



Somali Red Crescent Society

ANNUAL REPORT 2021





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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANS	African National Societies
ART	Antiretroviral Therapy
AWD	Acute Watery Diarrheal
BBC	British Broadcasting Corporation
CBHFA	Community Based Health and First Aid
CRP	Community Resilience Project
DM	Disaster Management
DRR	Disaster Risk Reduction
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
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
PGI	Protection, Gender and Inclusion
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 Link
RTI	Respiratory Tract Infections
SAF	Safer Access Framework
TBAs	Traditional Birth Attendants
UNICEF	United Nations Children's Fund
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	Galgudud
Erigavo	Sanaag
Galkayo	Mudug
Garowe	Nugal
Hargeisa	Galbeed
Huddur	Bakool
Jowhar	Middle Shabelle
Kismayo	Lower Jubba
Las-Anod	Sool
Merka	Lower Shabelle
Mogadishu	Banadir



Remarks from the Somali Red Crescent President

On behalf of the SRCS Executive Committee, Members, Staff and Volunteers, I would like to present the SRCS Annual Report 2021.

It is my pleasure to state that SRCS, with its network of 19 branches and active volunteers, has delivered humanitarian services to the affected population of multiple disasters including drought, conflicts, flooding and outbreaks despite the difficulties caused by COVID-19 pandemic.

In 2021, the SRCS supported a total of 5,102,258 people including women, children and physically challenged in the areas of protection, livelihood, health, water and sanitation, migration, cash transfer, disaster reduction, response and recover and some long term development projects. Our services included empowerment of 1,781 people with lifesaving skills in First Aid, delivering cash assistance to 290,094 persons and provision of health services to 2,916,220 patients.

Together with humanitarian responses to support people in need, the SRCS has also focused on its institutional development, some of the significant institutional milestones achieved during the year include development of the SRCS Strategic Plan 2021-2025, the National Society Development evaluation, Internal Audit, Salary Survey including Staff Insurance Cover, Development of the Disaster Risk Management Strategy and Context Assessment and Risk Analysis as part of the Safer Access Framework.

I use this opportunity to express my appreciations to the members of the SRCS Executive Committee for guidance, to the SRCS staff and volunteers for their work and dedication in providing humanitarian assistance and basic services to the vulnerable communities in the country.

My appreciation also go to our partners: International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), Arab Red Crescent and Red Cross Organization (ARCO), British Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Norwegian Red Cross, Kuwait Red Crescent, Qatar Red Crescent, Turkish Red Crescent, Swedish Red Cross, Finnish Red Cross, Danish Red Cross, Canadian Red Cross, Government of Japan, Hormuud Telecom, UNICEF and WHO.

Working together, I am certain we will continue to strengthen SRCS and positively impact the lives of people effected by conflict and natural disasters.

Yusuf Hassan Mohamed

President

Somali Red Crescent Society



Integrated Health Care Programmes

The Integrated Health Care Programme consists of the Primary Health Care, Epidemic Prevention and Response, First Aid and Pre-hospital Care and Secondary Health Care Programmes.

The Primary Health Care Programme is the network of maternal and child health, out-patient department clinics (fixed and mobiles). The clinics offer, among others, expanded programme of immunization, therapeutic and preventive nutrition services, treatment and management of the sick including Integrated Management of Childhood Illnesses, safe motherhood with Basic Emergency Obstetric and Newborn Care as well as the referral of complicated cases to regional hospitals.

SRCS trained volunteers work with a range of preventive and promotive activities in their communities as well as creating awareness 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 Pre-hospital Care Programme covers the FA trainings to communities, employees, health workers, establishment of FA actions teams ready to respond to emergencies in the conflicted regions and internal capacity FA training in SRCS staff and volunteers.

As part of its Secondary Health Care Programme, SRCS runs Keysaney hospital in Mogadishu which provides weapon-wounded, medical emergencies, fistula programme as well as Comprehensive Emergency Obstetric and New-born Care.

The SRCS Physical Rehabilitation Programme consists of three Rehabilitation Centres located in Hargeisa, Mogadishu and Galkayo providing orthopaedic rehabilitation services to the people with disabilities. The services include prosthetic, orthotic appliances, and physiotherapy.



1. PRIMARY HEALTH CARE PROGRAM

SRCS ran 59 fixed clinics and 23 mobiles which provided comprehensive primary health care and nutrition services to over two million people, majority of whom were women and children.

A total of 1,060,884 patients were treated in the clinics from various diseases. More than two-third of the patients treated in the clinics were children (46%) and women (38%). The common diseases treated in the clinics include Acute Respiratory Infections (26.4%), Diarrhoea (8%), Anaemia (12.3%), Skin infection (9%), Urinary Tract Infections (11.4%) and Eye infections (5%).

Health facilities, mobile clinics and estimated target population

	No. of Fixed Clinics	No. of Mobile Clinics	Total No. of Clinics	Estimated Target Population	< 1-Year Children	<5-Years Children	Pregnant Women	Women Childbearing Age (15-49 years)
Total	59	23	82	1,253,943	50,158	250,789	62,697	275,867

SAFE MOTHERHOOD

SRCS clinics provided Antenatal services to ensure early detection of abnormalities and risks associated with pregnancy and childbirth. A total of 182,313 pregnant mothers received antenatal services from the midwives. Out of that, 114,101 mothers were given antenatal services at least two times representing 63% of total ANC visits. Moreover, a total of 45,951 pregnant women were provided with multiple micronutrients supplements to prevent and treat anaemia during pregnancy.

The midwives at the clinics assisted 18,713 deliveries in health facilities while 4,276 delivered at homes with the help of the midwives and traditional birth attendants (TBAs). 50 mothers who got complications were referred to the regional hospitals. Early breastfeeding was initiated as 15,668 mothers were convinced to breastfeed their children within the first hour after giving birth. Mothers in the postnatal care were provided with vitamin A supplements to increase the vitamin. During this period, 73,537 mothers were given postnatal care at the clinics and 21,123 postnatal mothers were given Vitamin A supplements.



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

	NORMAL DELIVERIES				POSTNATAL CARE (PNC)		
	Health Facility	Home	Total	Referral	PNC	Initiation B/F	Vitamin APNC
Total	18,713	4276	22,989	209	73,537	15,668	21,123

IMMUNIZATION

The Expanded Programme 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 outreach services. A total of 147,000 under one year children were fully immunized against Measles, Diphtheria, Pertussis, Tetanus, Haemophilus influenzae type

b (Hib), Hepatitis B, Tuberculosis (TB) and Poliomyelitis. The vaccine coverage of under one-year children were CG 75%, Polio3 71%, Penta3 71% and Measles 76%. This was relatively high compared to the national immunization coverage.

A total of 52,490 pregnant and 31,271 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 56,837 pregnant women.



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, and pregnant and lactating mothers.



Nutrition services for under-five years' children

	Oedema	Severe	Moderate	Normal	Total Children Nutritionally Screened	Vitamin A	Zinc Tablets	Deworming
TOTAL	13	22,312	69,823	306,435	398,205	40,455	22,875	23,040



A total of 398,205 under five years' children were nutritionally assessed. Out of this, 69,823 children were moderately malnourished while 22,312 children were severely malnourished.

The 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 ages of 6-59 months received Vitamin A supplements during the year while 106,564 children were de-wormed to improve their overall health and nutritional status.

Nutritional education sessions were conducted by the clinics and mobile staff who provided 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 108,727 pregnant and lactating mothers directly benefited from nutrition education sessions.

Children Admitted in Outpatient Therapeutic Programme

	New admission	Cured	Death	Defaulter	Non-cured / failure	Referred to SFF/SC
Total	19,652	18,487	106	386	33	260

The severely malnourished with no medical complications were admitted for treatment. 19,272 children exited from the OTP with 18,487 children (95%) having fully recovered, 386 (2%) defaulted while 106 (1%) died. The programme performance indicators for U5 OTP (Cured rate, Death rate, Defaulter rate) are in line with SPHERE standard (Cured >75%, death <10%, and defaulter rate <15%). The Average Length of Stay (ALOS) for children under five years was between 40-60 days which indicated that the children recovered from the programme within two months, which was a good indication.

In addition to these, 34,913 moderately malnourished children and pregnant and lactating mothers were supported with nutrient foods. Furthermore, 20,570 patients among children between 6-24 months, pregnant and lactating mothers were given assorted nutrient foods to prevent malnutrition and promote well-being of children for at least the first 1,000 days of their life.

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 to reduce the morbidity and mortality of common diseases by changing community attitude and behaviour through community awareness raising. During the year, the following awareness raising sessions were conducted.

