC).
- **Tertiary Health Care:** The Rehabilitation Centres in Hargeisa, Mogadishu and Galkayo provide orthopaedic rehabilitation services for the physically disabled persons. Their services include prosthetic, orthotic appliances and physiotherapy.

1. PRIMARY HEALTH CARE PROGRAMME

The Somali Red Crescent runs a total of 75 fixed and 54 mobile clinics which provide comprehensive primary health care and nutrition services to more than two million people, who are mostly women and children. The target population of these clinics is 2,054,147.



Table 1: Health facilities, mobile clinics and estimated target population

Zone	No. of health facilities (fixed clinics)	No. of mobile clinics	Total No. of Clinics per zone	Estimated target population	<1 year children	<5 years children	Pregnant women	Women Childbearing age (15-49 years)
Total	75	54	129	2,054,147	82,166	410,829	102,707	472,454

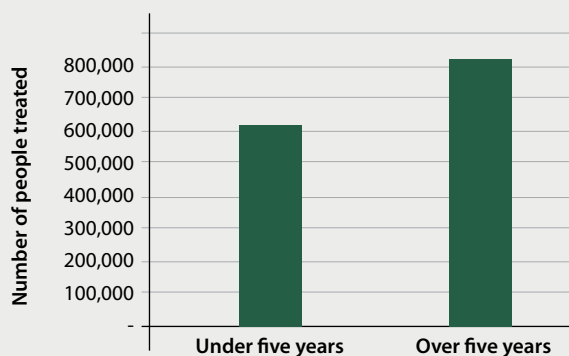
A total of 1,320,824 patients were treated in the clinics from various diseases. This was a 14% increase from the previous year (2017). Mobile clinics deployed during the drought in 2017 as part of the emergency appeal interventions continued to provide health and nutrition services in Somaliland and Puntland while the clinics in Beledweyn district of the South reported high numbers of consultations due to massive displacement caused by the devastating floods. More than two-thirds of the patients treated in the clinics were children (42%) and women (39%). The common diseases treated in the clinics included Acute Respiratory Infections (23.7%), Diarrhoea

(8.4%), Anaemia (11.2%), Skin infection (6.4%), Urinary Tract Infections (12.3%) and Eye infections (4.4%). Malaria was common in the South Central clinics where 3,139 confirmed cases were treated with 25 of them being very severe. The clinics reported significant measles cases (3,225) with majority being over five years. Twenty-five rape cases were reported by South Central clinics and 17 of them were referred to the hospital for further treatment. The clinics identified and treated patients with non-communicable diseases including 199 cases of diabetes and 13 mental illness cases.

Figure 1: Patients treated at the clinics



No. of patients treated at the clinics by age (n=1,320,824)



SAFE MOTHERHOOD

SRCS clinics provide Antenatal services to ensure early detection of abnormalities and risks associated with pregnancy and child birth. During the reporting period, a total of 291,528 pregnant mothers received antenatal services from the midwives. Out of that, 167,137 mothers were given antenatal services more than twice (57% of total ANC visits). Moreover, a total of 107,807 pregnant women were provided with multiple micronutrients while 72,626 received ferrous sulphate (iron) supplementation for the prevention of anaemia in pregnancy and treatment.



Table 2: Pregnant women receiving antenatal care services and micronutrient services

1st Visit	2nd Visit	3rd+ Visit	Total ANC Visits	Hb<10	Iron/folic	Multiple Micronutrients Supplements for Pregnant mothers
124,391	80,378	82,981	287,750	15,206	72,626	107,807

The midwives at the clinics assisted 35,636 deliveries in health facilities while 6,582 women delivered at homes with the help of midwives and traditional birth attendants (TBAs). A total of 935 mothers with complications were referred to the regional hospitals for further treatment. To enhance exclusive breastfeeding and Infant and Young Feeding Practices (IYCF), early breastfeeding was initiated and 31,076 mothers were convinced to breastfeed their children within the first hour after giving birth. During this period, 71,906 mothers were given postnatal care at the clinics while 42,200 of them were given Vitamin A supplements to increase the Vitamin A content in breast milk and improve the health of the mother and child. In addition, 28,551 postnatal women were treated from anaemia.

Some of the clinics in Somaliland provided Basic Emergency Obstetric and Neonatal Care (BeMonc) services for 24/7. Initially, five health clinics in the south-central regions were to introduce BeMONc services but only two were established during the year.



Table 3: Women deliveries assisted by midwives at health facilities and traditional birth attendants

Normal deliveries			Referral	POSTNATAL CARE (PNC)				
MCH	Home	Total		PNC	Initiation B/F	Hb<10	Iron/folic	Vitamin A PNC
35,636	6,582	42,218	935	71,906	38,096	7,077	28,551	42,200



IMMUNIZATION

The Expanded Programme for Immunization is one of the primary health services provided by the SRCS fixed and mobile clinics. Children under five years, pregnant and non-pregnant women of child bearing age (15-49 years) are immunized against childhood diseases and neonatal tetanus during routine and outreach services. A total of 158,917 under-one-year olds and 44,791 over-one-year children were fully immunized against Measles, Diphtheria, Pertusis, Tetanus, Haemophilus influenzae type b (Hib), Hepatitis B, Tuberculosis (TB) and Poliomyelitis. The vaccine coverage of under-one-year children are BCG 89%, Polio3 95%, Penta3 95% and Measles 98%. This is relatively high compared to the national immunization coverage.

During the year, 154,570 pregnant and 64,645 non-pregnant women were given Tetanus Toxoid (TT) vaccines for the prevention of neonatal tetanus. The fixed and mobile clinics provided at least two doses of TT vaccines to 103,808 pregnant women.



Table 4: Children vaccinated against childhood preventable diseases

Type of Vaccine	BCG	Polio 0	Polio 1	Polio 2	Polio 3	IPV	Penta 1	Penta 2	Penta 3	Measles
Age <1 Year	73,225	38,442	91,898	82,508	78,347	51,345	91,909	82,822	78,105	80,812
Age >1 year	279	0	13639	14202	19359	1359	903	2059	2637	42154
Total	73,504	38,442	105,537	96,710	97,706	52,704	92,812	84,881	80,742	122,966

Figure 2: Under-one-year children fully immunized

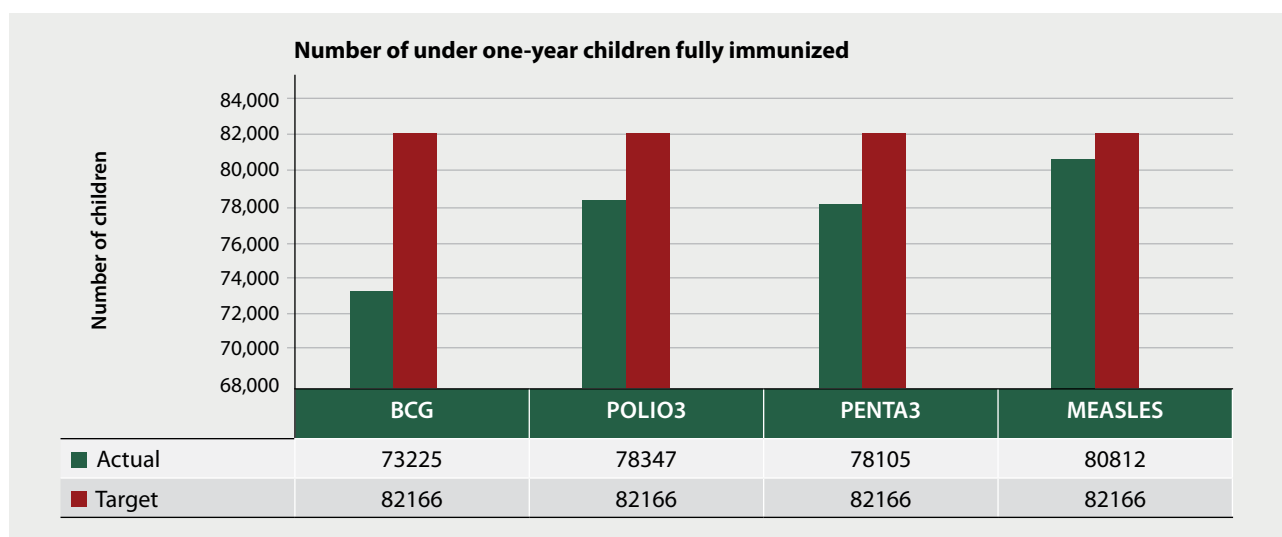


Table 5: Pregnant and Non-Pregnant Women Vaccinated Against Tetanus

	TT1	TT2	TT3	TT4	TT5	Total
Pregnant Women	50,762	40,937	29,781	18331	14759	154,570
Women Child Bearing Age	20,513	16,052	12,742	8499	6839	64,645



NUTRITION

SRCS continues to implement mother and child nutrition programme as part of health and nutrition interventions to promote growth and development of children and prevent acute malnutrition among infants, young children, pregnant and lactating mothers.

The nutritional status of 508,271 children was assessed during the year and 125,647 (24.7%) of them were moderately malnourished (<-2>-3 Z score), 39,712 (7.8%) were severely malnourished (<-3 Z score or MUAC <11cm) while 660 (0.13%) children had oedema. The severely malnourished and children with oedema with no medical complications were admitted in the Outpatient Therapeutic Feeding Programme (OTPs) for treatment. They were admitted at OTP services at the fixed clinics and mobiles. As shown in table 7 below, 36,531



children exited from the OTP, 32,124 children (88%) were cured and 2,995 (8%) defaulted while 82 (0.2%) died. A total of 27,181 malnourished pregnant and lactating mothers were provided with foods rich in nutrients, 10,327 (67%) were cured and discharged while 2,972 (19.3%) defaulted and 10 died (0.1%). Furthermore, 154,643 children between the ages of 6-24 months and 62,388 pregnant and lactating mothers were given assorted foods rich in nutrients to prevent malnutrition and promote well-being of children in their 1,000 days of life.

Children were also provided with vitamin A to prevent night blindness and vitamin A deficiencies and related complications. A total of 115,612 children between the ages of 6-59 months received Vitamin A supplements while 106,564 children were de-wormed to improve their overall health and nutritional status.

