



Somali Red Crescent Society

2020 ANNUAL REPORT





Somali Red Crescent Society

**2020
ANNUAL
REPORT**

Contents

Abbreviations	4
Somali Red Crescent Society Branches	6
Statement from the President of the Somali Red Crescent Society	7
Integrated Health Care Program	8
Primary Health Care Program	8
Safe Motherhood	9
Immunization	10
Nutrition	12
Health Promotion Activities	13
SRCS Response to COVID-19 Pandemic	14
Community Based Surveillance and Epidemic Preparedness and Response Project	15
Training	15
First Aid and Prehospital Care	16
Keysaney Hospital	17
Surgical Activities	17
Obstetric Fistula Department	18
SRCS Rehabilitation Centres	19
Mogadishu Physical Rehabilitation Centre	20
Hargeisa Physical Rehabilitation Centre	22
Galkayo Physical Rehabilitation Centre	24
Disaster Risk Management	26
Relief and Livelihood Activities	26
Flood Prevention and Response	27
Desert Locust Response	28
Water, Hygiene and Sanitation (WASH)	28
Cholera Preparedness Project Activities	29
Trainings	30
SRCS Branches in Somaliland	31
Resilience	31
Community Based Surveillance (CBS)	31
Economic security	32
Restoring Family Links (Rfl)	32
Communication and Dissemination	33
World Red Cross and Red Crescent Day	35
International Volunteer Day	35
World First Aids Day	36
Organizational Development	37
Finance Development	38
Logistic Development	38
Resource Mobilization	39
Planning, Monitoring and Reporting (PMER)	39
Risk Management	39
Safer Access Framework	40
Human Resource Development	40
Volunteer Management	40
SRCS Strategic Plan 2021-2025 Development	41
Contributing to long-term impact	41
SRCS Partners Meeting	42

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANS	African National Societies
ART	Antiretroviral Therapy
AWD	Acute Watery Diarrheal
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 Programmes 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 Programmes
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
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
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
WW	Weapon Wounded

VISION

Resilient communities empowered and enabled to deal with the causes of suffering and respond efficiently and effectively to the needs of vulnerable people.

MISSION

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

THE RED CROSS AND RED CRESCENT FUNDAMENTAL PRINCIPLES AND VALUES

The SRCS is guided by the Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity
Impartiality
Neutrality
Independence
Voluntary Service
Unity
Universality

CORE VALUES

Integrity
Commitment and Leadership
Transparency and Accountability
People Centred
Teamwork and collaboration
Professionalism and Competency
Innovativeness and Adaptability/Learning
Results oriented

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
Garowe	Nugal
Hargeisa	Galbeed
Huddur	Bakool
Jowhar	Middle Shabelle
Kismayo	Lower Jubba
Las-Anod	Sool
Merka	Lower Shabelle
Mogadishu	Banadir



Statement from the President of the Somali Red Crescent Society

The SRCS, through its network of 19 branches and volunteers, helps the people affected by calamities, and ensure they recover quickly and can live with greater resilience and dignity. The frequency of climate-related disasters including droughts and floods has been affecting vulnerable communities in the country.

In 2020, the main focus was on Covid-19 pandemic, floods and conflicts that affected the country. The SRCS had a big achievement in the implementation of the Covid-19 response. The National Society was ranked number one in Covid-19 implementation plans among the top 10 National Societies in Africa in 2020.

As I seize this opportunity, I would like to reflect on the key successes achieved during the year. Through its thematic programs including first aid training, disaster response and recovery, disaster risk reduction, shelter, livelihood, health, Wathab, migration, cash transfer and social inclusion. In 2020, the SRCS reached a total of 3,818,378 people in the country.

As part of the National Society Development Initiative, the SRCS made progress in the identified priority areas, Key strategies and guidelines were developed in order for the SRCS to become a well-functioning, responsive, accountable and sustainable national society.

During the year 2020, the SRCS Executive Committee meeting was held and adopted the SRCS Finance Development Manual, SRCS Procurement Policy and SRCS Health Strategy 2019-2023. It was also decided that the SRCS Executive Committee members to actively engage themselves in overseeing the SRCS activities in the field and strengthen partnership with the local business community during responses to disasters.

On behalf of the entire SRCS team, I thank the staff, volunteers, and members for the hard work, team spirit and concerted efforts put in to ensure that we deliver on our humanitarian mandate. I would also like to extend my sincere gratitude to the SRCS Executive Committee for their commitment and dedication. My appreciation goes in particular to the volunteers of the SRCS who work every day to prevent and alleviate human suffering in the country. Our sincere thanks and gratitude goes to the authorities and community leaders for their unwavering support.

On behalf of the SRCS team, 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, British Red Cross, Canadian Red Cross, Turkish Red Crescent, Italian Red Cross, Swedish Red Cross, Finnish Red Cross, Icelandic Red Cross, Qatar Red Crescent, Kuwait Red Crescent, Arab Red Cross and Red Crescent Organization (ARCO), EU, UNICEF, WFP, WHO and Hormuud Telecommunication Company for their valuable support to the Somali Red Crescent Society in assisting the vulnerable people in the country.

Yusuf Hassan Mohamed

President

Somali Red Crescent Society

Integrated Health Care Programs

The Integrated Health Care Program is flagship of the National Society programs. It consists of the Primary Health Care Program which is a network of maternal and child health, out-patient department (OPD) clinics (fixed and mobiles) providing among others, expanded program of immunization (EPI), therapeutic and preventive nutrition services, treating and management 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.

It also has a component of Epidemic Prevention and Response. SRCS trained volunteers work with a range of preventive and promotive activities in their communities as well as awareness creation on HIV/AIDS and other stigmatised and harmful traditional practices such as female genital mutilation and cutting. Community-Based Health promotion activities through CBHFA approach and Epidemic Control for Volunteers and Community Based Surveillance are implemented.

The First Aid and Prehospital Emergency Care Program of the SRCS operates in a country where for the most part people are deprived of emergency medical assistance and basic ambulance services. War and conflict contribute to a heavy burden of trauma, which in most cases finds no answer in the scarce resources available for the existing medical system. The effects of other, non-traumatic, medical emergencies are also exacerbated by the lack of system of early identification and referral.

As for the Secondary Health Care, SRCS runs Keysaney surgical hospital in Mogadishu which provides weapon-wounded, medical emergencies and fistula program as well as Comprehensive Emergency Obstetric and New-born Care (CEmONC).

Another important component is the Tertiary Health Care which consists of three The Rehabilitation Centres respectively located in Mogadishu, Hargeisa and Galkayo. Centres provide orthopaedic and physiotherapy services to the physically disabled/challenged persons.

1. PRIMARY HEALTH CARE PROGRAM

During the year 2020, total of 53 fixed clinics and 12 mobiles clinics continued to provide comprehensive primary health care and nutrition services to more than two million people the majority of whom were women and children.

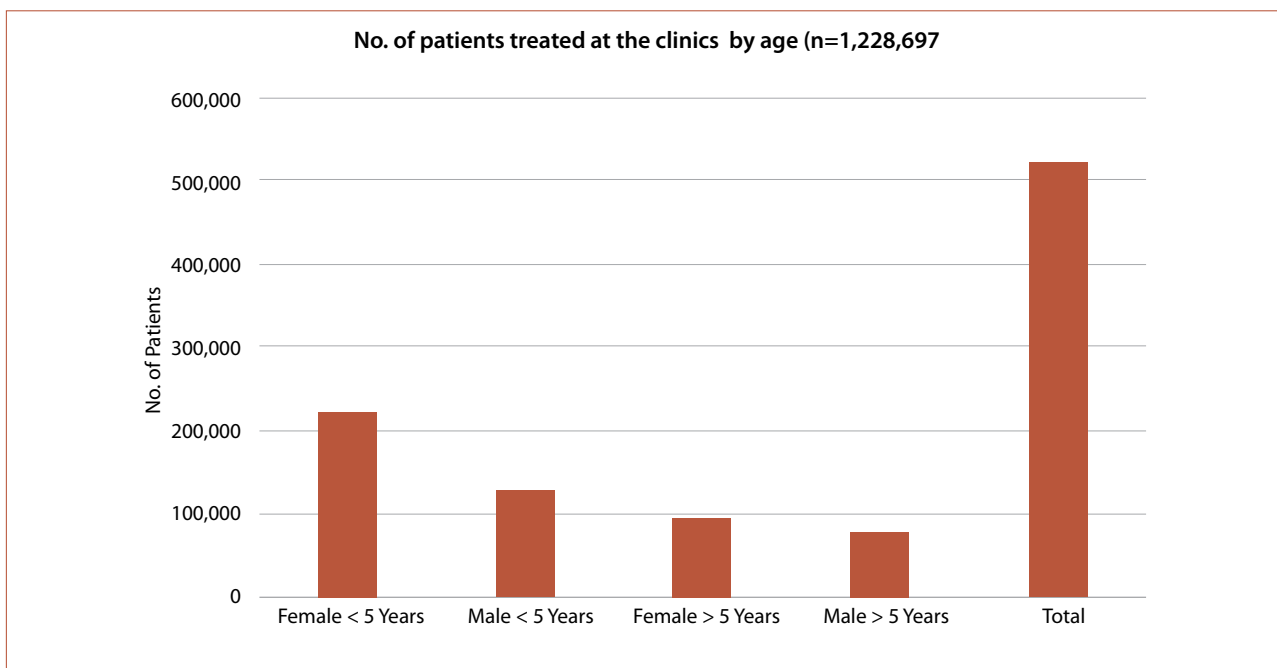


No. of Fixed Health Facilities	No. of Mobile Clinics	Total No. of Clinics	Target Population	Under 1-Year Children	Under 5-Years Children	Pregnant Women	Women Childbearing Age (15-49 years)
53	12	65	1,264,101	50,564	252,820	63,205	278,102

A total of 1,228,697 patients were treated in the clinics from various diseases. This year the number of beneficiaries increased by 44% compared with last year. The majority of the patients treated in the clinics were children (45%) and women (40%). The common diseases treated in the clinics include Acute Respiratory Infections (24%), Diarrhoea (12.4%), Anaemia (15.6%), Skin infection (6.2%), Urinary Tract Infections (10%) and Eye infections (5.2%).



Figure 1: Patients Treated in SRCS Clinics



SAFE MOTHERHOOD



SRCS clinics provide Antenatal services to ensure early detection of abnormalities and risks associated with pregnancy and child birth. A total of 121,520 pregnant mothers received antenatal services from the midwives. Out of that, 36,975 (30%) mothers were given antenatal services four times). Moreover, a total of 42,140 pregnant women were provided with multiple micronutrients while 15,479 received ferrous sulphate (iron) supplementation for the prevention of anaemia in pregnancy and treatment.



The midwives at the clinics assisted 19,143 deliveries in health facilities while 903 delivered at homes by the midwives and traditional birth attendants (TBAs) while 171 mothers with complications were referred to the regional hospitals. In order to enhance exclusive breastfeeding and Infant and Young Feeding Practices (IYCF), early breastfeeding was initiated in which 18,008 mothers were convinced to breastfeed their

children within the first hour after giving birth. Mothers in the postnatal care are provided vitamin A supplements increasing the vitamin A content of breast milk and improving the health of mother and infant. During this period, 44,979 mothers were given postnatal care at the clinics and 21,385 postnatal mothers were given Vitamin A supplements and 10,590 postnatal women were treated from anaemia with iron with folic acid.