Health Education Sessions

No	Topic	Female	Male	Total
1	COVID-19 awareness rising	13974.5	8680	22654.5
2	communicable diseases related on seasonal like diseases, ARI including Pneumonia among the under -five and malaria	11819.5	8519	20338.5
3	Importance of Breastfeeding and IYCF for individual and group sessions	3640	1023	4663
4	Importance of antenatal and postnatal services and family planning	14554.5	6512	21066.5
5	Eradication of Female Genital Mutilation and cutting	13039.5	6459	19498.5
6	STI/ HIV and AIDS	4564	2325	6889
Total		61,592	33,518	95,110

A total of 95,110 people benefited from the health education sessions. The clinic midwives conducted individual counselling on infant and young feeding practices including exclusive breastfeeding and optimal feeding. The midwives gave counselling to 112,460 pregnant and lactating mothers.

No of individual counselling sessions (0 to 6 months)	No of individual counselling sessions (7 to 24 months)	No of individual counselling sessions (pregnant women)	Total sessions
16,164	36,899	39,314	112,460



SRCS runs four ART sites in the regional hospitals of Galkayo, Garowe and Bosaso supported by the Global Fund. Home-based care services for the chronically ill people were carried out in Berbera supporting 167 cases of whom 89 were males and 78 females.

COMMUNITY BASED SURVEILLANCE (CBS)



Surveillance is the systematic detection and reporting of events of public health significance within a community, by community members as part of early warning, early action approach. Using mobile technology, CBS is a simple, adaptable, and low-cost public health initiative. SRCS trained 315 volunteers from 115 villages (65 villages in Togdheer, 23 in Awdal and 27 in Sool region) to monitor pre-identified

health risks in their communities and report as soon as they are detected to SRCS Platform. Community volunteers provided ORS, Zinc, hygiene, and health promotion activities and referred cases to the nearest health facilities, both mobile and statics clinics for severe and complicated cases. The CBS volunteers reported health risks through coded SMS from their respective locations and sent them to the SRCS NYSS Platform.

SN	Accomplished activities
1	CBS team conducted field visits in three regions under the community-based surveillance project (Awdal, Togdheer and Maroodi Jeeh).
2	Community Based Surveillance community and volunteers' feedback and complaints mechanism (Hotline centre) were set up.
3	CBS Baseline Assessment was conducted in Sool region. The baseline assessment intended to identify the need for Community Based Surveillance implementation in Sool region.
4	SRCS trained 64 community volunteers in Sool region on Fever and rash, Acute Diarrheal Disease (ADD), Fever, cough/difficulty breathing and tiredness, Cluster of unusual illnesses or deaths in people and acute malnutrition.
5	Conducted health promotions sessions in Togdheer districts (Odwayne)
6	390 volunteer booklets were produced, translated into Somali language and printed.
7	Officers and focal points in 3 regions, namely Togdheer, Awdal and Sool regions were trained
8	A refresher training on NYSS and analysis of CBS data was given to the CBS officer and 3 Community Health Focal Points.



Count of Health Risk	Year 2021				Grand Total
	Qtr1	Qtr2	Qtr3	Qtr4	
Activity/ Zero report	1835	2505	3264	2651	10255
Acute Diarrhoeal disease (ADD)	110	258	373	235	976
Acute malnutrition	62	95	177	123	457
Cluster of unusual illnesses or deaths in people	2	12	18	4	36
Fever and rash	19	30	49	44	142
Fever, cough/difficulty breathing and tiredness	28	49	133	151	361
Grand Total	2,056	2,949	4,014	3,208	12,227

In Awdal, Togdheer and Sool regions, a total of 12,245 reports were submitted by the Community Based Surveillance Volunteers. Activity reports accounted for about 84% (N=10,255) while health risk reports totalled 1,972 (16%).

In terms of Health risk reports, Acute Diarrhoeal Disease (ADD) ranked first with about 49.5% (N=976) of the health reports followed by Acute Malnutrition with about 23% (N=177) of the reports. Fever, cough/difficulty breathing, and fatigue symptoms reports ranked third with 18.3% (N=361).

Health Risks by Region

Health Risk	QTR1		Qtr1 Total	QTR2			Qtr2 Total	QTR3			Qtr3 Total	QTR4			Qtr4 Total	Grand Total
	Awdal	Togdheer		Awdal	Sool	Togdheer		Awdal	Sool	Togdheer		Awdal	Sool	Togdheer		
Acute Diarrhoeal disease (ADD)	41	69	110	52	79	127	258	128	133	112	373	69	100	66	235	976
Acute malnutrition	15	47	62	2	49	44	95	22	100	55	177	4	76	43	123	457
Cluster of unusual illnesses or deaths in people		2	2		10	2	12		9	9	18	2	2		4	36
Fever and rash	16	3	19	3	16	11	30	12	22	15	49	6	31	7	44	142
Fever, cough/difficulty breathing and tiredness	4	24	28	8	21	20	49	34	58	41	133	20	91	40	151	361
Grand Total	76	145	221	65	175	204	444	196	322	232	750	101	300	156	557	1972

The CBS volunteers in Sool region ranked first with a total of 797 health reports (41%). Togdheer (N=737) and Awdal (N=438) regions ranked second and third with 37% and 22% respectively.

Between 28th August and 5th September 2021, measles outbreak response was conducted in Odweine district in

Togdheer region by SRCS emergency mobile teams. After the confirmation of 2 positive cases of measles by the Ministry of Health in Qalooqato village, SRCS responded on time and immediately shifted its mobile clinic in Odweine to Qalooqato village and their surrounding communities for provision of measles immunization, Vitamin A supplement to children aged 9 months to 9 years. SRCS also conducted health



education and other necessary treatments in prevention of further complications of measles to the children who acquired the disease within a period of 2 weeks. 3 Emergency Mobile teams were deployed in Odweine as part of measles outbreak response to provide measles immunization, Vitamin A supplements and health education to targeted communities in Odweine district, Togdheer region for period of nine days

A total of 2,637 children aged between 9 months to 9 years were vaccinated against measles during the measles outbreak response. 1,774 children aged between 6 to 59 months were provided with vitamin A supplements. 5,568 people were reached through community mobilization, awareness raising and health education against measles. 30 villages and communities face lack of health clinics and live in hard-to-reach areas in Odweine district. SRCS Emergency Mobile Teams covered 80% of Odweine villages.

In the SRCS branches of Galkayo, Garowe and Bosaso, the CBS was implemented for the first time. Prior to this project, these branches used to rely on health facility-based reporting of

some selected diseases prevalent in the communities. One of the successful milestones is the detection of measles outbreak cases in the villages of Rooh and Khairdoon in Ba'adweyn district in Mudug region which showed the significance and usefulness of this community level surveillance programme.

A total of 421 health risks were responded including 304 cases of Acute Watery Diarrheal, 80 fever and rash as well as cases of difficult breathing. In Nugal and Bari regions, rapid assessment was conducted and selection and training of 60 volunteers were successfully carried out.



EPIDEMIC PREPAREDNESS AND RESPONSE

The project focuses on increasing the access of community members to EPR in the regions of Togdheer, Awdal and Sool. This will be achieved through activities focusing on community preparedness through health promotion and prevention

activities, awareness-raising at the community level, and referral for the nearest health facilities for further help. It covers 10 districts with 335 volunteers in 96 communities.

Activities

- Adaptation & printing of CBHFA tools to be used at the community level
- Conducted CBHFA training for new volunteers
- Conducted ECV training for volunteers
- Conducted CBHFA refresher training for existing volunteers
- Develop reporting mechanism on Community based activities
- Carried out Monitoring and Evaluation activities
- 315 volunteers trained on CBHFA including SGBV/PGI topics.
- 36 new community health committees sensitized on CBHFA
- Community self-assessment and action plans completed.
- 315 volunteers received ECV Orientation from the 3 targeted regions of Togdheer, Awdal and Sool.





A total of 38,589 beneficiaries were reached through health education which accounted for 26% of the project target, including 14,359 males and 24,230 females. Learning from the previous years' experience of data duplication, the health promotion data was obtained through house-to-house only. A total of 5,707 beneficiaries including 2,100 men and 3,607 women received health education through group sessions. 2,936 beneficiaries including 1222 males and 1,714 females were reached through school sessions/School health. 720 received first Aid and referred to the closest medical facilities. A total of 117 volunteers were trained on CBHFA and PGIE, hygiene promotion and common epidemic outbreaks including COVID-19 in Togdheer and Awdal Regions.

In addition, 113,611 of first-time visit individuals were reached including 46,451 males and 67,160 females through house-to-house to avoid duplication. The beneficiaries learned the Save Motherhood topics, TT vaccine for both the mother and newborn care, Nutrition and Risks of malnutrition, prevention and response to Acute diarrhoea diseases and Covid19 prevention.. The volunteers also referred 1,449 individuals to the health facilities for different services. Most of the people referred were pregnant women for ANC, vaccination for <1-year children, ADD cases, malnourished children, suspected Covid19 cases, suspected measles-fever and rashes.