Nutritional education sessions were conducted and provided nutrition information to mothers and caregivers of children particularly on breastfeeding, complementary feeding and food hygiene including proper hand washing at critical times. A total of 108,727 pregnant and lactating mothers directly benefited from nutrition education sessions.



Table 6: Nutrition services for under five children

	Total Number of Children
Total children Screened	508,271
Normal	342,252
Moderate	125,647
Severe	39,712
Oedema	660
Vitamin A supplementation	115,612
Zinc tablets to 6-59 months	60,833
De-worming tablets to 6-59 months	106,564

Table 7: Children admitted in the Outpatient Therapeutic Programme

	Total beginning of the year	New admission 2018	Cured	Death	Defaulter	Non-cured/failure	Referred to SFF/SC
Total Children	20,700	39,637	32,124	82	2,995	312	1,018
Percentage			88%	0.2%	8%	1%	3%

HEALTH PROMOTION ACTIVITIES

Health education is one of the approaches that community-based volunteers, mobilizers and health workers use during transmission of health messages to the targeted communities in order to reduce the morbidity and mortality of common diseases and change the community's attitude and behaviour through community awareness sessions focusing on:

1. Nutrition and child development and prevention of diarrhoea diseases, IYCF
2. Communicable diseases
3. Importance of antenatal and postnatal services and early identification and referral cases
4. Eradication of Female Genital Mutilation Personal hygiene and sanitation
5. Proper utilization on EPI for under five children WCBA
6. Importance of antenatal and postnatal services
7. STI/ HIV and AIDS

Table 8: Beneficiaries of the health education sessions

	Female	Male	Total
Total Direct Beneficiaries	190,252	81,869	272,121

- One-on-One Communication on Hygiene and Sanitation awareness was conducted by 179 trained volunteers in Adadley and Allaybaday for three days. A total of 6,003 (92%) persons were reached out of the target population of 6,525 people.
- Malaria prevention activities were carried out including Indoor Residual spraying in Bosaso and distribution of 3,750 long lasting mosquito nets in Bari, Mudug and Nugal regions.





WORLD AIDS DAY

SRCS Branches participated in the commemoration of the WAD with the aim of increasing the awareness of populations on HIV and AIDS prevention, treatment and reduction of stigma and discrimination against people living with HIV and AIDS.

All branches and clinics organized different awareness activities to mark the Day in their respective locations. The SRCS staff and volunteers mobilized the communities to attend rallies where speeches were delivered. Under the theme "Know your Status," members of the AIDS Commission, Regional Governors and SRCS Branch Secretaries marked the day by informing the public about the risks of HIV/AIDS and the importance of giving care and support to those infected and living with the virus.

As part of the commemoration, SRCS volunteers and staff performed dramas on facts of HIV and AIDS including stigma and discrimination against people living with the virus. SRCS distributed Information, Education and Communication (IEC) materials consisting of T-shirts, caps, and pens with HIV/AIDS related messages, thereby reaching a total of 2,620 people (1,908 female and 712 male). SRCS runs four (ART) sites in the regional hospitals of Galkayo, Garowe and Bosaso with the support of the Global Fund.

Home-based care services for the chronically ill in Berbera supported 167 people (89 male and 78 female) who were suffering from health conditions including 17 with Stroke cases, 29 People Living with HIV/AIDS (PLWHA), 9 people with diabetes, 14 elderly people and 98 others.



SPECIAL OCCURRENCES AND OUTBREAK RESPONSES

ERIGAVO DISTRICT

- In April 2018, more than 58 cases of Acute Respiratory Infection with the symptoms and signs of Pneumonia and whooping cough were reported in a span of two weeks. Five deaths were reported.
- With the collaboration of the Ministry of Health, SRCS sent one mobile team to treat the sick people and mobilize communities for the prevention of the suspected diseases. The two Sanaag mobile teams and one extra team were deployed in the affected areas including Dibqarax, Minigalo, Abeselay, Fiqiiga, Kalxan, Gorgor and Cirhiida where they treated 428 cases, 76% of whom were children under five years. The most affected communities were from the IDP sites in Erigavo district.

ZEILA DISTRICT

- In 2018, Acute Water Diarrhoea outbreak occurred in Lowyacado of Zeila district. It affected 33 people (11 children under five years and 22 adults). The first index case came from Djibouti to Lawy'ado where the infection spread widely within the community. Most of the cases reported were on severe dehydration and were managed in the Lawy'ado health centre with infusion. Unfortunately, one of the patients died as a result of the AWD in the community. With collaboration with MoH, SRCS with support of IFRC sent a team of laboratory technicians to conduct investigations into the acute watery diarrhoea outbreak. However, the results of the laboratory test came out negative from Cholera. Health and hygiene promotional activities were also scaled up in Lowya'ado areas and additional supplies including infusions and aqua tabs delivered to Laya'ado health centre and in the communities.

- In order to prevent possible outbreaks, SRCS distributed hygiene and sanitation tools consisting of 13 wheelbarrows, 15 shovels and 13 rakes for communities in Adadley, Alleybaday, Kenya, Zeila, Dilla, Huddun and Eilafweine to use in clean-up campaigns.

COMMUNITY BASED SURVEILLANCE

Disease surveillance is defined as ongoing systematic collection, analysis and interpretation of health data for action. This data is essential for planning, implementation and evaluation of public health practices. In Somaliland, disease surveillance is obtained from the facility-based sentinel sites in the country. The health risks occurring in the communities are not reported, which creates an information gap. To address this gap, SRCS developed and established community-based surveillance (CBS) for preparedness and response efforts for disease outbreaks in collaboration with the Ministry of Health of Somaliland and Norwegian Red Cross to improve the health of vulnerable people and save lives.

The CBS started in May 2018 as a pilot in three districts of Togdheer (Odweine, Burao town and Ainabo). The CBS is managed by 75 volunteers in the community who collect and submit SMS data on specific health risks (Acute Watery Diarrhoea, Measles and Malnutrition) within their communities to CBS Platform. The volunteers were trained on these specific health risks which often cause outbreaks in Somaliland as well as the concept of CBS including data collection and transmission through SMS. The data is extracted from the Platform, analyzed and shared with SRCS Management and MoH at the regional and national level for decision making. During the implementation of the CBS, 8 alerts generated included: Food poisoning, Whooping cough and Measles outbreaks. SRCS Burao branch together with Togdheer Regional Health Office of MoH successfully responded.



MOTHER BABY AREA (MBA) INITIATIVE

Mother Baby Area (MBA) was established targeting ten IDP sites in Galkayo and five IDP sites in Goldogob. MBA is a pilot initiative which entails the establishment of mother to mother support group and training mothers to assess the nutritional status of the children by taking MUAC (Mid-Upper Arm Circumference) at homes. It also helps mothers take early actions to improve the nutritional status of their children. Ten community nutrition workers from each IDP sites, 4 midwives and IYCF were recruited and trained. On the other hand, shelters were built in each site where mothers with children meet and are trained by the community nutrition workers. These shelters were equipped with necessary materials such seating mats, jerry cans, soaps for hand-washing and posters with Infant Young Child Feeding (IYCF) messages. In addition, the MBA centres distributed baby gifts and T-shirts with IYCF messages to the mothers.



FIRST AID ACTIVITIES

Routine and community first aid trainings are regularly held in all the SRCS branches. The aim is to enhance the capabilities of the people in responding to emergencies in their respective areas in order to save more lives.

During the reporting period, 3,062 trainees (875 female and 2,012 male) from all SRCS Somaliland branches received routine trainings. A total of 175 community members from 7 communities in Sheekh, Lasadacawo, Eelafwayn, Garadag, Bocame, Falaydhyaale, Saylac were given training while FA action teams in Taleex, Hudun, Kalabeydh and Las Anod conducted simulation exercise in Las Anod.

Six offices used by the First Aid Instructors were furnished and equipped with computers. One First Aid ToT and six new trainers were given training in Nairobi while 24 trainers were given refresher training in Nairobi and Mogadishu respectively. Three FA focal persons were recruited in the SRCS branches of Mogadishu, Dusamareb and Bosaso.

In Mogadishu and Galkayo, FA action teams conducted simulation exercises to increase practical skills of the team. Mogadishu FA Action team made responses, assisted 244 people and transported 59 dead bodies. The Galkayo branch FA team made three responses, assisted 47 people and



transported 11 dead bodies. Similarly, Galkayo FA Action team assisted in the transportation of 258 persons living with disability to the rehabilitation centre.

A total of 896 community members were given FA training in 31 communities while 4,199 volunteers received routine training in all the branches. A total of 173 SRCS staff members were also given training while 7 members of Mogadishu FA Action team received dead body management training. Some members of Mogadishu FA Action team received psychological support. Consequently, a total of 11,500 copies of standard certificates were printed and issued to the first aid trainees.

TRAINING FOR THE HEALTH WORKERS

Several trainings were conducted for the health workers and volunteers involved in the integrated health care programme, which were meant to strengthen their knowledge and skills and subsequently, improve the quality of the services. The topics and the number of participants are summarized in the table below:



Table 9: Type of trainings and participants

Bosaso, Garowe and Galkayo Branches					
Topic	Supported by	Category	Total	Male	Female
EPI	IFRC/UNICEF/MoH	HCs + Mobiles	37	3	34
Case Management	IFRC	Mobiles	22	7	15
ECV & CBHFA	IFRC	Volunteers	384	189	195
TSFP/OTP	IFRC	HCs + Mobile	68	32	36
Malaria Lab	WHO	HCs	3	0	3
Data collection and CSR	WHO	HCs	10	0	10
Safe motherhood	UNICEF	HCs	34	4	30
Logistics Management Information System	UNICEF/MOH	HCs	10	1	9
HMIS	MOH/IFRC/UNICEF	HCs+Mobiles	42	10	32
FGM	UNFPA	Community members	16	0	16
HIV & AIDS	UNFPA/IFRC	Community members (UNFPA) and SRCS volunteers (IFRC)	89	37	52
Infant and Young Child Feeding (IYCF)	UNICEF	HCs	4	4	0
Training for Community Health Committee	IFRC	CHCs at clinic areas	10	4	6
Total			729	291	438
Somaliland Branches					
EPI	IFRC	HCs + Mobiles teams	60	33	27
Case Management	IFRC	HCs + Mobiles teams	66	34	32
CBHFA/PHAST	IFRC	Volunteers	10	4	6
TSFP and OTP	IFRC	HCs + Mobile teams	60	33	27
Safe motherhood	IFRC	HCs + Mobile teams	60	33	27
Training for Community Health Committee	IFRC	CHCs of Hargeisa Mobile clinic	10	7	3
FGM dialoguing (160 sessions in 7 communities)	IFRC	Community members	8,958	1,037	7,921
Total			9,224	1,181	8,043

HEALTH AND NUTRITION COORDINATION MEETINGS

SRCS actively participates in health and nutrition coordination meetings organized by the Ministries of Health. SRCS presents its health and nutrition programmes and contributes to the

technical discussions. The national society participated in more than 78 coordination, review and emergency meetings at national and regional levels.