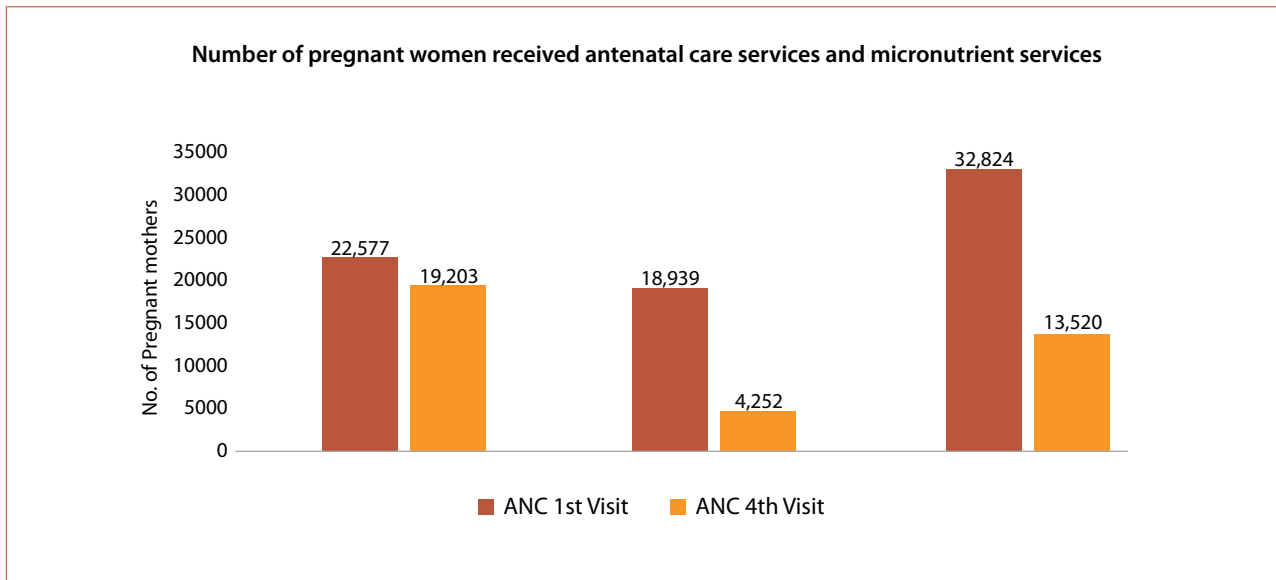


Table 2: Assisted Women Deliveries at Health Facilities

Deliveries at health facilities	Mothers with complication Referred to hospitals	Early initiation of breastfeeding (First hour)	Postnatal care (PNC)	PNC given Vitamin A	PNC given iron Folate as treatment for anaemia
19,143	171	18,008	44,979	21,385	10,590

IMMUNIZATION

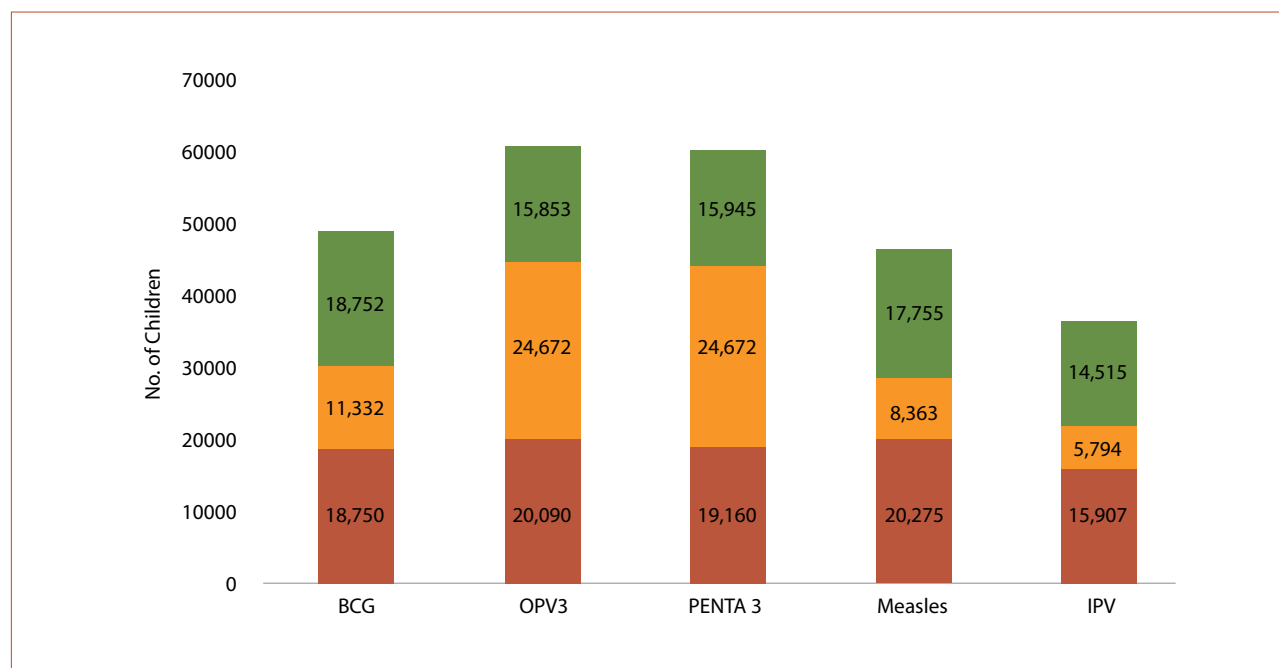


The Expanded Program for Immunization is one of the primary health services provided by the SRCS fixed and mobile clinics. Under five years children, pregnant and non-pregnant women within the child bearing age (15-49 years) are immunized against childhood diseases and neonatal tetanus during routine and outreaches services. A total of 107,008 under one year were fully immunized against Measles, Diphtheria, Pertussis, Tetanus, Haemophilus influenza type b (Hib), Hepatitis B, Tuberculosis (TB) and Poliomyelitis. Based on the

target population above, the vaccine coverages of under one-year children are: BCG 97%, Polio3 120%, Penta3 118%, Measles 92% and IPV 72%. This is relatively high compared to the national immunization coverage. This shows that the immunization services are access to the target communities by served by SRCS health facilities. The access to immunization does not show any much difference between 2019 and 2020 which indicates that the pandemic has not impacted the access to immunization services in SRCS supported clinics.

Table 3: Children Vaccinated Against Childhood Preventable Diseases

	BCG	OPV3	PENTA3	Measles	IPV
Total	48,834	60,615	59,777	46,393	36,216
Achievement vs Target in percentage	97%	120%	118%	92%	72%

Figure 2: Under-One Year Old Children Fully Immunized

Pregnant and non-pregnant mothers within the childbearing age (15-49 years) were encouraged to take TT vaccines. A total of 75,843 pregnant and 27,439 non-pregnant women were given Tetanus Toxoid vaccines for the prevention of neonatal tetanus. The fixed and mobile clinics provided at least two doses of TT vaccines to 51,245 pregnant women.

Table 4: Pregnant and Non Pregnant Women Vaccinated Against Tetanus

TT Vaccines	Total	
	PW	WCBA
TT1	49,196	17,538
TT2	38,446	14,136
TT3	30,134	10,722
TT4	19,578	8,216
TT5	14,332	4,266
Total	151,686	54,878

NUTRITION

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

The nutritional status of 333,762 children was assessed and 55,025 (16.4%) of them were moderately malnourished ($2 > -3$ Z score) and 16,668 (5%) were severely malnourished (<math>< -3</math> Z score or MUAC <math>< 11</math>cm). The severely malnourished and children with oedema with no medical complications were admitted in the Outpatient Therapeutic Feeding Program (OTPs) for treatment. The severely malnourished were admitted at OTP services at the fixed clinics and mobiles. As shown in the table below, 13,725 children exited from the OTP of whom 13,081 children (95%) were cured and 496 (3.6%) defaulted while 37 (0.2%) died. From Therapeutic Supplementary Feeding Program (TSFP) in SRCS health facilities, a total of 40,690 moderately malnourished children and 61,272 pregnant and lactating mothers were supported with nutrient foods for the treatment of moderate malnutrition. In addition, 63,662 children aged 6-24 months and 95,263 pregnant and lactating mothers were given assorted nutrient foods of 1,352 metric tons to prevent malnutrition and promote well-being of children and mothers.

The children were also provided with vitamin A to prevent night blindness and vitamin A deficiencies and related complications. A total of 60,337 children between ages of 6-59 months received Vitamin A supplementation during the year while 33,065 children were de-wormed to improve their overall health and nutritional status.

Nutritional education sessions were conducted by the clinics and mobiles staff providing nutrition information to the mothers and caregivers of the children particularly on breastfeeding, complementary feeding and food hygiene including proper hand washing at critical times. A total of 37,472 pregnant and lactating mothers directly benefited from nutrition education sessions.



Table 5: Nutrition services to under five children

No. of Children nutritionally Screened	Nutritional Status			Vitamin A Supplements	No. of children Dewormed
	Normal	MAM	SAM		
333,762	262,069	55,025	16,668	60,337	33,065

Table 6: Children Admitted in the Outpatient Therapeutic Program

	Total beginning of year	New admission	Cured	Death	Defaulter	Non-cured / failure	Referred to SFF/SC
Total	6,572	14,881	13,081	37	496	43	68
Percent			95%	0.3%	3.6%	0.3%	0.5%

HEALTH PROMOTION

SRCS staff and volunteers organized health promotion activities in the targeted communities of the areas covered by the health program. The aim was to reduce the morbidity and mortality of common diseases by changing community attitude and behaviour through community awareness raising. More than 304,431 people were reached and given knowledge on communicable diseases related to ARI including Pneumonia among the under-five and malaria, importance of breastfeeding and IYCF for individual and group sessions, importance of antenatal and postnatal services and family

planning, eradication of Female Genital Mutilation and Cutting, STI/ HIV and AIDS, Complimentary Breast Feeding and IYCF, prevention measures, use of Zinc plus ORS, diarrhoea disease prevention and disposal of faecal materials.

Table 7: Health Education Sessions

Female	Male	Total
176,368	113,895	304,431



SRCS RESPONSE TO COVID-19 PANDEMIC

The SRCS reached out to communities through awareness campaigns and health and hygiene promotion in order to prevent the spread of Covid-19 in the country. Main targets were the SRCS health facilities, communities and camps for Internally Displaced People as well as other high-risk areas. The SRCS had a big achievement in the implementation of the Covid-19 response. The National Society was ranked number one in Covid-19 implementation plans among the top 10 National Societies in Africa in 2020.

A total of 1,061,970 people were reached with health education, promotion of handwashing and social distancing practices at 71 SRCS Clinics. 337,878 communities were provided with information sessions on Covid-19 prevention, using 3,322 posters and other materials. Facemasks, gloves and hand washing facilities were provided to all nurses and doctors in Keysaney hospital. 20 volunteers were also deployed to take temperature from people visiting the Keysaney hospital.

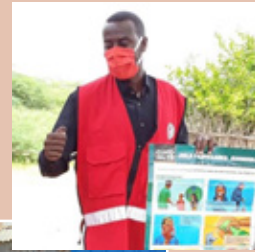
Risk communication and health education was disseminated to the communities to increase knowledge of signs and symptoms, uptake of personal and household infection control measures, cough and sneezing etiquettes and where to seek help in the event of feeling unwell or when the signs and symptoms manifest. Thermometers were provided to all SRCS clinics and handwashing facilities were established at all hospitals and clinics, physical rehabilitation Centres and camps for Internally Displaced People. Basic Personal Protective Equipment were given to all staff at health facilities and volunteers who were involved in activities.

SRCS volunteers were trained to deliver the messages and demonstrate on proper hand washing and social distancing. Health education posters and soap were used and provided to the participants of every session. They conducted health education in the clinics, market places and with over 137,399 communities and in the camps of the internally displaced people and a total of 1,216 trained volunteers were mobilized to carry out house to house Covid-19 preventive messages for over 83,160 individuals.