SRCS Borama branch initiated CBHFA in action to most vulnerable communities in Borama town particularly Hayayabe village, where volunteers conducted Community health needs assessment. Hayayabe community is located south west in Borama town, Hayayabe village hosts IDPs and destitute people. These are the people who lost their livestock during the recent hit of drought in Awdal region and returnees from Ethiopian and Djibouti with estimated HHs of 300. During the assessment, there were limited Households that had latrines and the condition of the latrines were poorly constructed. Some families shared latrines with their neighbours, which sometimes lead to poor sanitation and cause conflict among them.

SRCS volunteers visited the sites and identified the most vulnerable households with support of the community leaders in Hayayabe villages and selected the seven most vulnerable households to assist with the rehabilitation of the latrines. SRCS volunteers provided supper structures in seven households.

In Mudug region, the project specifically targeted the catchment populations of seven SRCS health facilities in Mudug region.

Clinic Name	Catchment Area
Galkayo South	Buulo koontarol, Buulo Bacley, Kulmiye, Wadajir and Jeehdin IDPs camps
Halabookhad	Danwadag, Alla-aamin, Buulo Agoon, Doonyaale, Dayah, Tawakal, Salaama and Gobsho IDPs camps
Harfo	Beer, Bilcil, Ramaas IDP camp, Tuulo-xabiibo and Tuulo-farxaan)
Ba'adweyn	Margaaga IDP camps, Kheyrdoon IDP camp, Rooh, Darusalam, Eel-gardi, and Abaarey
Bali-busle	Godod, Buubi, Raydable, Balanbal and Malaasle
Jariiban	Shakaal, Garacad, Labi-lamaane and Seemade
Goldogob	Barwaaqo, Kalabeyr, Hero-jaale, Bursalah, Kuweyt, Riig-oomane, Laan-madow, Qansahle, Jeeho, Taaloole, Al-laale and Daryeel IDP

A total of 63,356 people were reached through community promotions. The project surpassed the established target of about 24,900. In quarter three and four, a total of 147,637 people were reached through health promotion activities.

The community health project targets a community that lack informal and formal support structures that help women,

survivors, and young girls to cope with Sexual and Gender-Based Violence. SRCS provided medical, psycho-social, and additional material assistance to survivors of 40 SGBV cases consisting of 30 rape cases, three attempted rape cases and seven physical assaults. The SRCS volunteers disseminated key messages on SGBV including different forms, consequences, and available services to 10, 814 households.

First Aid and Prehospital Care



The First Aid and Prehospital Emergency Care Programme is intended to deliver quality services to seriously ill or injured people before they reach hospitals and during emergency transfer to hospitals.

Mogadishu and Galkayo First Aid and ambulance volunteers responded to different kinds of incidents. In the SRCS branches in Somaliland, an ambulance response team was recruited and trained with Pre-Hospital Trauma Life Support. This programme currently operates in Sool region and planned to be replicated in other regions. The response team in Lasanod provided effective and timely FA services to the community.

The traditional First Aid trainings ran throughout the SRCS branches both routine and community-based trainings with the aim of enhancing the capabilities of the people in responding to all emergencies that take place in their respective areas.





Type of training	No of trainees
Routine training at branches/Sub-branches	2841
Volunteer responder training	85
Community trainings	720
Staff trainees	39
Ambulance responder trainees	9
Total	3694

As for the responses, a total of 982 traumatic patients were assisted and transported to referral health facilities. 113 bodies were transported.

Type	No of responses
Traumatic emergency	365
Medical assistance & transportation	3293
Medical emergency	3075
Total	6733



FA kits were donated to the Community First Aid Trainers. Ambulance upgrading equipment were also received from ICRC in Mogadishu and Galkayo. Dressing sets were given to Mogadishu, Galkayo Ambulance Response Teams and Dusamareb Volunteer FA responders. The FA Manual was produced and distributed to the SRCS branches and Sub-branches

A total of 1,275 persons received first aid training at the SRCS branches in Somaliland while five members of the Ambulance Response Team were trained on pre-hospital care in Lasanod. A Training of Trainers was provided to 28 first aid instructors and first aid focal persons. Six communities in Sool and Togdheer region were trained. In addition, four first aid staff members received Managerial and Leadership training.



World AIDS Day

SRCS Branches participated in the commemoration of the World AIDS Day which fell on 1st December 2021. The goal of this international day was to increase populations' awareness 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 World AIDS Day in their respective locations. The SRCS staff and volunteers mobilized the communities to attend rallies where key messages were passed through speeches.

Officials from the National AIDS Commission, authorities and SRCS Branch Coordinators and Committees addressed the population about risks of HIV/AIDS. They stressed the importance of giving care and support to those infected and living with the virus as well as the relatives and orphans affected by the diseases. SRCS volunteers performed dramas on facts of HIV/AIDS. IEC materials were also distributed.

World First Aid Day

The World First Aid Day which fell on December 12th was celebrated in all the SRCS branches to signify the importance of the First Aid services to the community. The branches demonstrated different activities including simulations, street matching and display of the achievements.

The public was informed to call the emergency numbers, 446 in Mogadishu, 383 in Galkayo and 936 in Lasanod to seek assistance during traumatic and medical emergencies.





Protection, Gender, Inclusion and Equality



The Protection, Gender, Inclusion and Equality Programme (PGIE) focuses on promoting the safety and dignity of vulnerable communities including women, children, people living with disabilities, and internally displaced persons without discrimination. It improves access and quality of services in the SRCS branches.

A total of 184 community volunteers were provided with PGIE IEC materials and 64,143 people (16,036 male and 48,107 females) were reached through house-to-house visits and given PGIE sessions. In addition, 58 staff members and volunteers were trained on SRCS Protection from Sexual Exploitation and Abuse (PSEA) Policy while 173 community volunteers received training on prevention and response to SGBV/VAC in COVID-19 context.

14 staff and volunteers were trained on Protection, Gender and Inclusion (PGI) tailored with the Fundamental Principles of Red Cross and Red Crescent movement. 16 PHC staff were trained on Sexual and Gender Based Violence (SGBV) prevention, response and FGM/C in COVID-19 context.

Additionally, 54 staff members and volunteers were trained on Mental Health and Psychosocial Support (MHPSS) and 90 school teachers received training on Mental Health and Psychosocial Support in all the branches. A total of 71,170 people were reached through house-to-house visits.



SRCS Physical Rehabilitation Centres

SRCS manages three rehabilitation Centres strategically located in Mogadishu, Hargeisa and Galkayo. The Centres provided the much needed Orthopaedic and physiotherapy services to the physically disabled persons in the country.

Capacity building trainings including Cerebral Palsy, Wheelchair, Clubfoot, PSEA and First Aid trainings were successfully conducted in the respective Centres during the year.



MOGADISHU PHYSICAL REHABILITATION CENTRE

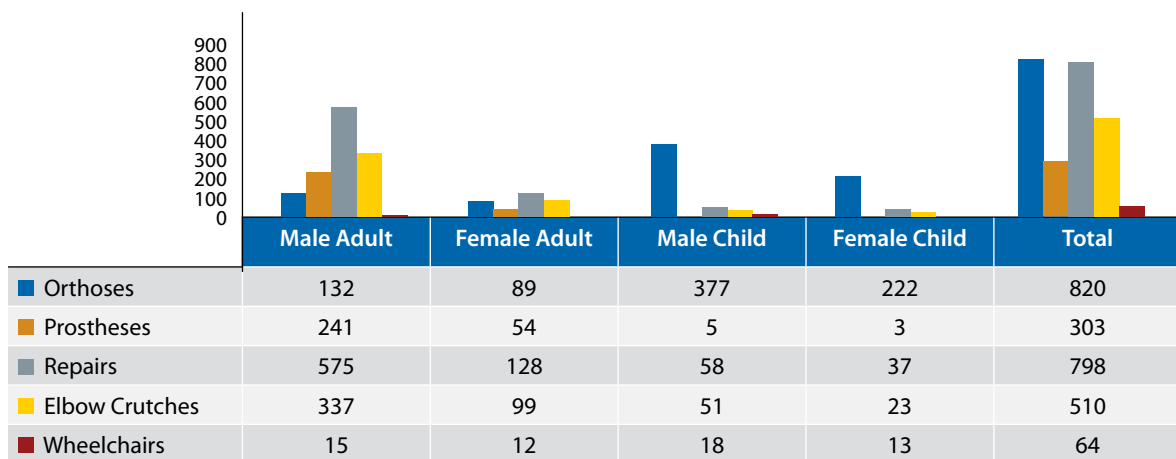
The SRCS Mogadishu Physical Rehabilitation Centre continued to provide orthopaedic and physiotherapy services to persons with disabilities.