Keysaney Hospital

Keysaney hospital is one of the largest surgical hospitals in Somalia focusing on trauma surgery including electives and referrals from Mogadishu and south and central part of Somalia. The hospital functions as the main teaching hospital in surgery and trauma for SRCS volunteers, medical and nursing students in Somalia.

During the year, a total of 13,915 patients benefitted from the different services of the hospital. The weapon wounded cases were 1,053 while the non-weapon wounded patients were 1,574. Medical and maternity services were also given to 516 patients. The hospital provided out-patient dispensary services to 10,772 patients.

The hospital conducted midwifery training on prevention, recognition and referral system of obstetrics fistula in Mogadishu from 12 to 15 November 2018. The training was attended by 29 midwives from the health clinics in the country. On July 15, the hospital received a donation of high standard orthopaedic splints from the Ministry of Health. Two mini buses were also donated to the hospital by the SRCS Coordination Office in Mogadishu on December 10, 2018.

On July 28, one Laboratory Technician attended a 10-day training on malaria investigation organized by the World Health Organization (WHO). One Surgeon also attended a 5-day training on fistula held in Nepal on 5th December.

During the year, the hospital received numerous visitors including the Somalia Minister of Health, Dr Fowsiya Abikar Nur, on November 20, the ICRC Head of Somalia Delegation, Mr. Simon Brooks, on February 17 and a delegation consisting of the SRCS President, Mr. Yusuf Hassan Mohamed, the Norwegian Red Cross Secretary General, Mr. Bernt G. Apeland, and ICRC Deputy Head of Delegation, Daniel O'Malley on March 12, 2018.

OBSTETRIC FISTULA DEPARTMENT

During the year, 184 patients with obstructed labor complications were offered consultation services and clinically assessed. 145 patients were admitted while 122 patients underwent operations. The remaining ones were put on pre-operative treatment with a success rate of 98% recorded. The main age group of the patients was between 17 and 35 years. Volunteers, women groups and community leaders took a great role in the fistula awareness in the community. Students from different universities were trained in Keysaney hospital to participate in the awareness activities. Similarly, the SRCS branches and primary health clinics gave a greater emphasis on advocacy. Different media including radios, TVs, billboards and posters were used to reach large audience.

In collaboration with ICRC, SRCS branches and Keysaney hospital will develop a referral system and check list to facilitate patient referrals to the hospital.

A team from the Fistula department consisting of the Fistula Surgeon, Program Manager, Ward Nurse and a Physiotherapist attended six weeks Obstetric Fistula training at Hamlin Fistula hospital in Addis Ababa, Ethiopia. The team gained useful knowledge, skills and attitude for obstetric fistula prevention and treatment.



On the other hand, patients were organized and taught how to reintegrate with the community. Those with complications were referred to the rehabilitation department for rehabilitation services to enable them regain their confidence and ability to work before being discharged from hospital.

Statistical Data of the Hospital

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
a) GSW	82	62	44	48	75	81	82	92	78	79	82	58	868
b) Mine	0	0	0	0	0	0	0	0	0	0	0	0	0
c) Shell	19	16	7	19	4	9	18	25	25	14	13	21	190
d) Other Weapon (Stab wounds etc.)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Weapon Wounded (a+b+c+d)	101	78	51	67	79	90	100	117	103	93	95	79	1,053

Weapon Wounded by Age and Gender					Mine Injuries			
Months	Adults		Children <15years		Total	Mine Injuries	% of mine injuries	% of Other WW
	Male	Female	Male	Female				
January	80	18	3	0	101	0	0	100
February	60	16	2	0	78	0	0	100
March	36	12	2	1	51	0	0	100
April	51	13	3	0	67	0	0	100
May	58	16	3	2	79	0	0	100
June	68	18	4	0	90	0	0	100
July	78	19	2	1	100	0	0	100
August	86	26	4	1	117	0	0	100
September	74	27	1	1	103	0	0	100
October	67	26	0	0	93	0	0	100
November	77	15	1	2	95	0	0	100
December	57	22	0	0	79	0	0	100
Grand Total	792	228	25	8	1,053	0	0	100

REHABILITATION OF THE PHYSICALLY DISABLED PERSONS

SRCS has been providing rehabilitation services to people living with disabilities in the country since 1982. The three rehabilitation centres located in Mogadishu, Hargeisa and Galkayo provide prostheses, orthoses, physical therapy, wheelchairs and walking aids to service users. The Centres also maintain, adjust, repair and renew devices for PLWDs. These services are essential for restoring mobility of PLWDs to access their basic rights like the other members of their community. Trainings are also given to the patients on the use of these devices.



Trainings for the staff

Title of the Training	Rehab Centre	Ongoing Training	Plan to Start in 2019
CAT I (Bachelor PO -4 years)	Mogadishu		0
	Hargeisa	0	0
	Galkayo	0	1
Cat II (Diploma PO-3 years)	Mogadishu	1	0
	Hargeisa	1	0
	Galkayo	1	0
Cat III (Certificate PO Technician -1 year)	Mogadishu	3	0
	Hargeisa	3	1
	Galkayo	1	0
Bachelor Physio (4 years)	Mogadishu	1	0
	Hargeisa	1	0
	Galkayo	0	0
PT Diploma (3 Years)	Mogadishu	0	1
	Hargeisa	0	1
	Galkayo	0	1
PTA	Mogadishu	1	1
	Hargeisa	1	0
	Galkayo	0	2

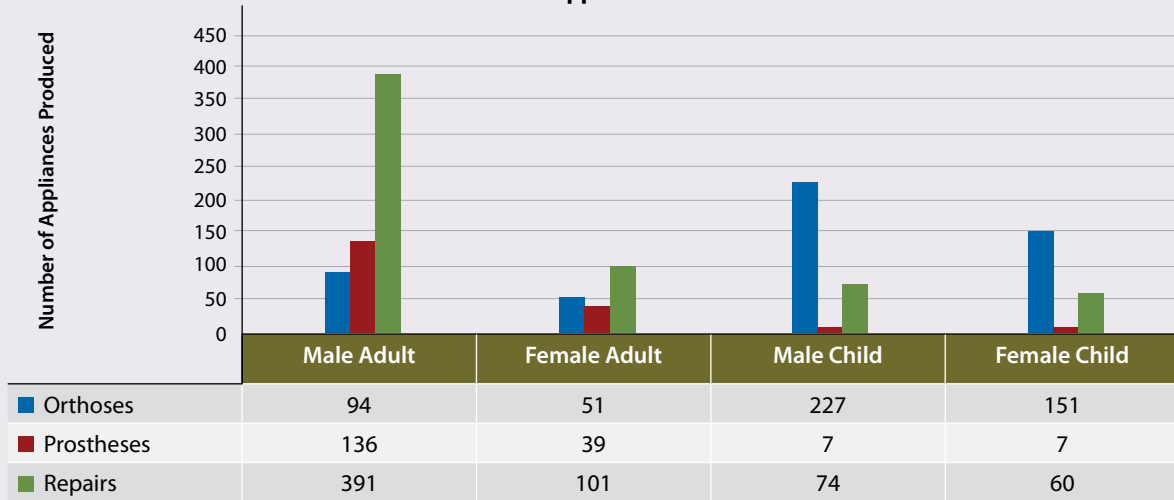
MOGADISHU REHABILITATION CENTRE

The centre achieved a lot during the year. The workload increased due to bigger demand of the beneficiaries. New materials were provided, and an Injection machine installed for the production of the new crutch handles and tips.

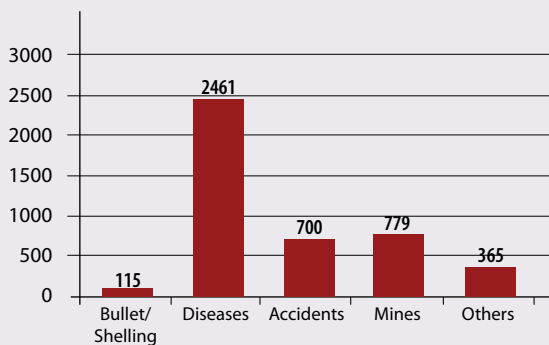
As part of human resource development of the centre, eight new staff members were recruited in the physiotherapy and orthopaedic departments. The new staff members also received long and short term courses during the reporting period.