As for the hygiene promotion, a total of 1,049,999 people benefitted from the hygiene promotion activities including distribution of handwashing tanks, jerry cans, soaps, dustbins, sanitizers and napkins. Hygiene Promotion sessions were conducted at community level and at clinic level. Key preventative messages and proper hand washing demonstrated to residents and camps for the internally displaced persons as well as at market places and villages.

Infection prevention and control activities were also carried out at SRCS health facilities. A total of 64,843 staff members and volunteers received Personal Protective Equipment (PPE) and a total of 83,859 people benefitted from the fumigation services carried out in the SRCS health clinics and public areas such as community centres and public spaces in the settlements of the internally displaced persons. SRCS scaled up Covid-19 preparedness and assisted with contact tracing and prevention of onward spread of Covid-19.

Key messages on handwashing, hygiene and social distancing were broadcasted through 12 radio and 2 TV stations to cover all the regions in the country. Over 2,965,304 people benefitted from the Covid-19 awareness through radio and TV stations. A total of 126,242 volunteers, clinic staff members and Community Health Committees were trained on COVID 19 infection prevention and control.



COMMUNITY BASED SURVEILLANCE (CBS) AND EPIDEMIC PREPAREDNESS AND RESPONSE PROJECT

A community based program was established in 2017 after the cholera outbreak. It was piloted in Ainabo, Togdheer and Odwayne and later extended to Awdal and Sool regions. Communities were trained in health promotion activities, diseases and case definition so as to report any detected community health problem using SMS coded messages. Many outbreaks begin with sick people, or sudden deaths in a community that were not detected early enough by health facility-based surveillance systems.

The community based surveillance system was launched in Ainabo, Odweine, Burao and Buuhoodle, Borama, Lughaya, Zeila, Hudun, Taleh, Lasanod, Galgadud, Hiran, Middle Shabelle, Banadir, Lowe Shabelle, Bay, Bakool, Gedo and Lower Jubba regions. A total of 545 volunteers were trained in the different regions of the country.

Moreover, a total of 515 volunteers were trained on Acute Diarrheal Disease, Measles, Malnutrition and cluster of unexplained illnesses or death in people, Nutrition, Hygiene and Health Promotion. On the other hand, another 251 volunteers were provided with refresher training.

On March 6, 2020 the new NYSSS platform was launched and adapted by the SRCS and the Community Based Surveillance volunteers. The SRCS remotely facilitated a two-day training on introduction of Community Based Surveillance for 12 Branch Health Officers. The platform published a story about the SRCS volunteers who helped in stopping Coronavirus transmission using mobile phones. SRCS volunteer in Burao town identified the first case. An article about the CBS efficiency in conflict settings on monitoring health risks at community level was also published online



A total of 5,621 activities were reported in which 450 of the submitted reports were on acute diarrheal disease, 386 cases on acute malnutrition and 17 cases on cluster of a usual illness or death in the people. The activities were reported from all over the country. Other reports shared by the trained volunteers included 82 people from Awdal, Sool and Togdheer experiencing cough and difficult breathing and 42 persons from these above-mentioned regions experienced fever and rash.

A feasibility assessment of community-based surveillance was conducted in Awdal and Togdheer regions. The feasibility assessment was carried out in order to establish the SRCS-Norwegian Red Cross Process Evaluation of CBS Functionality and Effectiveness in Somaliland.

TRAINING

CBS trainings on different subjects were given to target groups including health staff, volunteers, community members, internally displaced people (IDPs). The total number of people who benefited from these trainings were 5,219. Volunteers raised the health alerts related to acute diarrheal disease.

A training on measles and unusual events was given to six Branch Health Officers and supported orientation about the

CBS establishment in Garowe and Bosaso. This mainly focused on site selection, CBS community approach, selection and identification of community volunteers through community health committees, community leaders and local authorities in their respective villages and regions as well and linking CBS to existing Health Information System of the Ministry of Health. 6,598 reports submitted by the volunteers were successful, 630 showed errors and 50 were dismissed.

FIRST AID AND PREHOSPITAL CARE



The SRCS is the major first aid provider in the country. It gives first aid training to the different community segments and provides first aid services to the sick and wounded victims. The SRCS first aid teams did a great work during the year and made a total of 578 first aid responses.

The First Aid Action Team in Mogadishu assisted 1,294 traumatic patients and transported 94 dead bodies to the local hospitals.

In Galkayo, the team assisted 37 traumatic patients and 12 dead bodies to different local hospitals. The volunteer responders

also assisted 87 people with first aid services at sports grounds. They transported 235 traumatic patients and 34 dead bodies to the hospitals. Similarly, the trained community first aiders assisted 144 persons and transported 30 bodies to different local health facilities.

A total of 50 persons from two checkpoints on the road between Berbera and Hargeisa were given first aid training. Similarly, a total of 916 persons attended the routine first aid classes in the six regions of Somaliland.



Keysaney Hospital

The SRCS Keysaney hospital is one of the largest surgical hospitals in Somalia which focuses on trauma surgery including electives and referrals. The hospital is teaching hospital in surgery and trauma for medical and nursing students in the country. The hospital celebrated its 28 anniversary on February 2, 2020.

A total of 7,626 persons benefited from the hospital services. The outpatient Department attended to 5,725 patients while 1901 were admitted in the hospital.

The hospital continued to provide educational opportunities to university students in order to gain experience and expertise in practical medical treatments. A total of 820 students from the local medical universities and institutes were trained in the hospital.

Different levels of training and workshops on Health Management Information System, War-wounded, Trauma Life Support and Lab Techniques were given to the staff and management of the hospital. The workshops were sponsored by the ICRC and NOHEK Foundation (International NGO).

In response to the Covid-19 pandemic, the hospital trained 40 Auxiliary Nurses for the Care and treatment of suspected Covid-19 patients. 20 of the trained nurses were sent Martini hospital to assist Covid-19 patients. The hospital community committee continued to support the hospital in different aspects.



SURGICAL ACTIVITIES

Weapon Wounded	Total
a) Gunshot Wounds	219
b) Mine	10
c) Shell	22
d) Other Weapon (Stab wounds etc.)	10
Total	261

Year 2020	Weapon Wounded by Age and Gender				Total	Mine Injuries		
	Adults		Children <15years			Mine Injuries	% of mine injuries	% of Other WW
	Male	Female	Male	Female				
	188	32	23	18	261	0	0	0

OBSTETRIC FISTULA DEPARTMENT

During the year, a total of 209 patients were given consultations and clinically assessed. 136 patients were admitted for treatment. A total of 116 patients were successfully repaired.

Patients treated

No	No of Patients Treated	Diagnosis
1	52	VVF
2	27	RVF
3	37	Perineal Tear
Total	116	

The age bracket of the patients ranged between 16 and 49 years. 60.3% of them were primigravida. 85.3 % of the fistula cases were delivered by traditional birth attendants. Most of these cases were from Banadir region (28%), Middle Shabelle (14%), Lower Shabelle (13%), Gedo and Lower Jubba (10.4%) and Galgaduud (7%)

The Fistula surgeon, Project Manager, Nurse and a physiotherapist received a ten-day training in Eldoret, Kenya.

Unfortunately, the training was disrupted by the Covid-19 pandemic. A four-day training was given to SRCS Branches of Garowe, Bosaso and Galkayo. The training focused on the prevention and diagnosis of obstetric fistula. 30 medical students also received different training on community engagement.

Fistula Project Manager and Community Engagement Officer participated in a three-day Community Engagement Training organized by the Norwegian Red Cross and implemented by the IFRC. Nine Fistula Staff members attended a four-day psychosocial Support training held in Keysaney hospital.

Farewell events for fistula patients who underwent surgeries were held in order to reduce stigma/discrimination and teach them how to reintegrate with the community and restore their dignity; we took time with them to have cultural foods, coffee, juice and some snacks beside that we provided some gifts. More than 23 patients with foot drop complication of obstructed labor were provided with physiotherapy treatment. A long-acting contraceptive implants provided with more than 27 repaired fistula women. 26 patients from different regions were referred to the fistula department.





SRCS Physical Rehabilitation Centres

The SRCS Physical Rehabilitation Program founded the Mogadishu Rehabilitation Centre in 1981 with support from Norwegian Red Cross. Since then, the SRCS expanded the program with centres in Hargeisa in 1996 and Galkayo in 1999. They remain the major three physical rehabilitation centres in the country.

The Centres continued to provide orthosis and prosthesis services to the physically disabled people who needed assistance. The operations of the centres was impacted by the Covid-19 pandemic.

During the year, training on clubfoot and Tenotomy was conducted in Mogadishu and Hargeisa Rehabilitation Centres. One day training was held in the SRCS Coordination Office in Hargeisa. The training was attended by 57 Centre staff and midwives from different hospitals and clinics run by the SRCS.

Annual Meeting of the SRCS Physical Rehabilitation Centres was held in Hargeisa from 25 to 26 February 2020. Welcome remarks were given by Mohamud Mohamed, Director of Hargeisa Rehabilitation Centre and Ahmed Abdi Bakal, SRCS Executive Director. Also remarks were given by Jacinta Hurst, NorCross Country Program Manager for Kenya and Somalia, Subhash Sinha, ICRC Regional Physical Rehabilitation Manager for East Africa and Kwame Darko, IFRC Health Delegate. They all spoke about the importance of the Rehabilitation program and the need to strengthen it.

The three Centres presented their activities and challenges followed by discussions about the presentations. The meeting discussed Beneficiaries Feedback, IT Equipment, Training Plan - 2020, Financial System, EMSAT Report. A plan of action was developed and the meeting was successfully closed.

On 18th-19th November 2020, the SRCS Physical Rehabilitation Centres Annual Meeting was held virtually attended by all SRCS leaderships, Rehab Centres key staff, Norcross and ICRC. The meeting discussed various issues related to the development of SRCS Rehabilitation Services provided by the Centres



MOGADISHU PHYSICAL REHABILITATION CENTRE

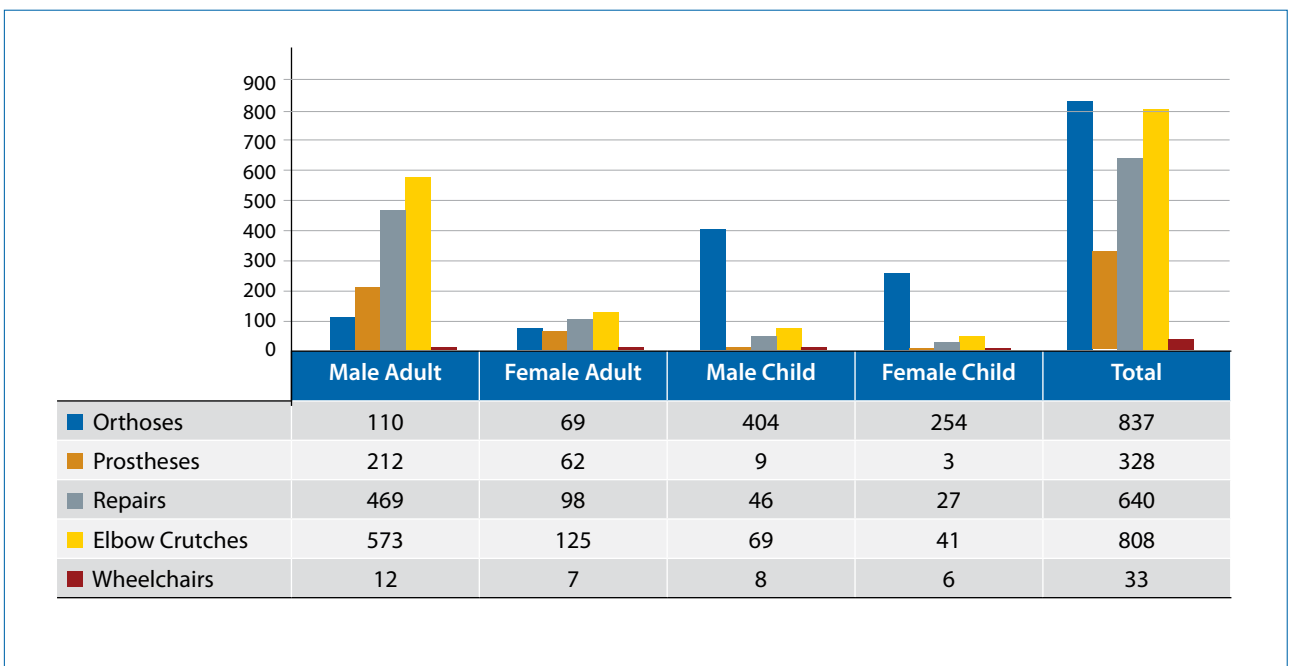
The Mogadishu Physical Rehabilitation Centre maintained service provision to the disabled people and provided them with Orthopaedic appliances improving their mobility and physiotherapy treatments. It also continued the referral system with the major hospitals in Mogadishu. A total of 4,111 patients were assisted with different services. Of this number, 2,578 received different physiotherapy treatment while 1,533 were assisted with different orthopaedic appliances.