During the year, construction of the perimeter walls and rectification room was carried out and renovation was made on the female gait training. The elevated water tank was constructed and the roofing was renovated.

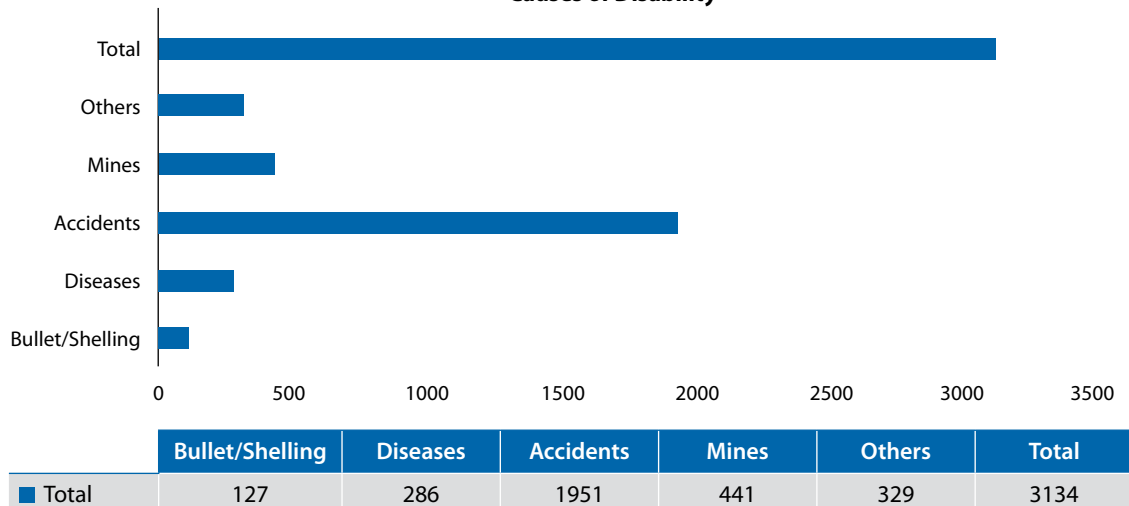
Two bench workers, one ICT assistant and one component maker were recruited. An early detection and referral training was given to midwives from SRCS clinics. Two physiotherapy staff received a short course on Cerebral Palsy held in Rwanda, and advanced clubfoot training in Galkayo. One orthopaedic staff member received Lower Limb Orthotics (LLOT) Certificate in Tanzania.

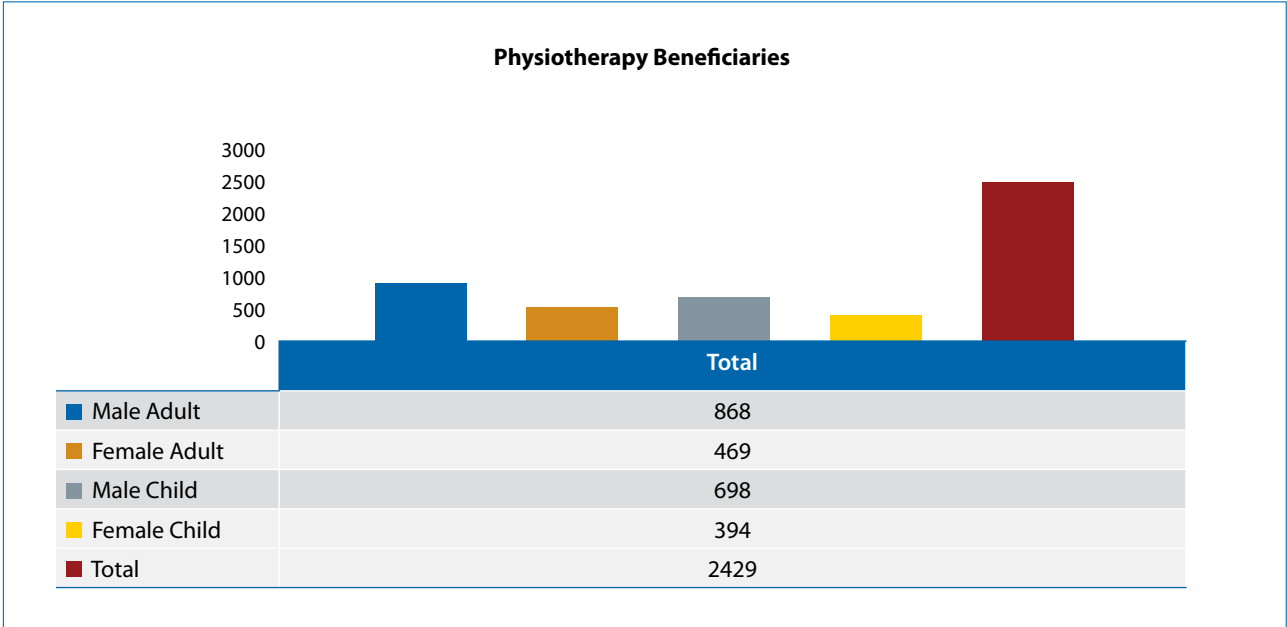


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Causes of Disability





HARGEISA PHYSICAL REHABILITATION CENTRE



The SRCS Hargeisa Physical Rehabilitation Centre provided orthopaedic and physiotherapy services to persons with disabilities. The Centre played a crucial role in helping people with disabilities to be reintegrated into the society and encouraged to make social, educational, and professional growth. These included sport activities, academic scholarships, and job opportunities.

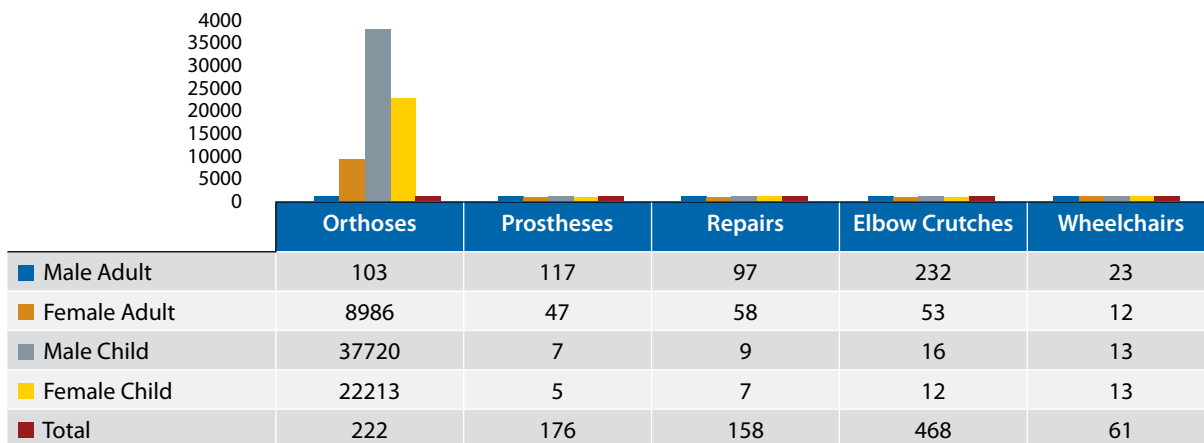
Beneficiary feedback and technical assessment were conducted from 8th to 10th November 2021 to develop and accomplish the set goal and objectives of the services given to target beneficiaries. The assessment was carried out by three ICRC staff. 20 selected service users were interviewed.

The rehabilitation services were expanded to the regional branches through frequent outreaches visits to Borama,

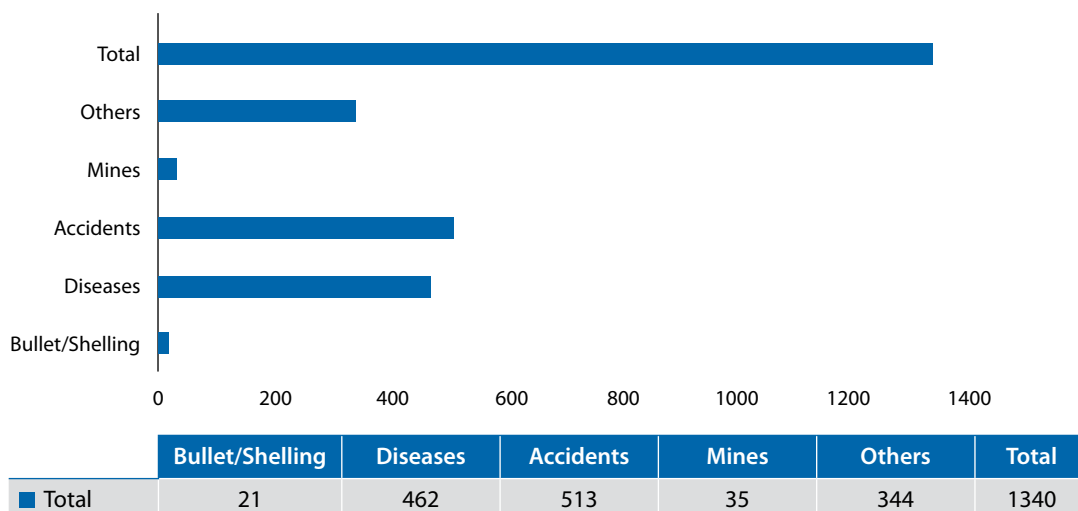


Buuhoodle, Erigavo, Elafweyn, Burao and Odwayne. The team screened 341 persons and 45 service users were referred to the centre in Hargeisa.