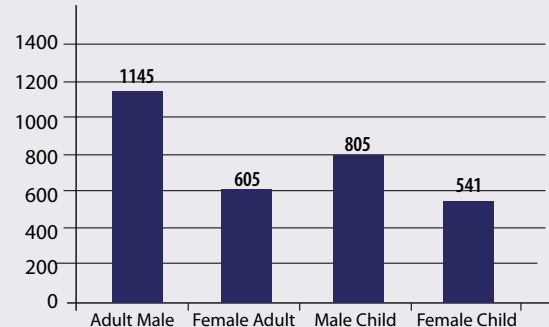
Appliances Produced



Causes of Disability



Beneficiaries by Gender & Age



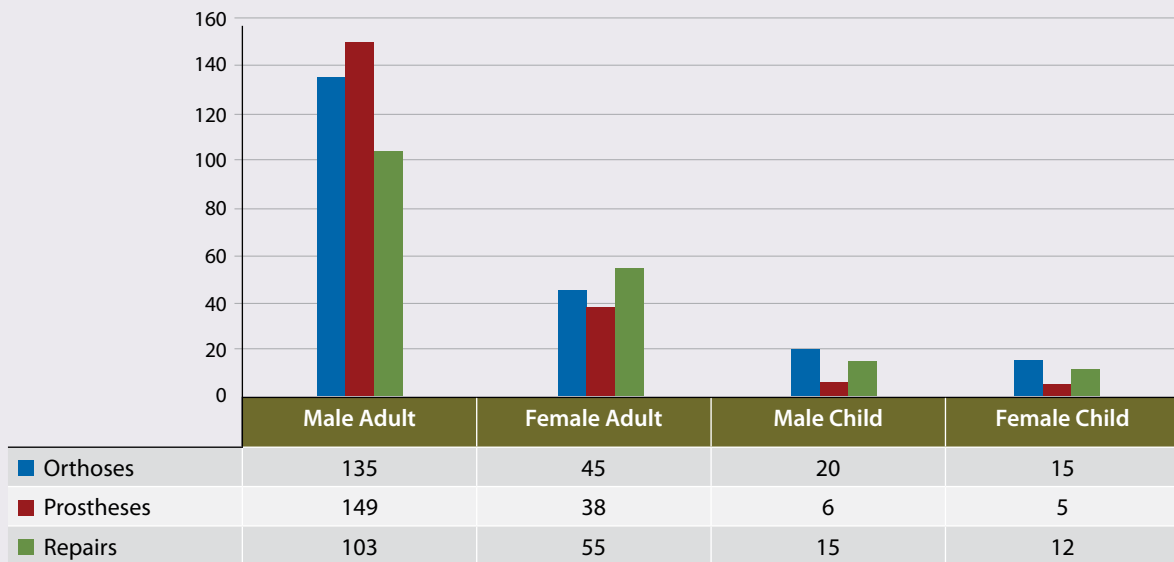
HARGEISA REHABILITATION CENTRE

The centre continued providing services to PLWDs in Somaliland region. The referrals from regions, Hargeisa general hospital, private doctors and Community Based Rehabilitation Services (CBRS) were received at the centre. The waiting area was renovated and a TV set installed to entertain the visitors. A suggestion box was also set up in order to get feedback from the patients.

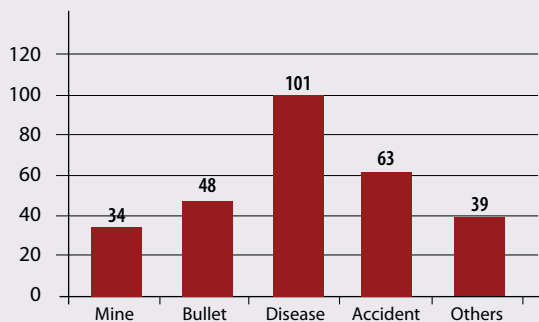
The Communication department conducted dissemination sessions to the staff of the Rehabilitation centre. All staff members were given clear job description and new contracts.



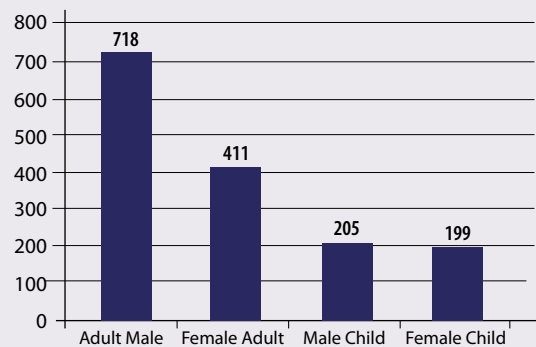
Devices Produced



Causes of Disability



Beneficiaries by Gender & Age



GALKAYO REHABILITATION CENTRE

Galkayo Rehabilitation Centre was opened in July 1999 to ensure accessible quality rehabilitation services to PLWDs in the Central and North eastern regions of Somalia. The centre assisted 1,132 service users and provided assorted services. A total of 470 assistive devices in the form of prostheses, orthoses, wheelchairs and walking aids were delivered to 375 PLWDs while 670 beneficiaries received appropriate physiotherapy services. In addition, 87 persons living with disabilities benefitted from the rehabilitation services in form of repairs and maintenance of appliances.

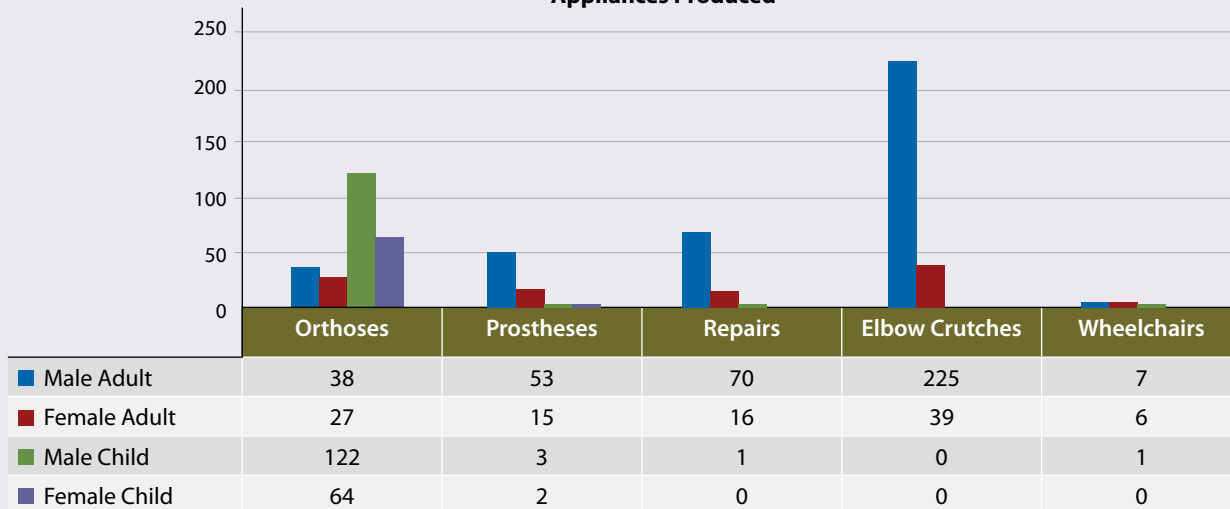
In January, outreach activities were conducted in Garowe, Qardho and Bosaso districts and persons living with disabilities who were in need of services were assessed. A total of 141 PLWDs were identified within three days, basic repair services were undertaken and walking aids distributed to them. The patient waiting area was also renovated and expanded.

Dissemination sessions were carried out in a bid to inform the public about services available at the rehabilitation Centre as well as the benefits the patients will enjoy from the free rehabilitation services. Leaflets on rehabilitation services were distributed to the communities. The centre also held meetings with the medical doctors in hospitals in order to sensitize them about the available services in the centre and encourage them to refer patients to the centre.

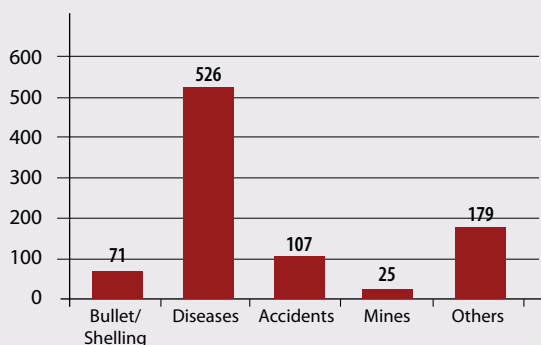
One physiotherapist who successfully completed his undergraduate studies in Rwanda returned to the centre and reactivated the physiotherapy section.



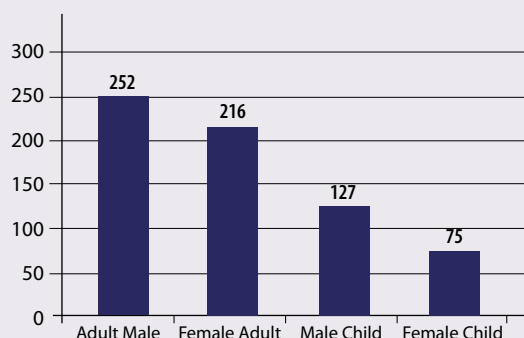
Appliances Produced



Causes of Disability



Beneficiaries by Gender & Age



DISASTER RISK MANAGEMENT

RELIEF AND LIVELIHOOD ACTIVITIES

The SRCS branches responded to drought and flood affected people in Hiiraan, Middle Shabelle, Lower Shabelle, Bay, Gedo, Lower Jubba, Galgaduud, Nugal, Bari and Banadir regions.

A total of 40,051 Households (240,306 persons) in South Central and Puntland regions benefitted from the food and non-food items (NFIs) distributions while 6,911 Households (41,466 persons) benefitted from cash transfer and income support projects.

WATER, SANITATION AND HYGIENE ACTIVITIES

SRCS Water, Sanitation and Hygiene (WASH) program is currently active in riverine regions especially Middle Shabelle, Lower Shabelle, Bay, Gedo, Hiiraan and Lower Jubba. These regions are considered as prone to natural disasters such as floods, which are the main causes of outbreaks of water-related diseases. The WASH section is now running cholera preparedness project supported by Norwegian Red Cross. During the year, six WASH officers were recruited in six branches and hygiene promotion training given to the team in six regions. A total of 105 volunteers were trained and 81,720 households benefitted from the WASH related programmes.

HUNGER RESILIENCE PROJECT

Galkayo branch trained 75 persons on natural resources management and community by-laws in 6 locations covered

by the hunger resilience project. A total of 550 households benefitted from the training. Community Boreholes Solar Power Installations were made for 8,550 households in Galkayo district. Similarly, an elevated borehole was constructed to support the extensive farming system in the area for 420 households. Water Reservoir was constructed in Galdogob IDP camp targeting 500 households. Community training on Disaster Management (DM), Community Based Health and First Aid (CBHFA) and WASH was conducted for 1,030 Households in Galkayo district.