The Centre carried out a general rehabilitation and reconstruction which included the parameter wall and the renovation of the female gait training area. As a precaution measure, PPEs were provided with all the staff. Two staff who were trained in Tanzania returned to the Centre and resumed their work.

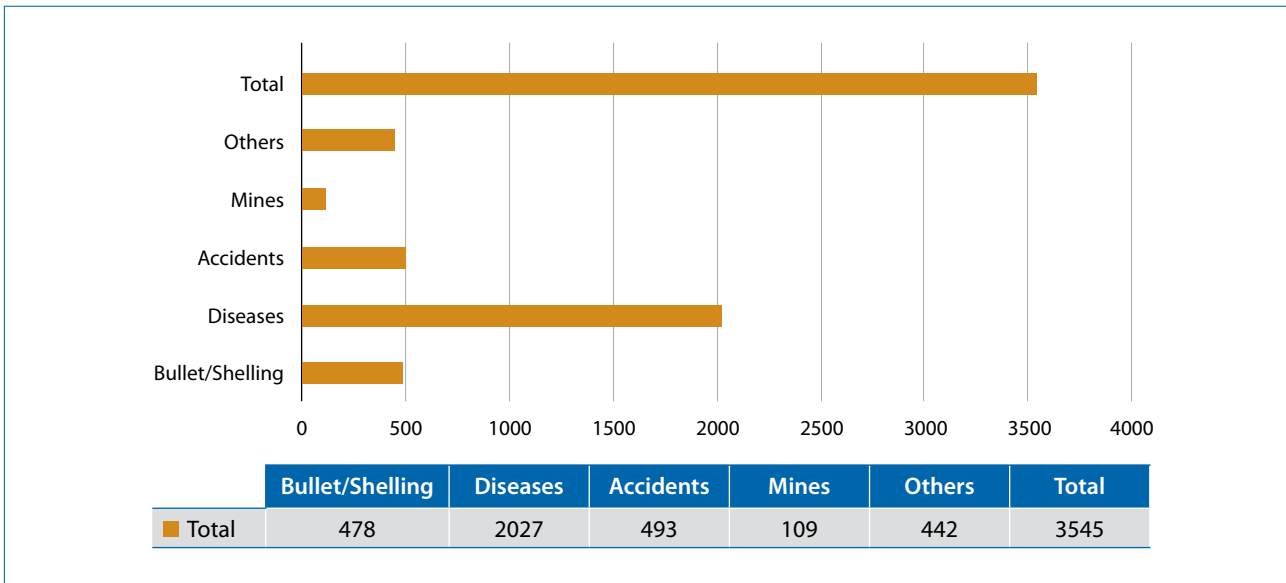
The Centre generated a total of US \$ 15,813 through the cost sharing with poor patients receiving exemption.



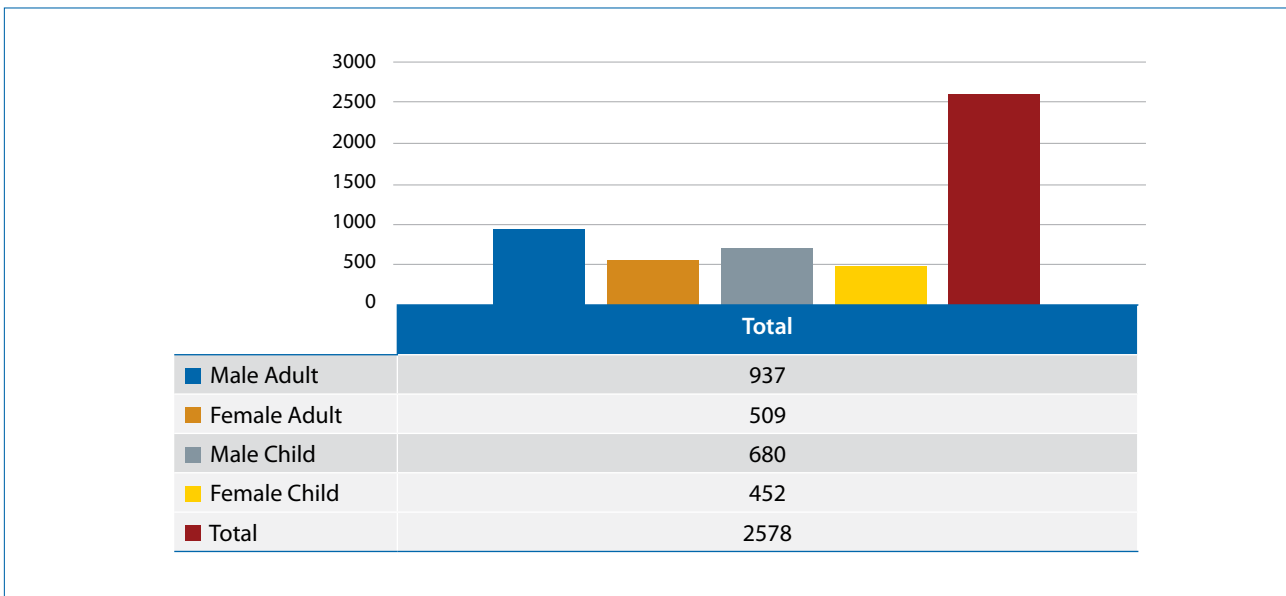
Appliance Produced



Causes of Disability



Physiotherapy Beneficiaries



HARGEISA PHYSICAL REHABILITATION CENTRE

The SRCS Hargeisa Physical Rehabilitation Centre provides orthosis and prosthesis services to the physically disabled people in Somaliland. The technicians and physiotherapy assistants carried out outreach activities in Hargeisa IDP camps, Erigavo and Borama towns respectively. The team assessed patients and screened a total of 330 patients.

As part of the Centre capacity building, three staff members were given medium and long term scholarships at different institutions in overseas countries. Other trainings planned for 2020 did not take place due to the Covid-19 pandemic. However, the Centre carried out only one Training on Identification of Clubfoot for 30 MCH midwives.



A total of 598 appliances were fabricated and delivered. 330 patients were screened in three branches and a total of 1393 beneficiaries received physiotherapy services. The centre also offered treatments to children with clubfoot. The hospitals and SRCS clinics referred a number of children to the centre for treatment. The total number of children with clubfoot treated are 37.



An external consultant carried out two beneficiary feedback and technical assessments in the Centre. The overall aim of the evaluation was to assess the performance of the program in terms of viability, success and challenges. The beneficiary feedback and technical assessments were carried out by two external interviewers. They interviewed 20 service users according to set criteria and guidelines of the assessment.

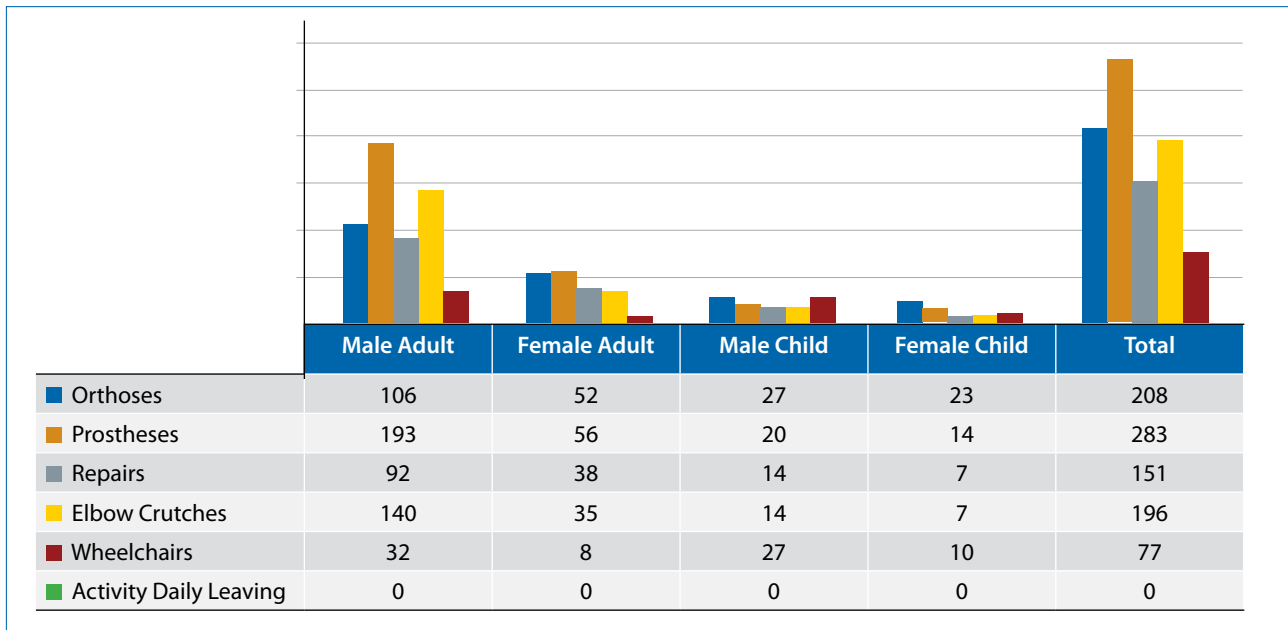
On 3rd December 2020, the Centre joined in the celebration of the International Day of Disability which was organised by the Somaliland National Disability Forum (SNDF). The event was held in Bacado hotel in Hargeisa with the participation of invited dignitaries and guests.

The Centre launched an awareness raising campaign in collaboration with the local TV station in order to promote the activities of the centre.