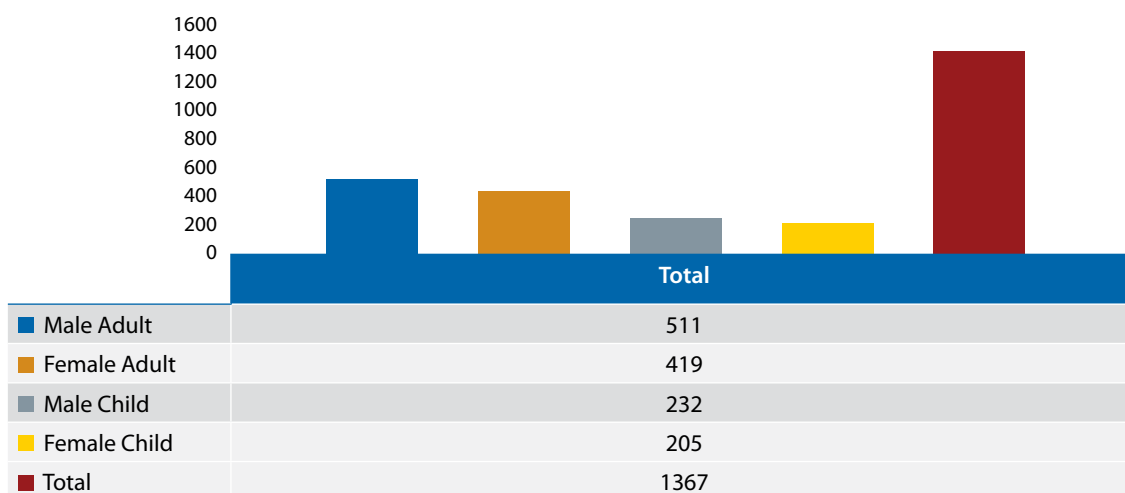
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Causes of Disability



Physiotherapy Beneficiaries



GALKAYO PHYSICAL REHABILITATION CENTRE



The SRCS Galkayo Physical Rehabilitation Centre provided various physical rehabilitation services. Despite the Covid 19 challenges, the Centre reached the expected target in terms of production.



The Centre registered 59 clubfoot patients which were mainly children. The Centre successfully corrected 33 beneficiaries; the rest of the patients were assessed in the field while others were given other rehabilitation devices. 18 out of the 33 corrected cases benefited from a clubfoot outreach pilot project. The beneficiaries were collected from far regions and provided with transportation, accommodation and living support.

The Centre conducted three outreach activities in 15 major cities and small towns/villages, The community and the authorities were very appreciative of the services.

The Centre trained 20 volunteers in the IDP camps on disability identification and rehabilitation service. The aim of the training was to enable the volunteers understand the rehabilitation service and also identify the persons with disabilities who can benefit from the services.

Clubfoot identification training was given to 6 traditional midwives from Mudug Region. Disability identification, rehabilitation service awareness and referral trainings were conducted for Mudug regional hospital doctors, nurses, and midwives.



The Centre conducted advanced non-surgical clubfoot management training for 4 Galkayo Rehabilitation staff and 3 staff from Mogadishu Physical Rehabilitation Centre.

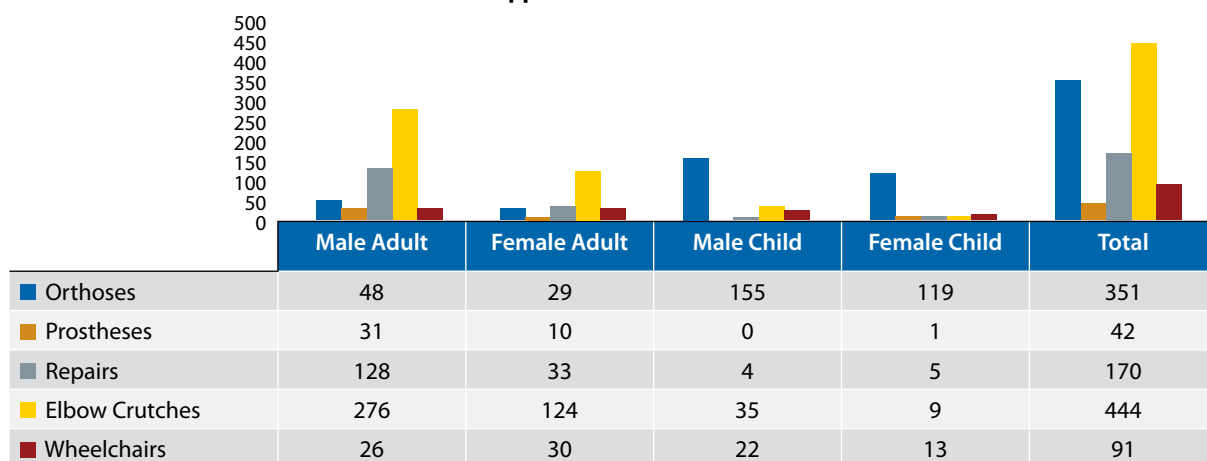
Two SRCS staff members attended a five-day intermediate wheelchair training held in Garowe. Two SRCS staff members attended Cerebral Palsy training held in Kigali, Rwanda. One staff member completed 6-months online rehabilitation therapy. Another staff member completed one year prosthetics course in Tanzania.

Physiotherapy department construction and wheelchair accessible toilets were completed in May 2021. The Centres also constructed an additional finance/administration office. Interlocks were laid in front to enable easy access for the beneficiaries with disabilities. Major renovations of the guest house, reception, department offices and generator room were carried out.

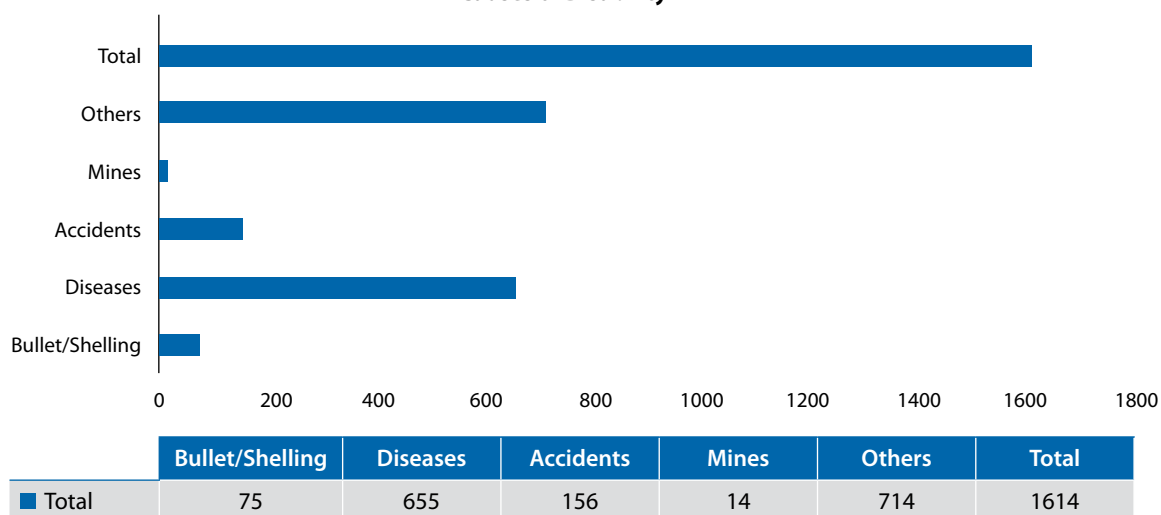
The Centre conducted Beneficiary Feedback and Technical Assessment (BFTA) assessment to assess the quality of the devices produced and satisfaction of the beneficiaries in collaboration with ICRC and SODEN. Samples of rehabilitation assistive devices were delivered to SRCS Dusamareb branch to conduct dissemination and awareness activities.