COMMUNITY RELIANCE PROJECT

In January, SRCS Bosaso branch conducted a baseline study assessment in Kubo village, Gardo District to generate information on the prevailing situation to guide planned interventions and future monitoring of outcomes and impacts of the project.

Community resilience training was held in Bosaso and 15 volunteers participated. From 5 to 7 February, a Contingency Planning workshop, attended by 11 staff and volunteers took place in Bosaso branch. The training focused on prioritization of key hazards likely to require contingency measures particularly floods and droughts which are more common in Bari region.

From 10 to 14 February, SRCS Bosaso Branch held training for volunteers on disaster risk management and leadership. The training was attended by 12 participants from Qardho, Waciye, Ufeyn, Iskushuban, Rako and Bandar Bayle sub branches and 10 volunteers from Bosaso branch.



RESPONSE ACTIVITIES



FLOODS

BELEDWEYN BRANCH

The branch mobilized an evacuation team and evacuated a total of 9,856 persons to higher grounds in Eljale using two boats. The branch also conducted hygiene and chlorination activities in El-Jale IDP camps in Beledweyn town where 10,000 households were targeted and 40 volunteers involved in the campaign. Another 17 volunteers participated in food and NFIs distribution in Eljale.

KISMAYO BRANCH

The floods in Lower Jubba affected areas such as Wirkooy, Singlair, Baarka and Sanguuni. In May, Health Promotion and Acute Watery Diarrhoea prevention campaign was carried out in Kismayo IDP camps. Volunteers distributed Aquatabs, soaps, and jerry-cans to the IDPs. A total of 17,385 households benefitted. Thirty-five volunteers were involved in the campaign. Similarly, the branch conducted hygiene promotion campaign in Kismayo IDP camps reaching 6,000 households.

BARDERA BRANCH

In Gedo region, floods affected Gedo Bardera, Garbaharay, Luuq, Elwaq, Dolow, Burdhubo and Fafahdhun and displaced 2,300 households. Fifteen Bardera branch volunteers conducted community health promotion campaigns targeting 8,000 households. Thirty five branch volunteers carried out rescue and evacuation activities and saved 70 persons.

MERKA BRANCH

The branch conducted hygiene promotion campaigns and that saw volunteers assist 12,000 households with hygiene kits. Twenty volunteers participated in the response activities.



Floods in Lower Shabelle affected Afgoye, Merka, Qoryoley, Awdhegle and Kurtuwarey and displaced 120 households in Merka. Thirty volunteers were engaged in the flood prevention activities like blocking water streams with stones and sand bags.

RELIEF AND LIVELIHOOD INTERVENTIONS

BARDERA BRANCH

SRCS Bardera branch volunteers distributed NFIs to 2,800 affected households in El-Waq town. Six volunteers also carried out distribution activities in Habala Cadey and Horseed IDP camps, which saw 2,320 households benefit.

NFIs were distributed in Bardera targeting 2,000 households. Sixteen volunteers trained 216 beneficiaries in income support projects in Bardera.

JOWHAR BRANCH

The SRCS Jowhar branch carried out an assessment and registration of children in Warsheik and Adale for safety and protection reasons. The branch also distributed 20,000 sandbags in Jowhar, Mahaday and Bal'ad towns which were affected by floods. Two volunteers were engaged in the activity.

KISMAYO BRANCH

The branch conducted an assessment and trained 231 women headed households for income support in Kismayo. Similarly, the branch volunteers conducted an assessment for Micro Economic Initiative (MEI) project in Kismayo. Food was distributed to 200 households while 3,038 households in Badhadhe coastal villages received cash grants. The branch volunteers carried out food and NFIs distributions to 2,892 households in Kismayo. 25 volunteers were engaged in these activities.

GAROWE BRANCH

The branch distributed food and NFIs to 5,000 households in Garowe. Four volunteers took part in the recovery cash grant and post livestock treatment. Nineteen volunteers participated in the distribution activities.

BAIDOA BRANCH

The SRCS Baidoa branch volunteers carried out distribution of food items targeting 7,926 households in Baidoa IDP camps. Food items were distributed to 4,989 households. Thirty five volunteers participated in the distribution activities.



BOSASO BRANCH

The SRCS Bosaso branch carried out distribution activities in Bosaso IDP camps targeting 5,000 households. The branch also distributed food and NFI targeting 5,000 households. Sixteen volunteers participated in this activity.

MOGADISHU BRANCH

The SRCS Mogadishu branch engaged eight volunteers in tablet-based registration and other related tasks. A total of 296 beneficiaries were trained for income support projects. Four volunteers also received refresher training for preparation of the second Post Distribution Monitoring (PDM) exercise in Mogadishu. The branch also distributed food and NFIs to 3,000 households in Deynile and Holwadag. Sixteen volunteers participated in the distribution activity.

BELEDWEYN BRANCH

Baseline data collection exercise was conducted for 250 small business owners in all the sections of Beledweyn town. Ten branch volunteers participated in the monitoring of land clearance for farmers in 10 villages in Waraabole, under Beledweyn district. The farmers received agro recovery grants.



A total of 2,380 households were targeted. From 9 to 18 May, 10 volunteers carried out a registration exercise for people affected by floods in the four neighbourhoods of Beledweyn town for 10 days and managed to register 13,000 households. From 17-23 July, another round of PDM was carried out in Waraabole. Ten volunteers assisted in the monitoring activity. From 11 to 15 August, the branch distributed food items donated by Kuwait Red Crescent Society.

DUSAMAREB BRANCH

In August, Dusamareb branch carried out food and NFIs distributions to two IDP camps, host community, and to PLWDs as well as in the neighbourhoods of Dusamareb town. The branch assisted 2,225 households and 10 volunteers were engaged in this activity.

WASH INTERVENTIONS

WASH activities were conducted across the country to build the capacity of the branches and increase their skills and knowledge in WASH related activities. A total of 105 volunteers from 7 areas were trained on hygiene promotion and water treatment techniques in 6 regions. Each area was represented by 15 volunteers. Health promotion campaigns were conducted as follows:



A total of 95 volunteers were involved in the health promotion campaigns. An additional 55 volunteers were trained in baseline survey in Galkayo, Garowe and Bosaso making the total number of volunteers involved in all the WASH activities and trainings to 300.



CHOLERA PREPAREDNESS PROJECT

Almost every year, floods affect the riverine regions especially the most vulnerable agricultural communities living in areas close to the river banks. There are high incidences of AWD and Cholera Outbreaks in many parts of the country especially riverine regions.

SRCS is currently implementing a three-year Cholera Preparedness Project targeting Middle Shabelle, Lower Shabelle, Hiiraan, Bay, Gedo and Lower Jubba regions. The project focuses on cholera prevention, preparedness and response activities as well as building the branches' preparedness and response capacity.

Community capacity and needs assessment was conducted in all the six branches in 7 areas in March and April 2018 and 140 community members were met. In June 2018, a baseline survey and data collection workshop was held in Mombasa, Kenya. The workshop, organized by the Norwegian Red Cross, was aimed at familiarizing the volunteers with the way baseline survey data collection is conducted by using Kobo collect tool.

In June and July, 30 volunteers from Beledweyn and Baidoa branches were given training on baseline survey data collection. The training was followed by a baseline survey conducted in four locations in the two branches, specifically



Leebow and Bacaad in Beledweyn, Hiiraan region and Abu-Asharow and Howlwadag in Baidoa targeting 877 households.

In October and December, new WASH officers were recruited for the six target branches to strengthen the WASH activities. A total of 877 households were surveyed in the two target sites, four focus group discussions were conducted, and four schools visited during the survey.

RESILIENCE PROJECT IN SOMALILAND BRANCHES

LIVELIHOOD

- 920 farming families in Burco and Odweyn were provided with 3,680 ploughing hours.
- 110 kgs of cash crop seeds (watermelon, onion, tomato, green-chilli, beetroot etc) were distributed 280 active farmers in Baki, Heego, Bali abana and Ijaara.
- 250 farmers received hand tools for farming in Hargeisa, Berbera, Borama and Buroa of Somaliland.
- 16,000 linear meter of soil bunds were constructed in Sool and Hargeisa for over 80 active farms.
- More than 300 agro/ pastoralists were trained in different

- kinds of livelihood training packages such as environmental protection. Farming/ agriculture, good agricultural practices and drought cycle management training was also offered.
- 195 women received conditional cash transfer (Business grant) in Berbera, Buroa, Erigavo and Sool regions under BMZ 2 project.
- We provided fishing tools and equipment in Bulohaar fishing communities.
- Drought cycle management training was provided to over 480 pastoralists and farmers in drought affected populations in the 6 regions of Somaliland.