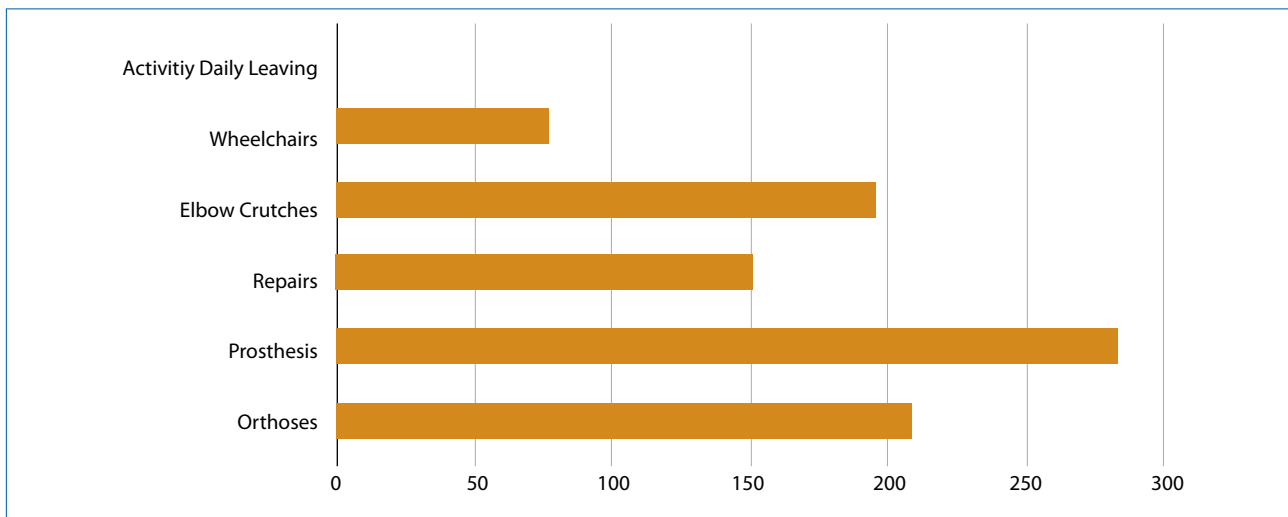
During the year, the Centre generated through the cost sharing scheme and shares with Telesom Company a total of US \$ 3,949.



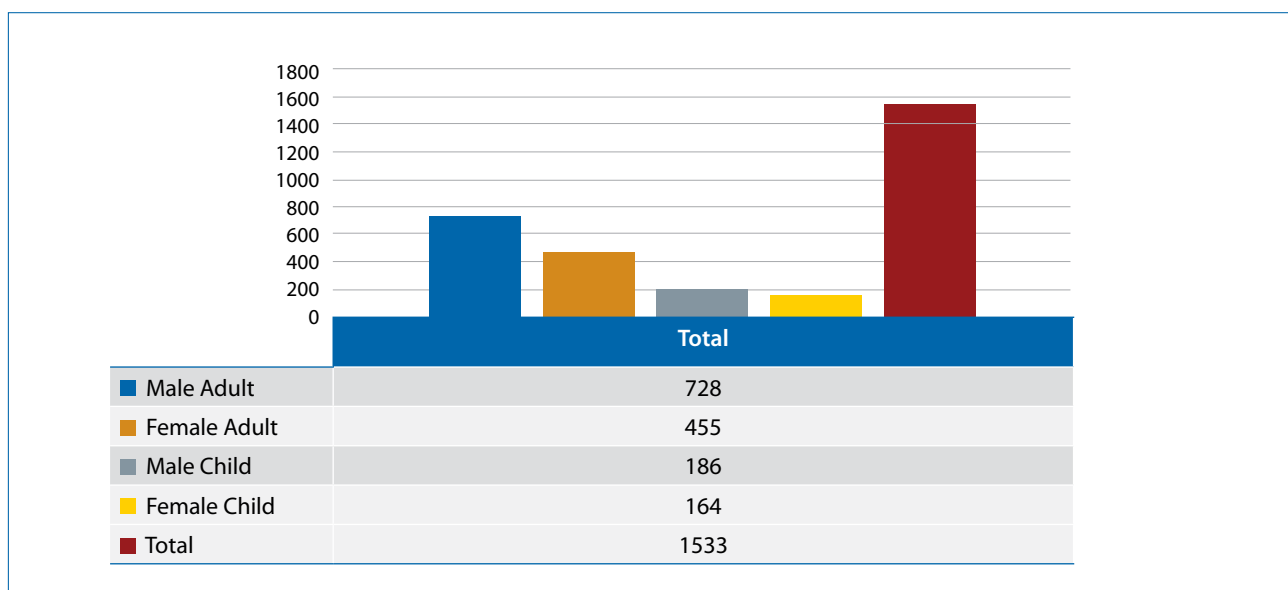
Appliance Produced



Causes of Disability



Physiotherapy Beneficiaries



GALKAYO PHYSICAL REHABILITATION CENTRE



SRCS Galkayo Physical Rehabilitation Centre serviced a total of 1,585 service users. 802 benefitted from the Physiotherapy services and 783 from prosthetic and orthopaedic services.

The Centre provided 51 prosthetic and 338 orthotic to the beneficiaries. 181 pieces of elbow crutches, 79 wheelchairs

and 44 ADL devices were delivered. 93 prosthetic and orthotic repairs were also made.

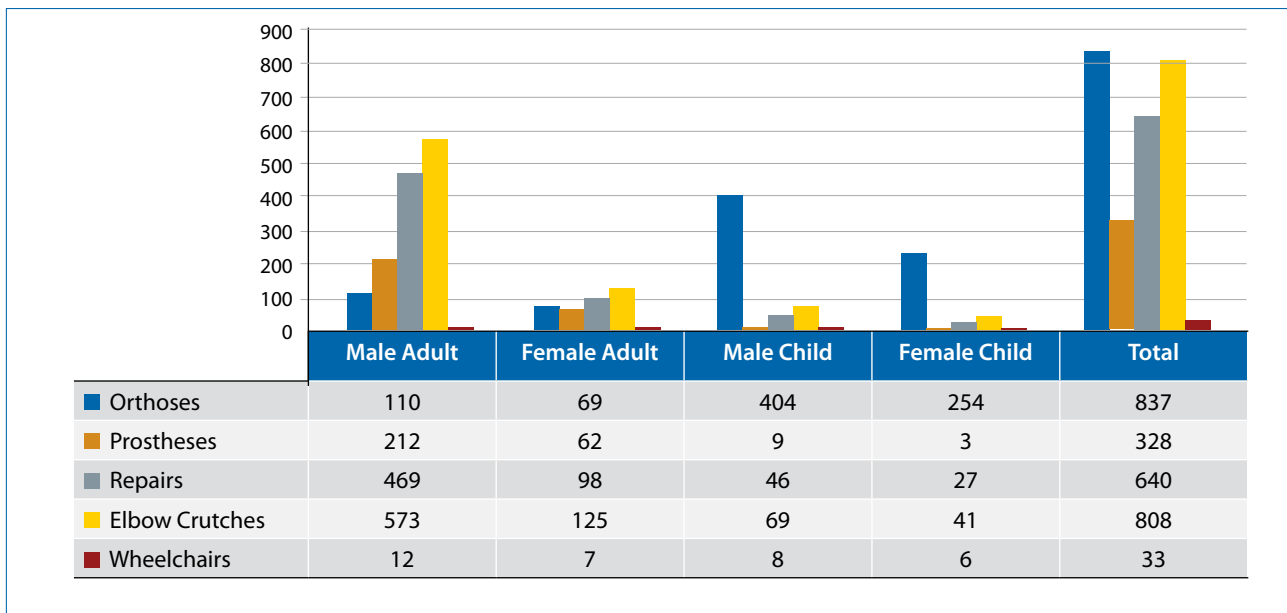
The working environment was improved as trees, flowers and grass were planted in the centre. Room for security guards was constructed. The re-construction of the Physiotherapy department was completed successfully.

Four staff members and the new doctor benefited from three days basic clubfoot course held in the Centre. Two technicians started online course on 23rd November 2020. A new part-time doctor was hired and attended two weeks Tenotomy training in Mogadishu. The Centre Accountant participated in one-week training on Sage Accounting Software training held in Garowe. Four staff members attended Human Resource training held in Galkayo Rehabilitation Centre.

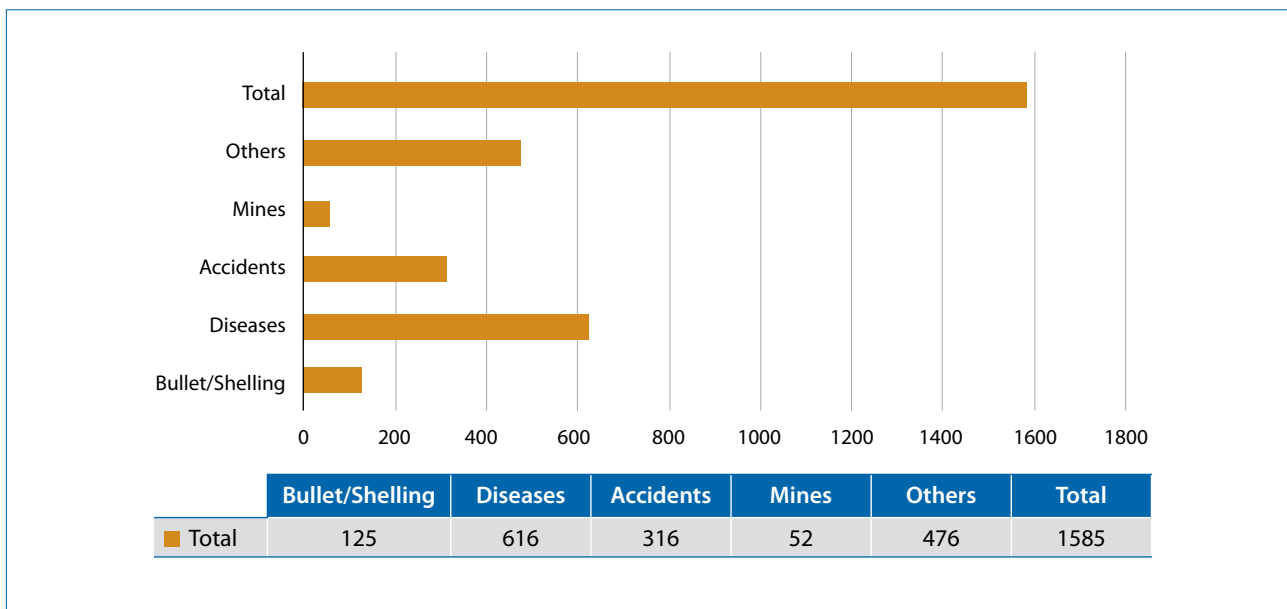
Outreach activities were carried out in Burtinle, Jalam and Garowe. A total of 119 patients benefited from these services.