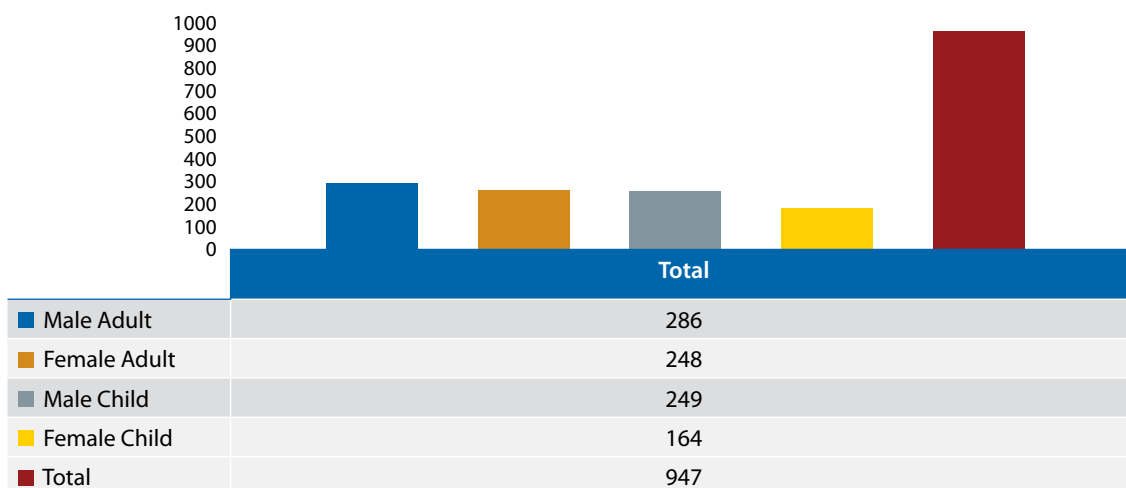
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Causes of Disability



Physiotherapy Beneficiaries



INTERNATIONAL DAY OF DISABILITY

The Centre participated in the commemoration of the International Day of Disability which fell on 3rd December 2021. The celebration was organised by the Ministry of Employment, Social Affairs and Family in cooperation with the Somaliland National Disability Forum (SNDF).

Invited guests included authorities, local and international organisations, 32 members from the Disability Organisations in the country, the SRCS Rehabilitation Centre members and other invited dignitaries. The Hargeisa Centre was awarded with a certificate of excellence for 2021.



Keysaney Hospital

The SRCS Keysaney hospital provides much needed treatment and surgical procedures to war wounded people in Mogadishu and southern and central regions of the country.



Keysaney provides much needed treatment and surgical procedures to war wounded people in Mogadishu and southern and central regions of the country.

Since its establishment in 1992, the hospital admitted and treated a total of 102,748 weapon wound and non-weapon wounded people. Many of them were civilians including women and children. The outpatient department treated 252,665.

During the year, a total of 6212 patients were treated in the hospital. The patients received war wounded, non-war wounded and outpatient services.

Sections of the hospital including the wards and the physiotherapy department were rehabilitated and hospital pathways were also constructed,

The hospital celebrated its 29th Anniversary on February 2, 2021.

Hospital Statistics

Below are the summary statistics of the hospital:

Outpatient

WW	Non WW	Dressing	Malaria	Medical (Not Malaria)	Total
63	2702	1264	229	2584	6212

Admissions

GSW	Mine	Shell	Non WW	Medical Admission	Total	Discharge	Death
259	0	42	1818	212	2331	2013	113

CAPACITY BUILDING

During the year, a total of 178 students from local medical and nursing universities and Institutes benefitted from the hospital training programme.



Keysaney Hospital staff members attended a training on Critical Care, Post-operative Care, IPC, and guideline for the storage of essential medicines.

One doctor and a nurse attended a workshop in Garowe on emergency basic care. The workshop was organized by WHO and Ministry of Health.

One staff member attended a workshop on Mass Casualty Trauma held in Mogadishu from 30th October to 5th November 2021. The workshop was organized by the WHO and Ministry of Health.



Disaster Risk Management

SRCS endeavours to provide humanitarian assistance including relief, livelihood and WASH assistance to the people affected by natural disasters throughout the country. The Society has always been engaged in strengthening the disaster management capacities in the branches with the aim of improving and enhancing knowledge and building capacities in preparation, prevention and response including building community resilience through disaster risk reduction activities.

The Restoring Family Links (RFL) Programme was expanded as different RFL activities were carried out including free phone calls for the poor, vulnerable and displaced people in the IDP camps in main cities.

RELIEF AND LIVELIHOOD ACTIVITIES

Main interventions and responses of the SRCS branches are summarized in the following table.



Type of intervention	Number of beneficiaries
Emergency relief in 6 regions	9,707 HHs
Cash transfer in 12 regions	46,426 HHs
Community projects (beekeeping projects in 5 regions and distribution of fishing tools in 6 coastal regions)	195 HHs
Income support (Micro-economic initiatives)	696 HHs
Agro recovery projects in 6 regions	1,601 HHs
Cash for work	554 HHs
Total	59,179

The aim of the income support projects was to support women through micro-economic initiatives and were mainly selected from the urban poor. The community projects supported the beekeeping projects and distributed fishing gear and boats to fishing communities in coastal areas.

FLOOD RESPONSE

In response to the destructive floods that affected more than 20 villages and damaged vast farmlands in Beledweyn district in May 2021, the SRCS Beledweyn branch distributed 57,500 sand bags inside the town and villages along the river. The branch volunteers actively participated in the distribution of the sandbags and flood prevention efforts along with the local community.

The SRCS Jowhar branch distributed 50,000 sandbags and provided the affected community with a motorized boat in response to the floods that affected 16 villages with a population of over 10,534 households and destroyed a farmland of approximately 13,306 hectares covering 50 km square. Similarly, the SRCS Bardera branch received 40,000 sandbags for the flood prevention purpose.

DROUGHT RESPONSE

The SRCS Garowe and Bosaso branches supported cash transfer to 500 affected households in Cuun, Falfalah and Burtinle in Nugal region and in Wardher, Jiingada, Adisone and Qor-moburca in Bari region. Each family receiving 125 USD for 2 months. Similarly, cash transfer programmes were implemented in Timirshe and Ballidhiig villages and fishing project in Qandala in Bari region.

An emergency response operation including cash assistance, shelter, health, NFIs and livelihood support and distribution of dignity kits for three months was successfully implemented with special focus on the displaced people from Lasanod and Erigavo.

DESERT LOCUST INFESTATION

A total of 60 farmers were trained on Desert Locust Prevention and Control in the SRCS Branches in Somaliland. Farmers received nutritional seeds and agro-tools in Sanag, Awdal and Sahil communities.

Likewise, 16 community volunteers received adequate knowledge and skills on locust desert prevention and surveillance in Awdal, Sahil and Sanag regions.

WASH ACTIVITIES

SRCS branches conducted hygiene promotion training for the volunteers involved in WASH activities. A refresher Hygiene Promotion training was given to the volunteers for effective preparedness and prevention of water related diseases. Before rainy seasons, WASH and kits including soaps, aqua tabs and leaflets were prepositioned at the branches and key hygiene messages were prepared. A total of 62,362 households received WASH services.

14 trainings and hygiene promotion and health awareness campaigns were conducted in six branches. 175 volunteers received WASH refresher training and implemented the hygiene promotion campaigns in all the targeted areas.

WASH refresher training was given to the WASH officers at the Mogadishu Coordination Office. The training was attended by five WASH officers from Baidoa, Kismayo, Jowhar, Marka and Bardere branches.



EVENTS

Different trainings, workshops and meetings attended by the DM officers and they are as follows:

- ICRC EcoSec Coordination Meetings – first and second quarters
- Disaster Risk Reduction (DRR) Training by the International Centre for Parliamentary Studies in May 2021
- ICRC New Global Platforms Training on the Miro-Economic Initiative
- Sky Bird Regional Boot Camp (WASH) by Kenya RC – 23-27 August 2021)



RESPONSE ACTIVITIES OF SRCS SOMALILAND BRANCHES

A total of 22 water reservoirs (berkeds) were rehabilitated to improve hygiene and sanitation practices and built community capacities through provision of training and distribution of tools.

Two shallow wells and seven boreholes were rehabilitated. Five community members were also trained to be responsible for operation and maintenance of the facilities. A total of 110 WASH Committees were trained in 10 target locations. 500 households received unconditional cash transfer for two months in Awdal, Sanaag, Sool and Togdheer regions.