WASH ACTIVITIES

WASH Activities

No	Activity	Beneficiaries (HH)	Region
1	Rehabilitation of Berked in Elafwein	40	Sanaag
2	Newly constructed shallow wells in Baki	32	Awdal
3	New round berked	40	Buroa/ Xaaxi
Total		112	



DISASTER RISK MANAGEMENT ACTIVITIES IN SOMALILAND BRANCH

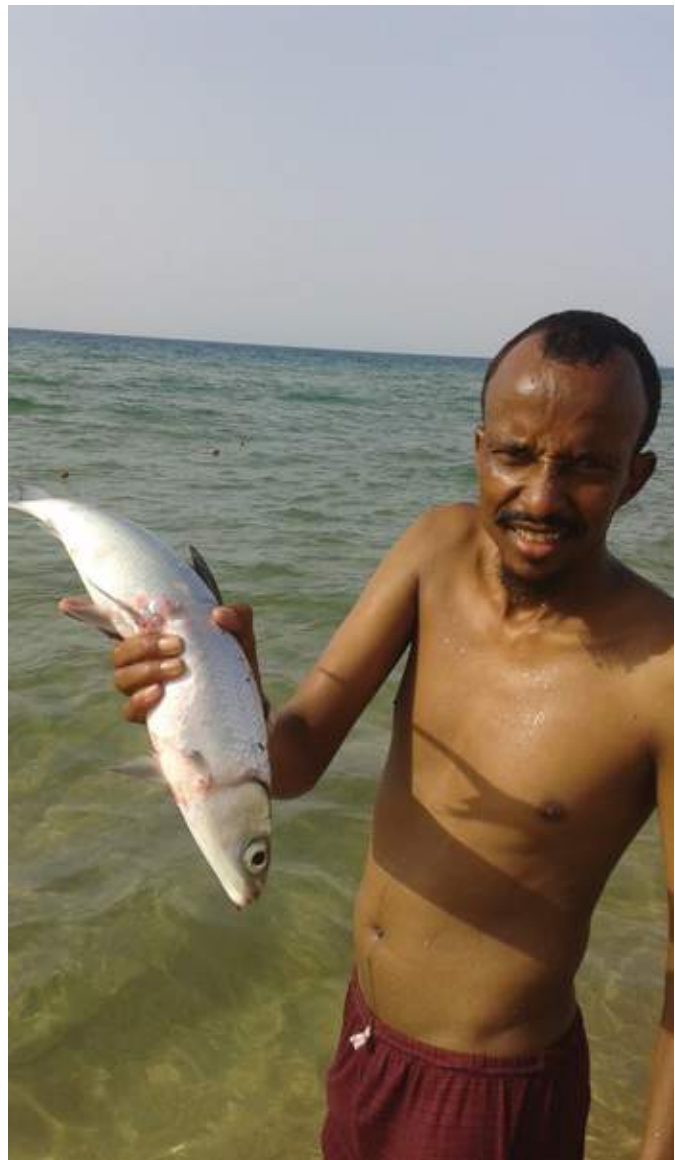
An Emergency Appeal and Hunger Resilience intervention was well coordinated during the year. These included health and nutrition, water and sanitation and hygiene, food security and livelihood and shelter. The target locations were Marodijeex, Togdheer, Awdal, Sahil, Sanaag and Sool regions.

Planned Activity	Achieved	Location
Rehabilitation of berkeds	95 rehabilitated. 8,550 households benefited	Sahil, Awdal Togdheer, Sanaag, Marodijeex and Sool regions
Construction of Shallow wells	19 shallow wells with solar pump in Kalabaydh	Awdal, Sanaag and Sahil reggions
Cash Transfer Programme	Unconditional Cash grant for 1,470 for three months	Sahil and Sool regions
Construction of latrines 665 latrines for IDP households		Togdheer, Sanaag, Sahil and Sool regions
Rain water harvest in clinic and schools	8 rain water harvest	Allaybaday, Dila and Adaadley of Awdal and Marodijex regions
Construction of ventilated improved latrines	2 schools	Allaybaday and Marodijeex region
Cash for Ploughing	4,125 families received ploughing hours and harvested well	Togdheer, Marodijeex, Awdal and Sanaag regions
Hygiene promotion training for volunteers	195 community volunteers e trained.	Togdheer, Awdal, Sahil, Sanaag, Sool and Marodijeex regions
Distribution of WASH NFIs	14,787 families received WASH NFIs	Sool, Sanaag, Awal, Marodijeex, Sahil and Togdheer regions
Distribution of ceramic filters	1,535 Households received ceramic water filters	Sool, Sanaag, Awdal and Marodijeex regions
Distribution of shelter NFIs	6,000 households received shelter NFIs. Each family received 1 plasticsheet, 2 sleeping mat, 5 blankets	Sool, Awdal, Sanaag and Togdheer regions
Rehabilitation of MCH affected by cyclone Sagar	Lawya'ado Health Centre	Awdal region
Elevated water tank	1 Elevated Water Tank Done in Burao Clinic	Todheer region
Water Trucking for IDPs in Dhuma affected by Conflict	3,038 households (18,498 beneficiaries) supplied with water for a month	Sool region



HUNGER RESILIENCE

- Two degraded farmland areas were rehabilitated in Dalyare in Sool region and Waraabaley in Marodijeex region where 350 households benefited.
- Two dams were constructed in Higlada and Waraabaley in Marodijeex region and 500 households benefited in using these dams as their main source of water
- In total, 50 farmers (30 from Marodijeex region and 20 Sool region) particularly Warabaley, Arawelo, Dalyare and Kal-libaax communities received high nutritional seedlings such as live orange trees, papaya and lemon. They also received seeds rich in nutrients like carrot, pepper, beans, water melon, onions, tomatoes, maize, sesame and chilly.
- 35 farmers were supported with irrigation pumps/pipes; irrigation motors, gumboots, metal-hoes, sickles. The farmers also received agricultural tools such as wheelbarrows and shovels.
- 28 participants (14 Sool and 14 Marodijeex) were trained on fodder farming techniques while 22 farmers (11 persons per region) received training on modern vegetable and fruits farming and acquired adequate knowledge and skills for proper and modern planting of nutritional fruits and vegetables.
- 22 farmers also gained knowledge on improved crop and fodder farming in Bandarwanaag, Higlada and Dalyare communities. The purpose was to enhance the knowledge of traditional farmers on farming techniques by engaging crop and fodder production to enable household income improvement and diversification of livelihoods at community level.
- A total of 897 (222 Marodijeex and 675 Sool region) watershed tools consisting of; shovels wheelbarrows, spades, gabion wires, metal hoes, big hammers, axes, hard rakes, and mattock were distributed to the farmers.



YOUTH AND VOLUNTEERS PROGRAMME

During the year, several activities were carried out in order to support the youth and volunteers of SRCS.

- 636 volunteers were insured with the support of IFRC emergency appeal project.
- 769 new volunteers were given induction courses, stay safe and basic volunteerism
- 117 volunteers received basic courses on volunteering.
- 265 volunteers received Stay Safe training.
- 113 Volunteer team leaders received organization and management trainings for action team leader.
- 215 illiterate youth (153 female and 62 male) attended a writing and reading skills course under the literacy program..
- 855 youths (468 male and 387 females) were trained in IT and computer applications.
- 105 youth and volunteers (34 male and 71 female) conducted door to door disease prevention awareness campaigns.
- 93 volunteers participated in the HIV Prevention, Care and Support sessions linked with VCT centers.
- 72 mothers and girls received home based first-aid training during the door to door interventions.
- 79 female volunteers participated in Anti-FGM eradication campaigns which took a door to door approach in partnership with the Ministry of Employment and Social Affairs (MESAF).
- 109 IDPs households were trained in ORS Solution preparation and how to make homemade ORS.
- 79 volunteers participated in a cleaning-up campaign in Burao Regional Hospital and some other health centers in Burao town.
- 40 youth volunteers took part in the beneficiary selection for Cash Transfer Programme (CTP) for Sagar cyclone responses in Baki, Berbera and Gabiley districts and Tukaraq and Hawd areas of South of Lasanod.

RESTORING FAMILY LINKS (RFL)

In 2018, a total of 83,808 Red Cross Messages were exchanged and a total of 6,122 names were published through the media (BBC broadcast).

Trace the Face services were available for uploading cases of families looking for missing migrants. RFL assessments were carried out in 19 IDP settlements and 3,626 individuals were interviewed. Regular phone service was provided in Mogadishu and Baidoa IDP settlements.

Some of the branches were equipped with computers, printers and cameras including additional volunteer support in branches with backlog.

Tracing cases from minors looking for family members were reviewed every 3 months (28 cases concluded, 64 still pending). A total of 103 phone calls were provided to the displaced people. Promotion and dissemination activities were also reinforced.



The RFL Officers were given training on how to plan and conduct an RFL assessment, record cases for Trace the Face, use of Device Magic for e-assessments and e-RCM, RFL response in emergencies: preparation and delivery, psychosocial assistance: helping the helpers and ICRC Data Manager.

The Annual RFL meeting was held in Nairobi and was attended by 29 participants. On the other hand, the SRCS Annual RFL meeting was held in Mogadishu from 5th to 7th March. RFL officers from Kismayo, Afmadow, Buale, Beletweyne, Huddur, Baidoa, Bardera, Merka, Jowhar, Galkayo, Wisil, Bosaso, Dusamareb, Abudwak, Garowe and South and North Mogadishu attended the meeting.



ANNUAL STATISTICS



83,808
RCMs exchanged



63,785
Phone calls



2,612
Individuals
being traced



6,122
BBC radio
announcements



RFL support provided to arrivals from Yemen by boat:

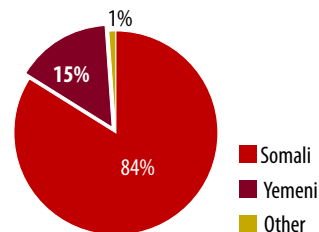


8,368
Individuals
arrived from
Yemen



8,180
Phone calls
provided

Nationality of arrivals



**Women represent
45% of callers**
No unaccompanied
minors identified

ORGANIZATIONAL DEVELOPEMENT



RCRC MOVEMENT PARTNERS MEETING

The RCRC Movement Partners Meeting was held at International Federation of Red Cross and Crescent Societies (IFRC) Garden Conference Room in Nairobi from 10 to 11 April 2018. The meeting was an opportunity for all Movement partners to update each other on plans for 2018 and explore how to strengthen collaboration and cooperation in Somalia. The meeting reviewed and endorsed the key action points from the previous minutes and reflections. This was followed by presentations of the plans of action of the IFRC and ICRC and emerging issues from the field. Other topics presented included SRCS Health Strategic Plan, Human Resource Policy, Safer Access Framework, Resource Mobilization and National Society Development Initiative. Other issues presented and discussed were DRR and Community Resilience as well as Movement Cooperation Agreement.

SRCS EXECUTIVE COMMITTEE MEETING

The SRCS Executive Committee meeting was held in Hargeisa on 7 July 2018. Mr Ahmed Abdi Bakal, SRCS Somaliland Coordinator in Hargeisa welcomed the participants to Hargeisa. After the opening formalities, the SRCS President Mr. Yusuf Hassan Mohamed thanked the participants for attending the meeting and took the Roll Call, declaring that the quorum was complete as 8 out of 15 members were present. The agenda was unanimously adopted.