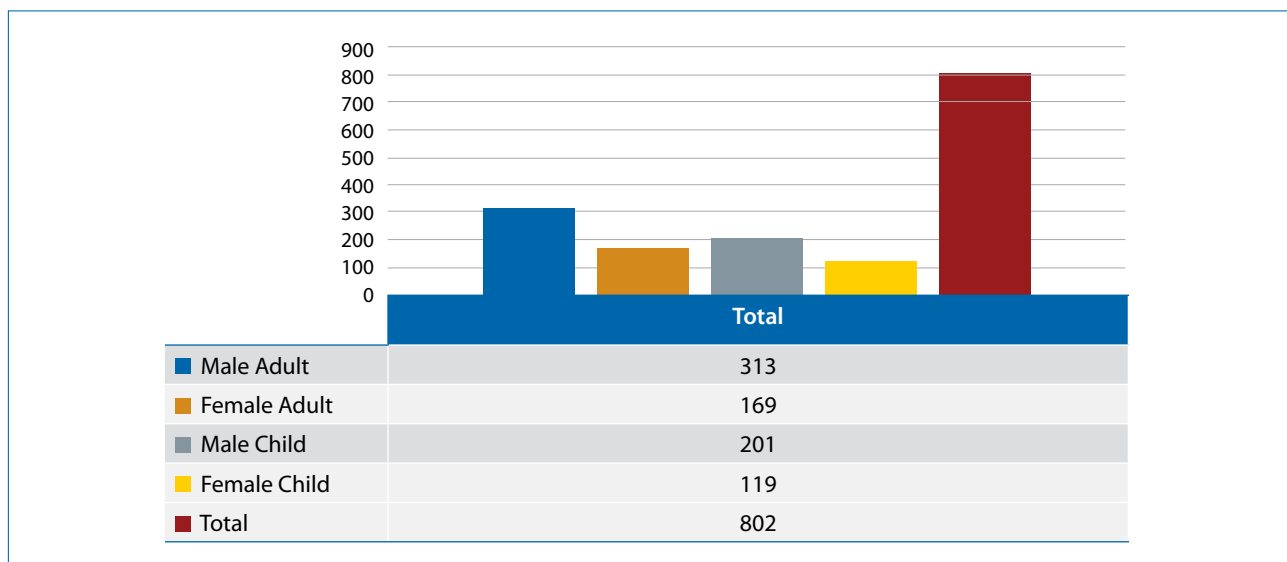
Appliance Produced



Causes of Disability



Physiotherapy Beneficiaries



Disaster Risk Management

ACTIVITIES

RELIEF AND LIVELIHOOD

The main interventions carried out included food and non-food items distributions to the most vulnerable people badly affected by floods and clan clashes in different regions. The SRCS volunteers carried out food and NFIs distributions in Timirshe and Balidin villages in Bari region, Radarka and Gubadley in Banadir, Beledweyn in Hiiraan and Dusamareb, Gelinsor, Adado and Guri'el in Galgaduud.

The branch distributed food items to 363 displaced people who were affected by the floods. There were also income support project aimed to support the small scale businesses (micro-economic initiatives) mainly run by women headed households in main towns, beekeeping and fishing

communities. This project also supported the fishing and beekeeping communities with fishing gear and boats and beekeeping equipment in coastal areas.

The agro-recovery projects supported the vulnerable people affected by the floods and conflict with cash grants and cash for work for emergency relief.

A total of 31,744 households were provided with relief, livelihood and income support. A total of 171,000 sand bags were distributed in Beledweyn, Jowhar, Mahaday, Bardera and Gobweyn (Kismayo). 609 volunteers were mobilized during the relief interventions in all regions.





FLOOD PREVENTION AND RESPONSE

BELEDWEYN AND JOWHAR BRANCHES

In response to the floods in Hiraan and Middle Shabelle regions, the SRCS Beledweyn and Jowhar branches mobilized their volunteers and carried out flood prevention activities. The SRCS Beledweyn branch deployed volunteers to the villages isolated by the flooding. The branch supported the rescue operation team with a boat and supply of fuel. The boat transported food and medical supplies to the villages surrounded by the water.

In August, the branch volunteers participated in the flood protection and prevention efforts made by the local authority and the community in the upstream villages where they had conducted River embankment activities to prevent the water from reaching the main town. The branch volunteers distributed 16,000 sandbags inside and outside the Beledweyn town. Similarly, the SRCS Jowhar branch took an active part in the flood prevention efforts in Middle Shabelle region particularly in the main town and villages. They also distributed 25,000 sandbags in Jowhar town and 5000 sandbags in Balad which was one of the worst hit areas.





BOSASO BRANCH

Owing to the heavy rains in western part of Qardho district, the SRCS Bosaso branch in collaboration with the local authorities and partners conducted a rapid assessment to identify the magnitude of the damages. The SRCS Bosaso branch mobilised its volunteers in Qardho Sub-branch and distributed non-food items consisting of 1000 sleeping mats and 1000 plastic tarpaulins to 1000 households.

The SRCS Bosaso branch carried out an emergency response and distributed non-food items to 1500 flood affected households in Qardho town. The assistance consisted of mainly non-food items, hygiene promotion and emergency health care.

DESERT LOCUST RESPONSE

GALKAYO AND GAROWE BRANCHES

The SRCS Galkayo and Garowe branches supported by the Coordination Office developed a locust prevention project proposal targeting 355 HHs in Mudug and 313 HHs in Nugal region.

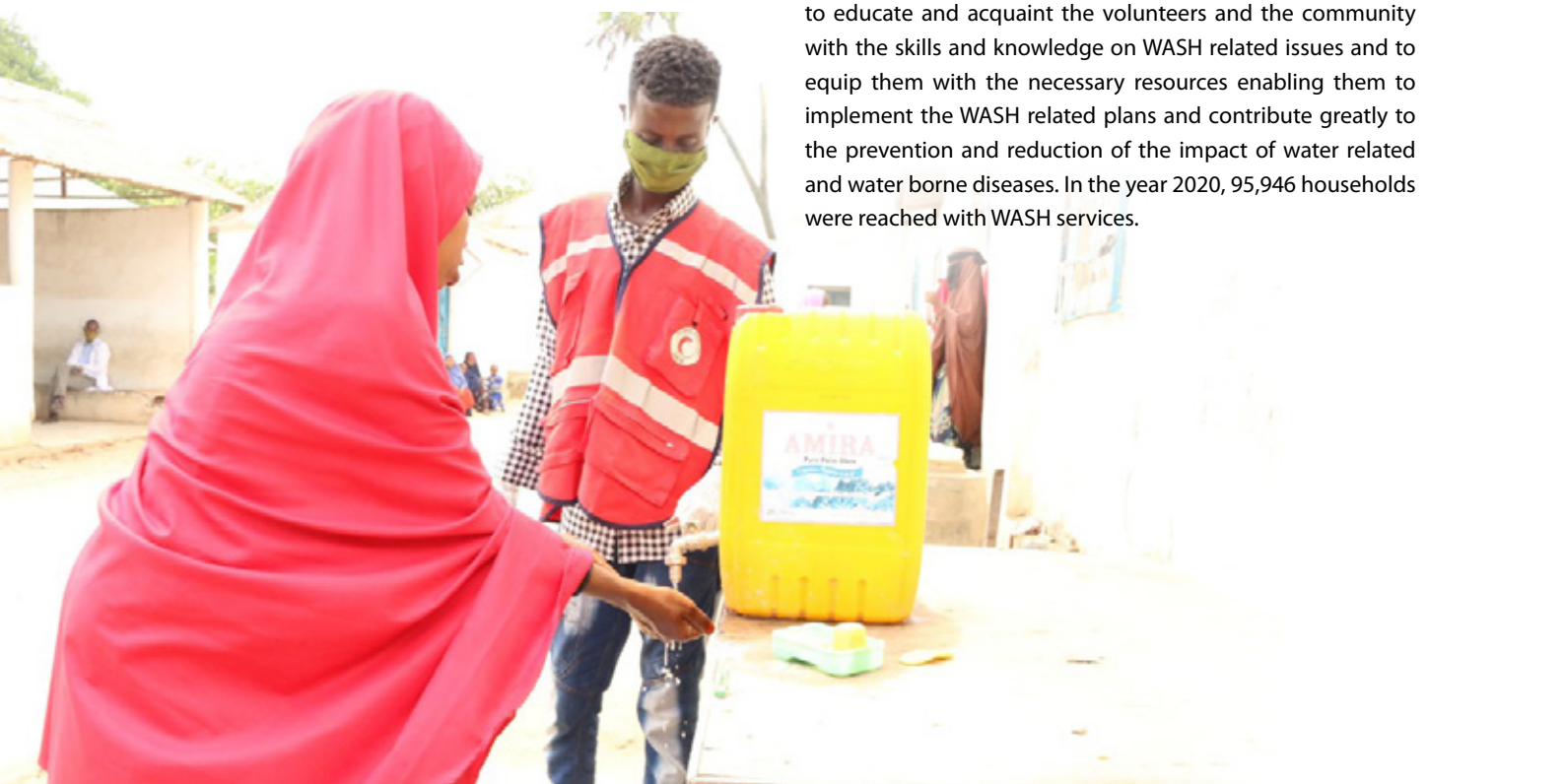
The branch mobilised the community and, as a result, the local authority made some prevention efforts by spraying the locust swarms breeding grounds. In spite of the efforts by the local authority and other humanitarian agencies, the locusts remained a nuisance destroying the agricultural lands, vegetation and forests in many parts of the country.

WATER, HYGIENE AND SANITATION (WASH)

The WASH activities were regularly conducted across the country particularly those in Riverine regions since outbreaks of water borne diseases are more common in those areas. The branches conducted hygiene promotion training for the volunteers involved in WASH activities. A refresher Hygiene Promotion training was usually given to the volunteers before any activities to uplift and enhance their knowledge in WASH related preparedness and responses. After the training, the

branches' volunteers would conduct hygiene promotion and health awareness campaigns inside the main towns and outreach areas especially IDPs and villages through provision of soaps, aqua tabs and flyers/leaflets with awareness messages on Coronavirus prevention and sensitization of key hygiene messages for the target people.

The main objectives of the hygiene promotion activities were to educate and acquaint the volunteers and the community with the skills and knowledge on WASH related issues and to equip them with the necessary resources enabling them to implement the WASH related plans and contribute greatly to the prevention and reduction of the impact of water related and water borne diseases. In the year 2020, 95,946 households were reached with WASH services.



CHOLERA PREPAREDNESS PROJECT ACTIVITIES

The Cholera Preparedness Project activities conducted by the SRCS branches were the following:

- Community sensitization at the water points or sources.
- Personal hygiene and environmental sanitation awareness
- Acute Watery Diarrhea prevention and awareness inside towns and hygiene awareness sessions in the community and schools.
- Dissemination of Covid-19 messages.
- Sessions on hygiene domains at home.
- Hygiene awareness about risks related to open defecation.
- Hand washing demonstrations at water points, tap stands, schools and at home.
- WASH at the health clinics and in learning centres.

- Hygiene promotion in Schools and Madrasas (Quranic schools)
- Hand washing demonstration to children between the ages of 5 and 10.
- Sanitation and hygiene awareness targeting religious and community leaders.
- Child to child hygiene.

A total of 74,096 persons benefited from the community hygiene promotion and awareness campaigns and sessions conducted in the seven targeted branches. 105 volunteers received community hygiene promotion and Epidemic Control training. The trained volunteers were engaged in all activities carried out in the branches.



Trainings

1. In March 2020, an Epidemic Control for Volunteers training was conducted for 105 WASH volunteers in all the six target branches. This ECV training was given to WASH officers as TOT training in 2019 and in this year 2020, the WASH officers trained 15 volunteers in each branch to upgrade their skills and knowledge in the prevention and control of the outbreaks such as AWD and Cholera. The aim of the training was to familiarize volunteers with the most common epidemics and approaches to prevent the spread of communicable diseases and enable the SRCS volunteers to contribute in epidemic response and control in their communities. Main topics covered include understanding Epidemics and Disease Outbreaks, Communicating to Change Health Behaviour, conducting Surveillance and Reporting, referring to a Health Centre or Hospital, protecting the volunteers, causes, prevention and messages of common diseases and some other water, food safety and hygiene messaging.
2. An Oral Rehydration Point (ORP) training was conducted in Jowhar, Beledweyn, Baidoa, Bardera, Marka and Kismayo branches. These were the branches that were targeted for the Cholera Preparedness Project. The main objective of the training was to build the capacity of SRCS WASH volunteers and acquaint them with the cholera prevention and control measures by training them with the ORP methods, functions, set-up, kits and its management. The volunteers learned about cholera, its transmission and prevention measures, planning of the ORP and detection and treatment of cholera in the community. 95 volunteers received the training.
3. The Community Engagement and Accountability training was conducted for the same volunteers who received the Oral Rehydration Point (ORP) training in all the six branches. 95 volunteers were trained. The objectives of the training were to make the volunteers better understand the importance of engaging communities in our work, learn how to communicate with communities and what information we should share, identify different methods to facilitate community participation in planning and managing branch activities as well as learn how to set up a functioning feedback and complaints system at branch levels.
4. In Kismayo, a 3-day training of 15 SRCS livelihood volunteers were trained on nutrition education and infant, young, child feeding (IYCF). 20 CAHWs and 4 volunteers completed the training in Qardho town on 26th November. The training in North Mudug was concluded on 1st December. Similarly, five volunteers participated in a three-day training on IYCF and nutrition education in held in Bardere town.