32 community volunteers and SRCS staff were provided with an orientation on the Disaster Response Emergency Fund (DREF) Cash Transfer Programme in Awdal, Sool, Sanag and Togdheer branches. A workshop on DREF lessons learnt which was attended by the recipients of cash disbursements, community leaders, non-recipients who were involved in selection and verification process, SRCS volunteers and staff as well as key stakeholders.

A total of 1800 non-food items consisting of 600 sleeping mats, 600 blankets and 600 tarpaulins were procured and prepositioned. Bee-keeping registration for 50 beneficiaries took place in Buhodle district. Livestock beneficiaries were registered and trained in Lasanod and Ainabo in Sool region. Economic security trainings were conducted in Buhodle and Sool regions.



As part of the activities of the Community Resilience Programme, 883 households were supported through Cash Transfer Programme for four months. 272 community members were trained on DRR/CCA.

A total of 20 water reservoirs, 2 shallow wells and 7 boreholes were rehabilitated in Sanaag, Sool and Marodijeex. 65 members of the WASH committee were trained on operations and maintenance.

Restoring Family Links



The SRCS Restoring Family Links programme is one of the SRCS largest programmes with a network of RFL offices spread across the regions of the country. Well-trained staff and volunteers carry out the work in the different SRCS branches.

During the year, a total of 163,381 persons were provided free phone services while 3,794 tracing requests were opened and 397 closed positively. A total of 128,533 Red Cross Messages

were exchanged and names of 5,039 were aired on the BBC Radio Programme. Trace the Face (TTF) cases collected were 117 of which one case was positively closed.

The meetings of the SRCS RFL Officers were held respectively in Hargeisa and Garowe where the officers discussed topics related to their work.



Communication and Dissemination

SRCS disseminates communities about the SRCS mandate, activities and the work of the partners in order to build and maintain positive relationship with the community and create a sense of credibility among the stakeholders.

During the year, dissemination sessions were respectively held in Baidoa, Beledweyne, Kismayo and Garowe Branches. Sessions on proper use of the emblem were held in the schools in Hargeisa, Berbera and Borama.

A total of 9,325 beneficiaries were reached mainly community leaders, religious people, business people, scholars, students and staff and volunteers of the SRCS.

Supportive Activities

- Facilitated a coverage of a story about the SRCS physical rehabilitation programme by the Telegraph Magazine in London.
- Assisted in publishing 40 new jobs on Somalijobs website.
- Daily Media Monitoring Reports were prepared and shared with stakeholders.

- Launched awareness raising campaign about the importance of the First Aid targeting public transport companies, Telecommunication companies, small enterprises etc.

Production

During the year, different publications, visibility materials and promotional items were produced and distributed to all the SRCS branches.

A total of 500 copies of SRCS Annual Report, 500 copies of First Aid and Prehospital Strategy, 200 copies of the National Society Development Initiative Brochure and 200 copies of Physical Rehabilitation Programme Brochures were published.

SRCS visibility materials consisting of 300 pieces of Small lapel pins, 274 flags, 638 stickers, 400 sleeveless jackets, 150 t-shirts and 150 caps were produced. In addition, 500 desk calendars, 500 pens, 50 USB keys, 200 branded face masks, 300 key holders and 500 mugs were made and distributed.

MEETINGS AND WORKSHOPS

1. The SRCS Communication team regularly attended the virtual SRCS/ICRC bi-weekly Com meetings. The purpose of these meetings was to touch base and exchange on respective current and upcoming activities.
2. The SRCS Communication Officers attended a virtual course "Violence against Healthcare" which was offered by the University of Geneva. The course cycle took 6 weeks from 16 August to 4 October, 2021.
3. Attended a Protection training held in Naivasha from 29 November to 1 December 2021. The SRCS officers attended online while the SRCS Director of OD and Communication physically attended the training.



World Red Cross and Red Crescent Day

The SRCS Branches celebrated the World Red Cross and Red Crescent Day and joined the rest of the world in the celebration of the day which fell on 8th May 2021.

The SRCS President sent a message to the volunteers and staff thanking them for their efforts in helping the people in need. He stated that SRCS is an independent and neutral organisation that provides humanitarian services to the vulnerable people in the country including women and children.

World Red Cross and Red Crescent Day is held on 8 May - a global day to celebrate the uniqueness and unity of the International Red Cross and Red. Each year, SRCS uses this occasion to highlight its mandate and services in order to gain the support of the community.



Organisational Development

SRCS STRATEGIC PLAN 2021-2025

Following up on the review of SRCS Strategy 2015-19 and the branch and coordination office consultations conducted in 2020, an external Consultant was hired in February 2021 to assist SRCS consolidate recommendations from the field, conduct a consultation with SRCS leadership and senior management and to develop the draft strategy. The consultation was held virtually with SRCS senior management representatives, leadership and SRCS partners. The draft strategy was developed, finalized and awaiting endorsement of the leadership.



SRCS DISASTER RISK MANAGEMENT POLICY AND STRATEGY

A workshop was held in Djibouti in October 2021 with the aim of developing a comprehensive Disaster Risk Management Strategy (2022-2025) covering the entire DRM continuum, to

SRCS FIRST AID AND PRE-HOSPITAL EMERGENCY CARE STRATEGY 2021-2025

SRCS FA team reviewed the expired First Aid strategy and prepared a draft strategy document in consultation with stakeholders.

In February 2021, the draft document was taken up for discussion between SRCS management and the SRCS-ICRC FA team. Several meetings were facilitated to discuss the recommendations, vision and objectives for the FA programme for the coming years. The document was finalized in May 2021.

effectively enhance the resilience of people and communities towards future risks and reduction of disaster losses and develop Standard Operating Procedures (SOPs) for identified operational capacity, support services or specific areas of intervention (services) for SRCS response to disasters and crisis.

The workshop which was facilitated by an external consultant was attended by the SRCS Vice President, the two Executive Directors and their Deputies as well as the Directors of Planning, Monitoring, Evaluation and Reporting (PMER) and Organizational Development and Communication discussed at length country context and recurrent disasters as well as the approach and the key steps that SRCS would take in developing SRCS's DRM Strategy and SOPs. The draft strategy was developed, finalized and awaiting endorsement of the SRCS Executive Committee.

Safer Access Framework (SAF)

CONTEXT AND RISK ANALYSIS

Context and risk assessments were conducted in 18 branches where the leadership, staff and volunteers were represented. In these assessments, each branch discussed and reported on the historical and current branch profile including the human resource, the historical background of the local emergencies, humanitarian interventions, political and social dynamics, economic situation, environmental factors and natural disasters, local infrastructure and health risks.

Branches did context analysis of their operational areas. Threats and risks in their areas were analysed focusing on the top five threats and understanding the top five risks, vulnerability of the branch and the NS in general. Branches also assessed main actors in their areas.

CONTEXT AND RISK ASSESSMENT PLAN OF ACTION VALIDATION WORKSHOP

The SAF Plan of Action validation workshops were conducted where each branch presented its context and risk assessment exercise outcomes. The compiled summary of the branch context and risk assessments was then presented and as a result,

conclusions and action points were drawn. It was realized that the branches made significant progress regarding the awareness of the context and the use of the SAF tools. Since the onset of SAF, the branches have improved their context readings, security management, implementation of agreed mitigation measures and reporting.

The participants adopt the SAF Plan of action for 2021-2023 focusing more on operational risk management element.

SAF SENSITIZATION WORKSHOPS

A series of SAF sensitization workshops were conducted for all the Branch Coordinators, Branch Officers, Project Directors, Clinic Head Nurses and many other staff and volunteers. The objectives of the workshops were to Improve SAF awareness and ownership of branches, ensure effective implementation of SAF PoA 2021-2022 in each branch, ensure that SAF is integrated in all SRCS operations, emphasize the link among the SAF, Networking and NSD thematic files, provide feedback to the branches on the finalized context and risk assessment report and improve the involvement of clinic staff and active branch volunteers in SAF.

National Society Development Assessment

The National Society development (NSD) initiative was launched in 2019 to enhance capacity of the National Society. The main objectives of the NSD was to develop and strengthen the SRCS organizational structures, improve systems and procedures to deliver timely and effective response to people in need, and address issues of financial sustainability, accountability and compliance.

The overall purpose of the assessment was to assess to what

extent NSD Investments that have benefitted Somali Red Crescent Objectives, and to evaluate the results of Movement support to SRCS National Society development in the period 2019 – 2021, both in terms of capacity development to respond to immediate operational needs, but also the long-term development of SRCS as a relevant, sustainable, and effective domestic humanitarian actor within Somalia. The assessment was successfully concluded with key recommendations focusing on different issues.





Internal Audit

The main objective of the internal audit was to ensure SRCS is aware of how to ensure reliability and integrity of financial and operational information, effectiveness of operations and the information systems environment, compliance with policies and internal control procedures, laws and regulations, and contracts, safeguarding of assets, economical and efficient use of resources and achievement of established operational goals and objectives.