The SRCS Executive Committee, after discussions and thoughtful considerations, Mr. Ahmed Jamaa Abdulle became the SRCS Vice-President. Mr. Ahmed has been an active and indispensable member in the NS management ranks since 1994. Training needs for the Executive Committee Members was thoroughly discussed and the President updated the committee about the efforts to strengthen the capacity of this important function.

The two coordinators Bakal and Adale made a presentation on SRCS activities, achievements and challenges in their respective areas of responsibilities. They highlighted some specific concerns and challenges that hinder the execution of activities. Overall, almost all the deliverables were realized.

The Executive Committee members were briefed about the ongoing strategic process notably, Human Resource policy, Health Strategy, Resource Mobilization and Finance Development. The Committee was also given a glimpse of the Health Strategy and its evolution since the inception of the process in mid-2017. It was also reported that SRCS engaged several key institutional reforms by establishing policies, systems, operating procedures and tools especially the Financial Development and Resource Mobilization etc. A short presentation on the National Society Development Initiative (NSDI) was also given. The plan, which is spearheaded by SRCS, is still at the discussion stage.

SRCS BRANCH MANAGEMENT MEETING

The Branch Coordinators meeting is one of the routine events in which all the branch secretaries and key coordination office staff members meet to discuss achievements, gaps, challenges, constraints of the ongoing programs and develop plans. This meeting was conducted in Mogadishu Coordination Office between 14 and 19 July 2018.

The meeting had three phases namely: refresher training on context assessment and risk analysis, framing of required guidelines and setting branch development priorities for 2019. The objectives of this meeting to update the context assessment and risk analysis tools, draw up context specific plans, to review the efficient use of the existing SRCS guidelines to enhance the Safer Access Framework (SAF), identify and frame the guidelines required to strengthen the SAF in SRCS and to re-plan for quarters 3 and 4 in 2018 and list the priorities of 2019.

HUMANITARIAN NEGOTIATIONS AND NETWORKING MEETING

The meeting on humanitarian negotiation and networking with key stakeholders was held in Mogadishu from 20 to 21 July 2018. The thirteen SRCS branches attended the meeting which focused on humanitarian negotiations and networking with key actors on the ground.

The objective was to agree and finalize the ToR for the Networking Steering Committee, map the current stakeholders in the operational areas, rate level of acceptance and develop a plan of action.

The meeting dealt with issues related to improvement of access, negotiations and identifying key stakeholders. The participants made stakeholder analysis and came up with number issues that are crucial for the overall success of humanitarian operations. Finally, a networking taskforce was appointed, and ToR developed and approved.



SAFER ACCESS FRAMEWORK (SAF)

The thirteen SRCS branches under Mogadishu Coordination Office undertook context assessment and risk analysis between August and November 2018. This was the second update of the context assessment and risk analysis since the new methods and tools of Safer Access Framework were introduced.

Before updating the context assessment and risk analysis of the branches, a workshop was held in Mogadishu to update the branch coordinators and discuss the challenges and lessons learnt from the first assessment. This has enabled the branch coordinators to have a clear understanding of the interlinked political, social, cultural and economic aspects of the evolving operational environment and the inherent risks.

Several tools were developed including:

- Incident Report Format
- Monthly Report Format
- Travel Request Format
- Social Media Guidelines
- Visual Identity Guidelines
- Save Driving Guidelines

PARTNERSHIP MEETING BETWEEN SOMALIA RED CRESCENT AND SWEDISH RED CROSS

A partnership meeting between the Somalia Red Crescent (SRCS) and Swedish Red Cross (SRC) was held in Nairobi from 20 to 21 August 2018. The meeting was aimed at building a strong partnership, reviewing the partnership between the two NSs, knowing each other's key challenges and priorities and agreeing on a schedule for an upcoming partnership meeting.

The meeting was used to reaffirm the continuity of the partnership between the two national societies even after the current Memorandum of Understanding (MoU) comes to an end. It was agreed that the partnership should focus on





the new priority areas as agreed by identifying the matching and overlapping needs of the national society with funding opportunities to match against the needs.

The meeting was attended by Somalia Red Crescent Society Yusuf Hassan Mohamed, SRCS President, Ahmed Jama Abdulle, SRCS Vice President, Ahmed Abdi Bakal, Coordinator for Somaliland, Mohamed Ahmed Mohamed, Coordinator for South-Central and Puntland, Hassan Abdi Jama, Deputy Health Coordinator for Somaliland and Abdulkadir Ibrahim "Afi", Organisational Development and Communication Director. On the Swedish Red Cross side, the meeting was attended by Mr. Melker Måbeck, International Director, Ms. Carina Andersson, Head of Unit, East and Southern Africa, Ms. Helena Forslund, Head of Desk, East Africa and Mr. Patrik Vinberg, Movement Relations Advisor.

CAPACITY BUILDING ACTIVITIES

During the year, several constructions took place. The Mogadishu branch compound was constructed and an extension of six rooms was made on Kismayo branch building. A new store was built inside the Beledweyne branch and EMONC section was added to the Dusamareb branch offices. The Bardera branch clinic was also constructed. Five clinics in Galkayo branch were rehabilitated and the perimeter wall of Dusamareb branch repaired. A solar system was installed in four clinics of Galkayo branch.

As for the vehicles, a fleet of 7 Hardtop Landcruisers were provided to the Mogadishu Coordination office and Mogadishu and Dusamareb branches. Similarly, one Prado Station Wagon was given to the Mogadishu Coordination office in Mogadishu. Nine mini buses were also provided to the SRCS branches of Dusamareb, Bardere, Mogadishu, Baidoa and Jowhar branches. Keysaney hospital also received one mini bus.

NATIONAL SOCIETY DEVELOPMENT INITIATIVE (NSDI)

The SRCS decided to engage in the National Society Development Initiative (NSDI), a process owned by the SRCS with the aim to develop the SRCS in terms of governance and build up responsibilities throughout the institution. The process is also meant to re-enforce the Movement coordination in Somalia.

This initiative is led by and has been discussed with key Movement partners. It is aligned to the strategic plan of the SRCS as well as the strategic priorities of the ICRC, IFRC and Movement partners.

NSDI Concept note was developed to provide a summary of discussions, understandings and informal agreements regarding a comprehensive National Society Development Initiative (NSDI) to support the Somalia Red Crescent. The Concept note was adopted by the Steering Committee. It was also developed into a draft ToR for the NSDI Steering Committee.

It has been agreed that for a NSDI to work effectively, it should have a small effective steering committee (decision making body to agree on NSD priorities and sequencing). The Steering Committee shall consist of SRCS (Chairperson), ICRC, IFRC, British Red Cross and Norwegian Red Cross. Within the steering, a joint SRCS and BRC (coordination and communication body) was formed. An experienced NSD delegate embedded into the ICRC Somali Office will be recruited.

FINANCIAL DEVELOPMENT PROGRAM

SRCS conducted refresher training on the Accounting software to the Accountants and rolled out the software to the

Coordination Offices and Rehab Centres. The SRCS offices have since been booking their transactions on the system.

The Somalia Country Finance Officer conducted four monitoring visits to the field during the year, with the main focus of the visits being to offer support to the accountants on the Sage accounting software, capacity building to the field accountants on due diligence on day to day financial management and ensuring that the SRCS Finance policies are complied with.

Finance Taskforce meetings were held during the year and various issues were deliberated. The SRCS partners have been supporting SRCS in the development of Asset Management, Procurement policy, Human Resource policy and Review of Finance Manual.

SRCS HUMAN RESOURCE POLICY

The SRCS developed its HR Policy Guidelines, Job evaluation, Job description manual and Salary review and benefits. All deliverables are standardized for both Coordination offices in Mogadishu and Hargeisa and all SRCS partners shall comply with the new SRCS HR Policy Guidelines and Salary Scale. The HR Policy will be implemented on a gradual basis as enormous efforts will be required to implement the phases and the different recommendations of the consultancy study.

The HR Roadmap 2018-2020 aims to strengthen the HR capacity in several targeted and selected areas such as redesign of the organizational structure, strengthening the HR function, developing the HR guidelines, updating the job descriptions and the specifications as well as designing a competitive salary and benefits structure. Key features of the latter two were explained by showing the pay structure divided into 10 band levels and to which salaries are plotted. In addition, a uniform set of benefit packages was outlined such as medical cover, group life insurance, and severance trust fund.

RESOURCE MOBILIZATION POLICY

Resource Mobilization is a priority area for the Somali Red Crescent and the SRCS Executive Committee. As a matter of fact, they have endorsed the development of RM policy and guidelines which includes the identification of possible Income Generating Activities (IGA), advising on improving current IGAs and developing oversight mechanisms of the SRCS Income Generating Activities in line with RCRC best practices and standards.

Currently, some projects and branches have some fundraising activities with the absence of a clear guideline on better use of resources and maximizing existing resources. The need for clear guidelines was echoed by all the SRCS branches.

There is presently a consultant position advertised with the project meant to take this on board scheduled to start before the end of 2018, pending the successful recruitment of a consultant. This initiative is supported by the Norwegian Red Cross.

HEALTH STRATEGIC PLAN 2019-2023

SRCS adopted a new Health Strategy which has five strategic objectives namely; Primary Health Care, Secondary Health Care, Rehabilitation of Physically Disabled Persons, Community Engagement and Community Preparedness and Response to Health Emergencies as well as two supporting objectives on Effective partnerships and Institutional capacity.

The health strategy aims to better position SRCS as a key humanitarian actor and a strategic partner in the development sector in the Somali context. It will focus more on improved access to Universal Health Care, Health promotion and disease prevention, the building of community capacity for health emergency preparedness and response as well as community-based surveillance. The difference with the previous strategy will be the quality, the alignment of the number of staff at the



clinics, and the inclusion of non-communicable diseases such as mental health and diabetes.