SRCS Branches in Somaliland

RESILIENCE

During the year, 480 households benefited from six water reservoirs “berkeds” were rehabilitated. Operation and Maintenance (O&M) trainings was conducted in the six targeted berkeds locations. 2326 households received unconditional cash for a period of 4-6 months in six regions affected by Covid-19, desert locust and storms/cyclone.

A total of 3000 households reached by volunteers through PHAST in 11 villages under six regions. 24 communities trained on DRR/CCA while 7680 households received outreach awareness raising on DRR/CCA. Simulation exercise was conducted in the six regions. 1750 farmers received livelihood support.



COMMUNITY BASED SURVEILLANCE (CBS)

SRCS conducted CBS feasibility assessment in Awdal and Togdheer regions. New NYSS platform established, adapted and functional by SRCS volunteers.

12 health branch officers received trainings on CBS introduction and health risks e.g., COVID 19, Measles, Acute Diarrheal Disease.

Published article on CBS efficiency in conflict settings about monitoring health risks at community level. CBS volunteers identified first case of Covid-19 in Burao.

Evaluation process on CBS functionality and effectiveness exercise conducted. 125 community volunteers provided with Emergency Community vulnerability Training (EVC) on Knowledge, Attitude and Practice method (KAP), gender, scope study was conducted in Awdal and Togdheer regions



ECONOMIC SECURITY

- 1600 received Cash for two times/instalments (100 per family)
- 12 Restoring Family Link (RFL) volunteers has been selected and submitted their list for Ecosec trainings



- Conducted Assessment for conflict Area of Lafawayne, Jidbale, Adhicadeeye and part of Buuhoodle
- Livestock Registration Beneficiaries in Buuhoodle district
- Conducted Post Distribution Monitoring (PDM) for Monitoring Economic Investment (MEI) Project Buuhoodle, Timirshe, Qandala, Tukaraq and Lasanod
- Conducted registration for inter clan conflict affected IDPs in Buuhoodle
- Remote business skills coaching by SRCS Lasanod branch in Buuhoodle, Lasanod, Tukaraq, Timirshe and Qandala

Restoring Family Links (RFL)

In 2020, a total of 120,194 Red Cross Messages were exchanged and a total of 4,562 names were aired through the BBC radio. Trace the Face services were also provided and cases of families looking for missing migrants, 140 persons were collected. RFL assessments were carried out in 18 IDP settlements in the vicinity of Mogadishu that are currently occupied by more than 30.000 individuals. In the course of assessment of RFL needs 3,626 individuals were interviewed.

94,584 free phone call services were provided for the internally displaced people, returnees, immigrants and refugees in Mogadishu, Baidoa, Bosaso, Berbera and along Eastern migratory route (Lowyado-Hargeisa-Berbera-Bosaso) .

Some of the branches were provided with computers, printers and cameras. Additional volunteers were mobilized to support branches with backlog. Tracing cases from minors looking for family members were reviewed in every three months, 16 missing persons located and family link re-established, 131 cases still pending.

As part of the migration support project in Somaliland, water tanks, water bottles with filters, nutrition bars, bottle to go, solar charges for phones were provided to offices along Eastern migratory route.



Communication and Dissemination



During the year, dissemination sessions were given to different target groups including journalists, youth, SRCS volunteers and staff, authorities, elders, women, students, beneficiaries, host communities and pharmacy owners in the different regions of the country. The total number of people reached is 7,299.

The Department produced and aired message on Covid-19 in partnership with 12 local radio and TV stations in the country. The messages which were formulated in the form of drama, spots and jingles reached a wider audience throughout the country.



SUPPORT ACTIVITIES

SRCS Communication department launched a coverage on the living situations of the communities affected by locust in Beletweyn and surrounding areas from 9 to 17 Feb 2020. The activities covered included distribution of body bags and personal protective equipment (PPE) in Martini hospital in Mogadishu.

Photographic coverage of the BECON project focusing on the work of the SRCS ambulances and identification of the mo-

torcycles was also carried out in Mogadishu. The department also participated in the multi-disciplinary assessments in Assessment in Beled Hawa and Dolow Districts from 6th to 20th December 2020.

SRCS HR Policy Handbook was translated in Somali for the benefit of the wider SRCS staff.



PUBLICATIONS AND PRODUCTION

During the year, 500 copies of the SRCS Annual Report for 2019 was produced and shared with the SRCS stakeholders. 500 copies of desk calendars 2020 were also printed distributed. Four issues of SRCS Covid-19 Facts and Figures in Somali and English were produced. Different types of large Covid-19 posters (Somali and English) were also printed and shared with all SRCS health facilities and branches countrywide. 500 copies of

the SRCS Health Strategy in English were printed and shared with partners and SRCS Branches.

Different visibility materials were produced including 500 "Thank You" Mugs for the SRCS volunteers, 500 Jackets, 200 flags, 1000 ordinary emblem stickers and 120 magnetic emblem stickers.



World Red Cross and Red Crescent Day

Each year, the Red Cross/ Red Crescent Movement celebrate the World Red Cross and Red Crescent Day held on 8 May. The Red Cross and Red Crescent Societies including the SRCS organize activities to highlight the unique role of the Movement in their respective countries.

SRCS is especially proud to recognize the work of its volunteers and staff who did everything they can to support the most vulnerable people in the country in times of conflict and natural disaster. Currently, SRCS volunteers are helping vulnerable individuals and communities to protect themselves from the Covid-19 pandemic.

SRCS volunteers have been active in communities since the novel coronavirus was first detected: helping people to prepare, sharing life-saving health information to stop the spread of the disease, and working to limit its impact on the most vul-



nerable members of society. The SRCS President thanked the SRCS volunteers and staff for their efforts and dedication in helping stop and limit the impact of the Covid-19 pandemic on vulnerable communities.

International Volunteers Day

The International Volunteers Day was celebrated on 4 December 2020. SRCS Communication Department participated in the event and organised different activities. All SRCS branches marked the day. A big ceremony was attended by the different community segments were held in Mogadishu. Volunteers demonstrated their skills.

Volunteers are the backbone of the Somali Red Crescent activities and are involved in response activities in the country. The volunteers did their best to provide support to the communities during Covid-19. In 2020, the SRCS had 5000 insured active volunteers working in the SRCS branches, SRCS health clinics, the Rehabilitation Centre and Keysaney hospital.



World First Aid Day

The World FA Day was successfully marked in all SRCS branches on 12 September 2020. In celebration of the day, the branches carried out different activities to highlight the importance of first aid and to raise awareness of the community about the SRCS activities and their significance to the Somali communities. All SRCS entities including the branches, sub-branches, health clinics, Rehabilitation Centres, and Keysaney hospital were part of the celebration. At all locations, the first aid teams demonstrated their skills and how SRCS has been organizing first aid trainings in communities and for SRCS staff, volunteers and trainers. These trainings, which the SRCS carries out nationwide all year long, equip the trainees with basic first aid knowledge and skills that prevent injuries and sickness from worsening until medical assistance is available.



The SRCS celebrated the day with colourful ceremonies, street marches and demonstration of skills that attracted a large gathering of community members. The Somali Red Crescent in partnership with the International Committee of the Red Cross

(ICRC) have responded to a total of 170 emergency incidents in the country this year. More than 400 people benefited from first aid activities.



Organisational Development

SRCS EXECUTIVE COMMITTEE MEETING

The SRCS Executive Committee meeting was held on 13th August 2020. The meeting was chaired by the SRCS President, Mr. Yusuf Hassan Mohamed. Due to the restrictions imposed by the Covid-19 pandemic, the meeting was held virtually through Zoom Video Conferencing.

Upon being satisfied that a quorum was present, the SRCS President formally declared the meeting open. The discussion topics of the meeting included General Briefing, Emergency Response Activities and Adoption of SRCS Policies and Strategies.

After substantive and open discussions about the topics presented, the Executive Committee Members decided the following:

- Adopted the SRCS Finance Development Manual, SRCS Procurement Policy and SRCS Health Strategy 2019-2023
- SRCS Executive Committee Members to actively engage themselves and visit the SRCS activities in the field.
- Strengthen SRCS partnership with the local business community during responses to disasters.

The SRCS Executive Committee Members thanked the SRCS Partners for their continuous support to the Somali Red Crescent Society in assisting the vulnerable people in the country. The SRCS President closed the meeting which was held in a cordial and positive atmosphere.

SRCS NATIONAL SOCIETY DEVELOPMENT INITIATIVE

SRCS NSD Initiative which was launched in 2019 identified nine priority areas that needs to be supported and strengthened in order for the SRCS to become a well-functioning, responsive, accountable and sustainable national society. The plans however, were challenged by two major events in 2020 - the Covid crisis throughout the year 2020, and SRCS own priority to rebuild its Mogadishu Coordination office which was destroyed by a blast in November 2017. Both events required NSD interventions and support for SRCS. NSD plans and activities were accordingly revised and re-adjusted to accommodate support to these two major developments.

NSD support to SRCS Covid response included working with the two SRCS Coordination offices and coordinating development of a consolidated Covid response plan for the national society, supporting the development of a common reporting

template, development of monthly infographics, assisting to report to Federation-wide databank reporting system (FDRS) and assist in coordinating movement partners' contributions to Covid response.

NSD contribution to Mogadishu building project included a presentation at the SRCS partners meeting in March 2020, developing a concept note and project proposal, assist SRCS to fundraise, application to NS Investment Alliance (NSIA) for CHF 400,000 funding for the project, assist SRCS in recruiting a project manager and in launch of tender, developing project agreements and implementing modalities.

In addition to participating in these two major events, SRCS also managed to make progress against planned NSD Objectives and priorities

STATUTES REVIEW

In spite of the recognition that, revision and update of SRCS Statutes can be a painful and complicated process in the current context of Somalia, some very positive steps were made by SRCS leadership towards updating its Statutes.

Following-up on SRCS leadership and senior management team meeting with the ICRC-IFRC Joint Statutes Commission in Geneva in December 2019, SRCS continued to engage with the JSC on the revision process. In July 2020, SRCS received a communication from the JSC reaffirming its support to SRCS for the

process, following which a meeting of SRCS, IFRC and ICRC was held to discuss the feedback from JSC and strategy for revising and updating the Statutes including recruiting a legal consultant to assist SRCS in the process.

In December 2020, another joint meeting of SRCS, IFRC, ICRC and a legal consultant recommended by the JSC, was held to discuss SRCS needs and to discuss developing a roadmap. Following the meeting, a TOR for the Consultancy was developed, shared with the Consultant for feedback.

Finance Development

Finance development at SRCS is mainly supported by Norwegian Red Cross. During the past three years, this support was scaled up to include structural strengthening, development of a finance manual and finance procedures for SRCS, installation of accounting software at the two coordination offices, rehabilitation centres and Keysaney hospital as well as finance trainings for SRCS staff. In 2019, the NSD Steering Committee agreed to bring FD initiatives also under the overall coordination of NSD initiatives, following which review of FD activities were initiated

In February 2020 an updated finance manual and a procurement manual were developed by the FD working group. The documents were endorsed by the SRCS leadership and approved the Executive Committee in its meeting held on 13 August 2020. Dissemination of the manual to SRCS staff was supported and conducted by Norwegian Red Cross.