The internal audit came up with several findings and recommendations.

Risk Management Assessment

The SRCS with the support of the ICRC Risk Management Unit undertook a review of the existing policy documents in SRCS to identify risk management enablers as well as policy gaps, followed by an assessment of policy application in the day-to-day operations by SRCS.

The policy review was done in the 2nd and 3rd quarter of 2020 and the application assessment done in the period December 2020 – January 2021. A field level assessment of the existing policies application was recommended after the policy review exercise, to identify the level of understanding of the policies by the respective users, and the extent of application and consistency across the different SRCS branches.

Policy compliance assessment is therefore meant to provide an understanding of the actual practice in the field and highlight policy gaps and institutional risks. The assessment informs key recommendations.

Human Resource Development

During the year, the SRCS Human Resource Policy was disseminated to all SRCS employees and the Implementation of the Performance Management System was started. SRCS employees set their performance objectives, conducted mid-term review with their line managers, and at the end of the year, annual performance appraisal was conducted. Due to the creation of new positions, the SRCS organogram was updated.

The Salary and Benefits Survey was conducted, and the outcome was shared with the relevant partners. The translation of SRCS HR employee Handbook in Somali Language was completed in collaboration with the Communication Department.

In August 2021, a job evaluation and grading structure exercise led by the HR department was conducted in Djibouti. All SRCS job descriptions were evaluated, SRCS Senior management, human resources directors and HR and OD advisor participated.

The Gratuity Management and payment kicked off in 2021. The gratuity payments to the separated employees was officially started. Staff Health Officer was recruited to manage all staff insurance related issues, medical issues, and staff stress management. Market insurance Review was conducted, and the report was shared with the SRCS senior management and partners.

Finance Development

The main objectives of the finance department are the guardianship of the finance policy of the NS and the development of financial plan to optimize the utilization of the NS's financial resources. Also, the department is intended to develop and strengthen department capacity, structures, and systems at all levels to be a well- functioning department. To support in the development of the finance team at all levels, different trainings were conducted, field supervisions were carried out and various meetings were held.



The physical trainings included SAGE software trainings, Training of Trainers for Finance Managers and Finance training for budget holders held in Hargeisa and Garowe respectively.

In the first and second quarters of 2021, virtual trainings were held on data entry and reporting for the Coordination Office team and the branches of Galkayo, Garowe, Bosaso as well as the SRCS Physical Rehabilitation Centres.

Late in the second quarter, a virtual training was held for the branches under the Mogadishu Coordination Office. This enabled the branches to familiarize themselves with sage data entry. Similarly, the Hargeisa Coordination team, Rehab Centre and branch Finance Officers were given a refresher physical training.

In the third quarter, a training was held in Garowe for all the Mogadishu Coordination finance team members. The training which was facilitated by the SAGE consultant emphasized the importance of SAGE and the need for timely, adequate, and qualified reports from the system.

On the other side, internal control training was conducted for all the finance officers in Mogadishu. This training was facilitated by the coordination team. The training enabled them to be familiar with the importance of internal controls of the SRCS in general and the finance department specifically.

In the fourth quarter, a physical TOT training was conducted for the SRCS Finance Managers from both coordination offices, the training was facilitated by the Kenya Red Cross Learning Institute. This was crucial as it would equip the Coordination offices with skills to cascade information to the branches and other Projects.

The budget holder training was held in Garowe and Hargeisa for the non-finance staff, mainly the branch coordinators, project/department directors, and programme managers. The training was facilitated by SRCS Senior Finance Officer, Finance Directors, FD delegate and IFRC Senior Finance Officer. The training focused on the dissemination of policies and procedure of the finance manual to the non-finance staff.

A three-day finance refresher training was held in Borama branch from 26th to 28th December 2021. Participants included finance managers, all SRCS branches Finance Officers, Finance and Assistants.

The participants exchanged experience and made sure that all procedures and steps for supporting documents were followed strictly.

The Finance department carried out supportive supervision two times during the year.

Planning, Monitoring, Evaluation and Reporting (PMER)

The Planning, Monitoring, Evaluation and Reporting Departments were created in the SRCS Coordination offices in Hargeisa and Mogadishu in 2020. It is a key function that promoted integrated planning, monitoring, evaluation and reporting functions and increased capacity of the SRCS.

The capacity of the PMER staff was built by providing M&E training at the AMREF University in Nairobi. The trained staff contributed to better and timely reporting by SRCS on different programmes and other emergencies.

The PMER Department was instrumental in the preparation of the information for the SRCS Annual Reports and generating data for the Federation-wide Databank and Reporting System (FDRS) which is an IFRC platform that gathers and analyses data on National Societies through a yearly data collection effort. Furthermore, PMER department supported the National



Society Development Initiative evaluation and the internal audit exercises.

During the year, the department paid supervision trips to most of the SRCS Branches and provided technical support.

Logistics Development

The procurement manual continues to be rolled out through Coordination offices. Mogadishu Coordination office reported 26 staff trained on procurement of which 5 are procurement staff and remaining Administration and Finance staff. Hargeisa Coordination also reported having trained key staff from the Coordination office.

The two offices reported having carried out procurements as per the procedures and that the manual was helpful in the tendering of contracts for building projects

Resource Mobilization

The SRCS with the support of an external consultant put together a draft resource mobilization policy and strategy for the National Society.

The draft documents were reviewed in April 2021. Key information was added relating to the mapping of existing SRCS resource mobilization activities by various branches and management of their income, identifying potential RM assets, mapping income from First Aid services and other sources. The SRCS Coordination Offices followed up on this with the guidance of the FD Advisor.

Youth and Volunteers

The volunteers play a vital role in translating into action the organization's strategic goals and objectives. They are involved in the different levels of programmes and projects.

The SRCS provides the volunteers with different opportunities to learn and serve their people. SRCS has over 5000 registered and insured volunteers from all SRCS branches. The volunteers were engaged in health promotion, first aid, dissemination, Restoring Family links, rehabilitation and other emergencies and life-saving activities.

The SRCS Coordination Office in Hargeisa provided first aid training, computer course, Red Cross Red Crescent knowledge



as well as non-formal learning such as literacy and numeracy for those who cannot access or afford to schools due to financial problems.



Type of routine classes	Male	Female	Total
First Aid	618	1287	1905
Literacy and numeracy	95	287	382
Computer literacy	282	355	637
Other Courses	23	44	67



The Youth and Volunteer Manager from SRCS Coordination office in Mogadishu visited 12 branches namely Mogadishu, Jowhar, Dusamareb, Kismayo, Beledweyn, Hudur, Marka, Baidoa, Bardere, Garowe, Bosaso and Galkayo and held meetings with the volunteers in each branch and gave them orientation sessions.

The volunteers were given dissemination on the SRCS Volunteer Management Guidelines and Youth Programming guidelines. The volunteer management files in all branches were updated and all volunteers signed the volunteer declaration form and SRCS Code of Conduct.

Project Planning and Management Trainings

A five-days' Project Planning and Management workshops were respectively held in Garowe (2-9 August) and Berbera (13-17 November). A total of 50 key SRCS Management Staff members attended the workshops.

The objective of the trainings which were offered by the Kenya Red Cross Training Institute, was to enable participants to design and develop a project, plan, build and manage project schedules and budgets using Microsoft Project Professional, mobilize resources for project implementation, apply project management principles in managing projects, effectively Manage Human Resources in the project, effectively and efficiently manage project funds, track project performance through monitoring and evaluation and develop and use project knowledge products.

The trainings afforded the trainees the opportunity to understand the aim and concept of developing a Manageable Project, Project Management Framework, Project Financial Management and Resource Mobilization, Project Monitoring, Evaluation and Reporting.



SRCS Partners' Meeting



The SRCS Partners' Meeting was held in Berbera on 28 – 29 October 2021. The objective of the meeting was to present and discuss with partners about the progress and achievements made by SRCS in 2021, the challenges for SRCS, and to agree on the key priorities for 2022.

The meeting reviewed the humanitarian needs in 2021, response and key gaps and discussed the SRCS vision to

be a well-functioning and accountable national society, improved partnership with movement partners through better understanding of partners strengths and challenges and Movement supported NSD plan and improved coordination to respond to humanitarian needs.

Important Events

1. SRCS attended the VFH Virtual Skillshare on 21-22 September 2021 and presented its fundraising activities. The Director of Organizational Development and Communication and the Director of Planning, Monitoring, Evaluation, Reporting (PMER), presented the SRCS Experience in Resource Mobilization.
2. The SRCS Disaster Risk Reduction Directors attended the East Africa Disaster Management meeting held in Kigali in Dec 2021.



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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