Red Cross and Red Crescent Movement Partners Meeting on SRCS Health Strategy 2019-2023 was held in Nairobi on 16 October 2018. The objective of the meeting was to present the main findings of the review of the SRCS Integrated Health Care Programme (IHCP) and the new SRCS Health Strategy 2019-2023 to the RC Movement Partners. This was followed by another joint meeting between the Red Cross/Red Crescent Movement Partners and the donor group in Somalia which was also held in Nairobi on 30 November 2018. The aim was to present the new Somali Red Crescent Health Strategy 2019-2023 to humanitarian Donors.

ANNUAL REVIEW AND PLANNING MEETINGS

The Annual Review and Planning meeting was held in Mogadishu from 15 to 17 December 2018 with the participation of 13 Branch Coordinators, Program Directors and key officers. A similar meeting was held in Hargeisa from 23 to 25 December 2018 and was attended by all the six branches under the SRCS Somaliland Coordination Office.

The participants of the two meetings had an opportunity to take stock of their achievements, challenges and plan the way forward. They discussed and reviewed activities for 2018 and drew up a plan for 2019-2020. The meetings focused on lessons learnt from emergencies and finding solutions for the identified challenges. Participants set the SRCS priorities for 2019 and 2020.

COMMUNICATION AND DISSEMINATION

The communication activities carried out in 2018 by the SRCS included dissemination sessions conducted, communication support to the branches, media engagement and trainings.

DISSEMINATION SESSIONS

During the year, the SRCS branches under the Coordination Office in Mogadishu conducted several dissemination sessions targeting 1,236 persons while the SRCS branches under the SRCS Coordination Office in Somaliland conducted 73 sessions reaching 1,818 persons. The sessions were held with different groups in the community including authorities, religious people, youth, women groups, business people, SRCS members, staff and volunteers.



As part of the emblem misuse campaign, 27 pharmacies and private clinics in all SRCS Somaliland branches were visited and encouraged to use green Crescent instead of the Red Crescent. Twenty seven emblem brochures were also distributed to the target audience.



COMMUNICATION SUPPORT ACTIVITIES

A reunification phone call between a mother and her daughter who currently lives in Mombasa, Kenya, separated for 16 years was successfully covered.

Another phone call between a daughter in Mogadishu and her family members (mother, father, sister and brother) in Kakuma Refugee camp who were separated for 11 years was also covered.

Communication support was given during the distribution activities in IDP Settlements in Baidoa from 18 to 28 October 2018. The distribution activity in Baidoa was documented, content for the SRCS/ICRC platforms was gathered and radio stations in the town covered the event.

Similar support was also given to the Dusamareb branch while carrying out food distribution activities from 9 to 23 August 2018. Videos and photos were taken, and dissemination sessions were held for the branch staff, volunteers and beneficiaries.

Job announcements of various positions in the SRCS were broadcast through local radio stations and Joblink website in collaboration with SRCS Human Resource Department.

BROADCASTING HYGIENE AWARENESS PROGRAM THROUGH RADIO



Radios are used to disseminate and pass on messages and information to the general public. Therefore, SRCS/ICRC and Mustaqbal radio developed hygiene messages in the form of spots to be used by all other local radios. The radio spots targeted communities in AWD/Cholera prone areas in Mogadishu and its environs. The aim of hygiene awareness-raising is to improve the hygiene behaviours of inhabitants in IDPs camps.

WORLD RED CROSS AND RED CRESCENT DAY

The SRCS Branches celebrated the World Red Cross and Red Crescent day which falls on May 8 of every year. The local media including Goobjoog SBC TV, Simba radio, Radio Risala as well as Jowhar and 252 news websites widely covered the event featuring the SRCS programs and services.



Activities conducted included dissemination sessions to different target groups in the community, demonstration of first Aid skills, cleaning campaign at hospitals and IDP camps and get-together at branches with dignitaries, community members, beneficiaries, media, Local NGOs, youth, women groups, SRCS staff and volunteers.

WORLD VOLUNTEER DAY

All SRCS branches celebrated World Volunteer Day on 5th December 2018. Different activities were carried out including demonstration of first aid skills.

PRODUCTION OF COMMUNICATION AND VISIBILITY MATERIALS

Different visibility materials were produced during the year. The materials included 6,000 flags in different sizes, 2,000 jackets, 9,000 magnetic stickers, 4,000 non-magnetic stickers, 600 T-shirts, and 600 caps.

MEETINGS AND WORKSHOPS

A joint SRCS/ICRC meeting was held in Nairobi on September 11 and 12, 2018. The meeting was a follow up of the Joint Workshop held in Hargeisa in December 2017, during which the groundwork to help build a number of key Departmental reference documents were laid out: a SWOT analysis, Frequently Asked Questions (FAQs), mapping of influential stakeholders and priority areas. Throughout the exchanges, the shortcomings were attributed to a variety of reasons including absence of plans of action, low understanding of a Communication Officers' role, absence of media engagement approach, lack of initiative in developing or proposing dissemination tools and materials and low streamlining of communication into other National Society departments and programs.

The meeting came up with a comprehensive plan to work on the issues raised during the discussions including development of the SRCS Communication Strategy.

The Dissemination and Mobilization Officer was given training on communication in Nairobi from 9 -12 July 2018. Similarly, the Media and Radio Officer received an induction training and briefing on Restoring Family Links in Nairobi from 19 to 24 November.

In Somaliland, volunteer communication focal points were selected and were given three-day training at Mansoor hotel in Hargeisa from 24 to 26 July 2018. The purpose of the training was to equip the trainees with the knowledge and practical skills to carry out the work-related tasks. The participants were selected from all SRCS Somaliland branches.

PUBLICATIONS

During the year, different publications were produced and distributed to SRCS stakeholders. The materials produced included 500 SRCS Annual Report 2017, 1,000 Infographics (Somali, English and Arabic), 2,800 leaflets, 270 posters, 500 desk calendars, 2,000 brochures and 45 dissemination flipcharts for first aid.



MAIN INTERNATIONAL EVENTS

- The SRCS President, Mr. Yusuf Hassan Mohamed, attended the ICRC and National Societies annual partnership meeting held in Geneva on 6 and 7 February 2018. The meeting was attended by 42 participants from 29 National Societies and representatives from the ICRC and the International Federation.

The meeting provided an opportunity to discuss various issues and challenges and how these could be addressed through the lens of ICRC-NS partnerships. It was an opportune moment for common strategic thinking since the ICRC, the International Federation and some National Societies were starting to draft their institutional strategies.

The partnership meeting provided a platform for the ICRC to share the broad lines of its strategy consultations and the arising priorities and dilemmas. It was an opportunity to reflect together with its NS partners on the emerging themes and the possible convergence of these with other strategic thought processes within the Movement.

- The SRCS Executive Director in Mogadishu, Mr Mohamed Ahmed Mohamed participated in the 43rd General Assembly of the Arab Red Crescent and Red Cross Organisation (ARCO) held in Baghdad, Iraq from 20 to 21 April 2018. At the meeting, the Executive Director in Mogadishu presented the main programs of the SRCS and the damage suffered by the SRCS office building as a result of October 14 blast as well as the need for support in reconstructing the office. The delegations from ARCO member countries expressed their sympathy and solidarity with the SRCS for the unfortunate incident that caused the deaths and injuries of staff and volunteers. SRCS was also elected as a member of the chairing committee of the meeting.

The Executive Director also attended a workshop on Enhancing the Humanitarian Response and Resilience through CSOs in OIC Countries held in Istanbul, Turkey. The workshop was co-organized by the Turkish Red Crescent, the Islamic Development Bank and the Statistical, Economic and Social Research and Training Centre. The workshop, attended by governmental and non-governmental delegations was aimed at understanding the challenges facing NGOs in OIC/IDB Member Countries in the humanitarian and resilience area in order to develop effective response mechanisms.

- The Disaster Management Director and National WASH Officer attended training on baseline survey and data collection by using Kobo tool in Mombasa. Similarly, in March 2018, the DM Director and National WASH Officer participated in a meeting organized by the Norwegian Red Cross in Nairobi, Kenya. The meeting focused on planning for Cholera Preparedness Project.



- The Director of OD and Communication, Mr. Abdulkadir Ibrahim Haji "Afi" attended a Communications Workshop in Johannesburg from 3 to 6 September 2018. The workshop was aimed at contributing to the strengthening of communications capacity of targeted African National Societies. However, the ultimate aim was to build trust, drive support to their work, strengthen the network of communications professionals in the region through peer to peer exchange of skills and lessons learnt, strengthen collaboration frameworks for speedy information sharing especially during emergencies and support of participating ANS to cement their role as auxiliaries to public authorities/ governments. The workshop was attended by 22 Anglophone African National Societies.



- The Deputy Coordinator of Health and Nutrition, Mr Hassan Abdi Jama, attended a meeting organized by the Norwegian Red Cross Codeathon in Oslo, Norway from 27 to 29 September 2018.

- The SRCS Deputy Executive Director in Mogadishu, Mr. Mohamed Abdi Warsame, the SRCS Director of Organizational Development and Communication, Mr. Abdulkadir Ibrahim Haji "Afi", and the Deputy Coordinator of Health and Nutrition, Mr Hassan Abdi Jama accompanied by the ICRC Cooperation Field Office, Mohamed Ibrahim Gutale, attended a three day Safer Access Framework Round Table which was held in Kigali, Rwanda from 27 to 28 November 2018. The objectives of the meeting was to create environment for National Societies to learn from each other about their experiences in the application of the Safer Access Framework, enable National Societies to discuss and address identified challenges and work together to identify solutions to issues of common interest and concerns and create the opportunity for a peer approach to the practical and concrete application of the Safer Access Framework.



- The Chief Surgeon of Keysaney hospital, Dr Ahmed Mohamed Ahmed, attended a three-day conference organized by the College of Surgeons of East, Central and Southern Africa (COSECSA) held in Kigali, Rwanda from 7 to 9 December, 2018.





ABOUT SRCS

The Somali Red Crescent Society (SRCS) is an independent, non-political humanitarian organization that was founded in April 1963 and was established with presidential decree No. 187 in 1965.

It was then recognized by the ICRC in 1969 and in the same year became a member of the International Federation of the Red Cross and Red Crescent Societies.

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