In July 2020, Norwegian Red Cross signed a new contract with a new service provider to support the implementation of SAGE accounting software at SRCS Coordination offices and the

three physical rehabilitation centres. Norwegian Red Cross also supports SRCS with a full time Finance Officer to be based in Nairobi to coordinate FD initiatives as well as to assist in financial consolidation, trainings on the accounting software, coaching and to provide continuous monitoring support.



Logistics Development

While SRCS has some systems and resources to manage the procurement and mobilisation of goods and services, and warehousing, the procedures need review and update to be more comprehensive, transparent efficient and accountable. During 2020 ICRC scaled up support for SRCS Logistics and Procurement by supporting recruitment of a Logistics Officers for Mogadishu Coordination office and for selected branches and supporting their induction and on-boarding.

In February 2020, assisted by the IFRC, NorCross and ICRC technical logistics teams, a Procurement manual for SRCS was developed and finalized. Dissemination of the manual among relevant SRCS staff was also carried out by the Norwegian Red Cross FD Advisor with technical inputs from ICRC logistics.

In October 2020, a proposal for logistics training for SRCS branch and coordination office staff was received from Hargeisa coordination office was supported through NSD. A similar proposal is being developed by Mogadishu Coordination office is planned to be implemented early 2021.

Resource Mobilization

Addressing sustainability issues at the NS has been one of SRCS leadership priorities. At present, all SRCS staff and all program costs are supported by various partners. Main risk for SRCS is that if the supporting partners for any reason, are unable to support staff salaries or any activities, there are bound to be serious humanitarian consequences. Moreover, SRCS risks losing staff and activities, as well as trust of communities SRCS is working with. In order to address these risks and to empower the national society, it is important to ensure that SRCS has

the means and skills to generate adequate income to be able to maintain their core services, core HR and thereby maintain minimum operational capacity as a national society.

To address this risk, and to guide SRCS resource mobilization ambitions, in July 2020, a resource mobilization consultancy was commissioned with support of Norwegian Red Cross. The consultancy which was carried out from remote drafted a resource mobilization policy and strategy for SRCS.

Planning, Monitoring and Reporting (PMER)

In order to strengthen SRCS Planning, Monitoring and Reporting functions at the SRCS Coordination offices in Hargeisa and Mogadishu were supported with recruitment of PMER Directors. The positions are supported by IFRC and ICRC. In Hargeisa, German Red Cross also assisted with an additional PMER Officer position to oversee livelihood and resilience activities of branches in Somaliland.

Recruitment of PMER Staff have contributed to better and timely reporting by SRCS on Covid, other SRCS Programmes and on emergencies. PMER staff presence also contributed to SRCS inputs into the FDRS and inputs for SRCS annual report. However, there is need to further strengthen importance and understanding of PMER within SRCS.



Risk Management

Since 2017, SRCS leadership had sought support of ICRC Risk Management Unit to introduce the concept of risk management within SRCS, to promote, practice, and contribute to the improvement of transparency and accountability and thereby reduce or manage the risks that the SRCS may be exposed to. To support this work, a Risk Manager Officer was recruited by ICRC Risk Management.

Between January and October, main accomplishment included review of SRCS existing policies and strategies. In November

a field level assessment was initiated to verify SRCS policy compliance at the Coordination offices and branches. The assessment carried out by the ICRC Risk Management Officer covered 10 out of the 19 SRCS branch offices, Keysaney Hospital 2 out of the 3 Rehabilitation centers (Galkayo and Hargeisa). The targeted branch offices included: Mogadishu Branch, Baidoa, Bardera, Kismayo, Beletweyn, Garowe and Galkayo under Mogadishu coordination and Hargeisa branch, Las-Anod, Burao under Hargeisa Coordination offices. Some randomly selected PHC clinics were also covered.

Safer Access Framework

Covid crisis provided opportunities for the NS to adapt to this new challenge and strengthen elements within the SAF. Safety and security guidelines for SRCS staff, volunteers and SRCS facilities were developed and put in place to prevent the spread of corona virus; Insurance coverage for the staff and volunteers were initiated. Staff and volunteers were provided with Personal Protective Equipment and SRCS team worked closely with the health authorities to respond to the crisis.

Discussions between ICRC Protection team, NorCross and SRCS to strengthen SRCS Health Care in Danger programming were also facilitated and in progress. To strengthen SRCS HCID programmes, a training needs assessment was carried out in November 2020, to identify the level of understanding among SRCS staff and branches. Outcome of this assessment is expected by early 2021.

A review of Somalia context and risk analysis to update SRCS Safer Access Framework Plan of Action is also planned to be carried out early 2021.



Human Resource Development

Between January and June 2020, two new HR Directors were recruited for both coordination offices, staff databases were developed and SRCS payroll established. Both Directors trained on the HR development process. Performance Management process for SRCS staff was introduced and staff trained in carrying out the process.

Assessment of training needs of SRCS staff and a salary survey exercise was also supported through the HR project.

Volunteer Management

Development of a web-based volunteer management system, a project is supported by the IFRC was initiated through discussions with SRCS. However, the project is reported to have slowed down due to Covid and due to absence of a dedicated volunteer manager at Mogadishu.

Initiating insurance coverage for SRCS volunteers has been another key achievement. In January, 4,185 volunteers were registered and provided with insurance coverage under the IFRC global insurance scheme. In June 2020, an additional 1,009 volunteers recruited mostly for Covid response were covered with insurance.



SRCS Strategic Plan 2021-2025 Development

To guide and facilitate the process for developing a new strategy for SRCS, a strategic planning taskforce was constituted by SRCS President in July. Since July, the team has been meeting virtually and conducted consultations at branch and coordination levels. Reports from these consultations will be reviewed, analysed and support the development of new SRCS Strategy. To support development of the Strategy, it was agreed to hire services of an external consultant.

During November 2020, SRCS also discussed two draft policy documents of Gender, Diversity and Prevention of Sexual Exploitation and Abuse within SRCS, which were developed with

support of some PNSs. The meeting however expressed concern over the sensitivity of the terms used, contents and application in the current country context.

The participants also stressed the need to set up an internal expert committee to discuss and give recommendation on the way forward taking into consideration the religious, cultural, social and political aspects, following which, a small committee chaired by the SRCS Vice President, Mr. Ahmed Jama Abdulle, has been assigned to discuss the two documents. Further discussions on the documents are planned to take place in 2021.



Contributing to long-term impact

The NSD initiatives and interventions are designed to contribute to both short-term and long-term impact. The interventions contribute to a motivated and well managed human resource team, better managed finances and accounts, improved monitoring and reporting at all levels and improved services to beneficiaries. These are achieved through training and capacity building of staff, insurance and benefits, finance development initiatives, closer monitoring of working advances, support to PMER and regular coordination meetings.

For the longer-term, an internal audit is planned to be conducted mid 2021 which will prepare the SRCS to carry out its first external audit by 2022. Computerization of SRCS accounts through Sage accounting software will assist in financial consolidation. Outcomes of policy compliance assessment which was initiated in late 2020 will assist SRCS to identify organizational risks and contribute to development of a Risk Management Plan. Initiatives in statues revision process will contribute to a more accountable and better functioning governance and leadership.

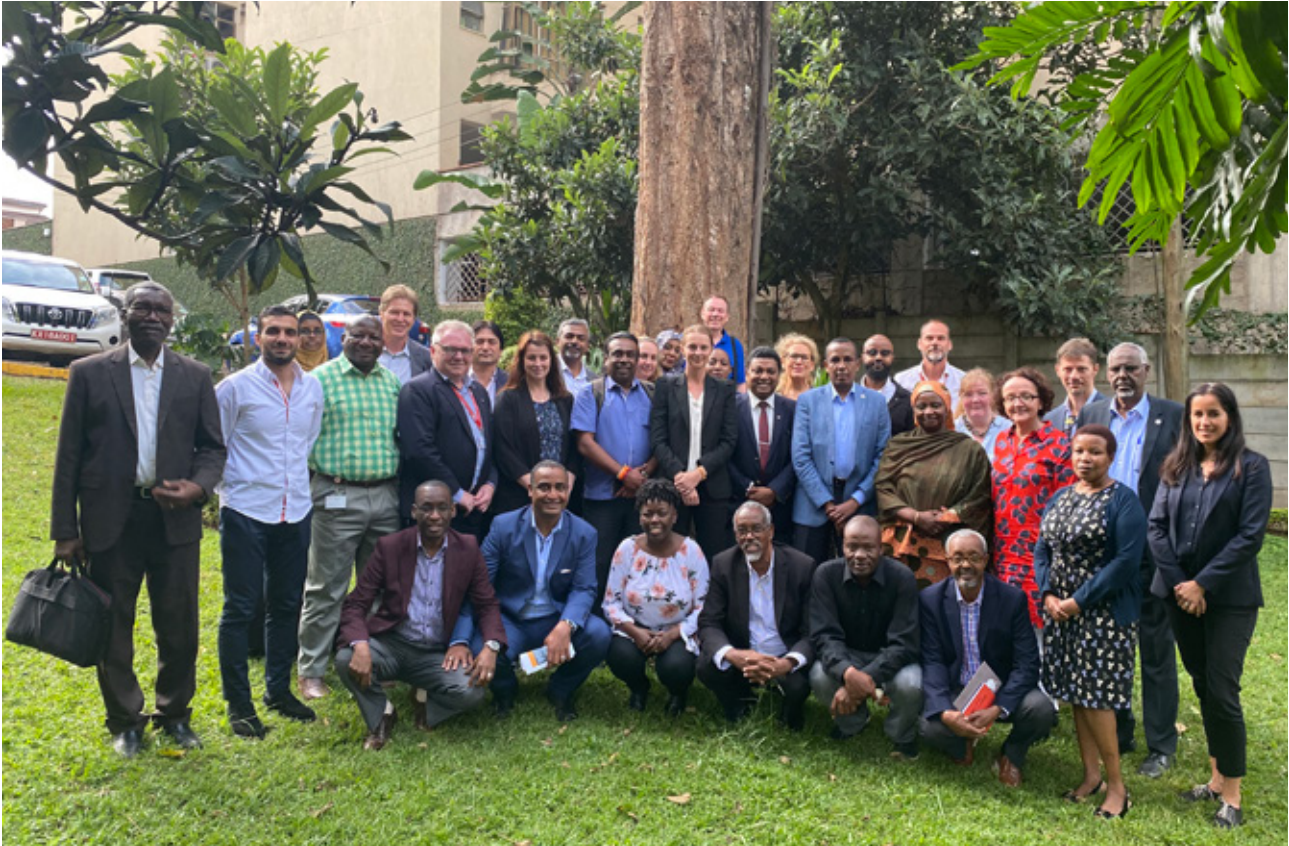
SRCS Partners Meeting

The SRCS Movement Partners Meeting was held in the IFRC Regional Office in Nairobi on 3rd March 2020. The meeting was attended by the Movement Partners and key SRCS management staff. The SRCS President opened the meeting and gave an overview of the security and political development in the country.

The meeting was aimed at providing the movement partners with the external environment in the country (political, con-

flict related, development and humanitarian). SRCS presented its key achievements in 2019 as well as the strategic processes and gaps.

The ICRC, IFRC and Participating National Societies (PNSs) also had the opportunity to present their respective Country Plans for 2020 and highlight challenges faced by them. The meeting discussed ways and modalities of Strengthening Movement Cooperation and Coordination in the country.





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.

© SRCS – June 2021

Email: info@ururka-bishacas.org