



SOMALI RED CRESCENT SOCIETY

ANNUAL REPORT 2024





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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ALMANACH	Algorithm Management of Childhood
ANC	Antenatal Care
AWD	Acute Watery Diarrhea
BEmONC	Basic Emergency Obstetric Neonatal Care
Berked	Water Reservoir
CBHFA	Community Based Health and First Aid
CRP	Community Resilience Project
DHIS2	District Health Information System 2
DM	Disaster Management
DRR	Disaster Risk Reduction
EPI	Expanded Programme on Immunization
FCHWs	Female Community Health Workers
FGM/C	Female Genital Mutilation or Cutting
HCiD	Health Care in Danger
HIV	Human Immune Deficiency Virus
IDP	Internally Displaced People
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross & Red Crescent Societies
IHCP	Integrated Health Care Program
IHL	International Humanitarian Law
IMAM	Integrated Management of Acute Malnutrition
IMNC	Integrated Management Neonatal Child Illnesses
IYCF	Infant and Young Child Feeding
NFIs	Nonfood Items
NSD	National Society Development
NYSS	Custom Software platform for data collection, management
ORS	Oral Rehydration Salt
PGI	Protection Gender Inclusion
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
PGI	Protection, Gender and Inclusion
PLW	Pregnant Lactating Women
RTI	Respiratory Tract Infections
STGs	Protocol Standard Treatment Guidelines Protocol
SAF	Safer Access Framework
TBAs	Traditional Birth Attendants
TSFP	Therapeutic Supplementary Feeding Programme
ToR	Training of Trainers
VCT	Voluntary Counseling and Testing
WW	Weapon Wounded



VISION

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



MISSION

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



CORE VALUES

Integrity
Commitment
Transparency
Accountability
Value for People
Teamwork



FUNDAMENTAL PRINCIPLES OF THE RED CROSS AND RED CRESCENT MOVEMENT

Humanity
Impartiality
Neutrality
Independence
Voluntary Service
Unity
Universality

Somali Red Crescent Branches

REGION	NAME OF THE BRANCH
Baidoa	Baay
Bardera	Gedo
Beledweyn	Hiiran
Berbera	Sahel
Borama	Awdal
Bosaso	Bari
Burao	Togdheer
Dusamareb	Galgaduud
Erigavo	Sanaag
Galkayo	Mudug
Garowe	Nugal
Hargeisa	Galbeed
Huddur	Bakool
Jowhar	Middle Shabelle
Kismayo	Lower Jubba
Lasanod	Sool
Merka	Lower Shabelle
Mogadishu	Banadir



Remarks from the SRCS President

The year 2024 presented a unique blend of significant challenges and outstanding successes in our humanitarian efforts. The SRCS has made significant strides, delivering compassionate and resilient support to communities while firmly upholding the core principles of the Red Cross and Red Crescent Movement.

Throughout the year, SRCS undertook emergency flood response initiatives in various regions and implemented comprehensive climate change programs across its branches, focusing on capacity building, infrastructure enhancement, and environmental sustainability. In addition, SRCS provided Cash Voucher Assistance (CVA) through emergency relief, capacity enhancement, and economic empowerment efforts. All SRCS branches conducted extensive hygiene promotion and outreach campaigns in diverse locations, and numerous Disaster Response Emergency Fund (DREF) operations were activated to address urgent crises.

On the governance front, SRCS successfully held Branch Committee Elections that brought new members into leadership roles. The Society also convened the SRCS All-Inclusive Meeting (General Assembly), which established new policies and strategies, extending the leadership terms of the SRCS President, Vice President, and Executive Committee members for another four years.

On behalf of the SRCS Leadership and Governance, I want to extend my heartfelt gratitude to our dedicated staff and volunteers who tirelessly contribute to our humanitarian mission.

I would also like to express my special appreciation to the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), the Arab Red Crescent and Red Cross Organization (ARCO), Norwegian Red Cross, German Red Cross, British Red Cross, Finnish Red Cross, Canadian Red Cross, Icelandic Red Cross, Danish Red Cross, Turkish Red Crescent, Kuwaiti Red Crescent, Qatar Red Crescent as well as Hormuud Telecommunication Company for their invaluable support.

Yusuf Hassan Mohamed
SRCS President
Somali Red Crescent Society

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The SRCS has made significant strides, delivering compassionate and resilient support to communities while firmly upholding the core principles of the Red Cross and Red Crescent Movement.





Integrated Health Care Program

PRIMARY HEALTH CARE PROGRAM

The Primary Health Care Program stands as SRCS's flagship initiative, with a proven three-decade track record of successful implementation across the country, characterized by strong community engagement and presence.

The PHC health clinics offer services such as OPD consultations, treatment for common illnesses, maternal and child health, immunization, nutritional treatment for children under 5 and pregnant or lactating women, management of sexual violence cases, fistula referrals, PHC referrals to secondary care, and health promotion.

Additionally, community networks include over 95 female community health workers, community health committee members, 50 community-based surveillance volunteers, and more than 82 Active MUAC screening volunteers to enhance community health services.



CLINICS

In 2024, SRCS served 1,477,502 people through its clinics and Mobile Health Teams (MHTs), achieving 90% of its annual target. The patient distribution comprised 664,876 children under 5 (45%) and 812,626 adults (55%). The Outpatient Department provided curative consultations to 904,038 individuals, including 379,696 children under 5 (43%) and 515,302 adults (57%).

The Almanach digital clinical decision support system operates in 20 of 24 SRCS health facilities run by the SRCS. The system has enhanced pediatric care for 85,201 children (43,211 boys, 41,990 girls), improving diagnostic accuracy, treatment protocols, and preventive care while reducing unnecessary antibiotic prescriptions.

Leading childhood morbidities included Acute Respiratory Infections, skin infections, eye and ear infections, anemia, watery diarrhea, and pneumonia. Severe cases received hospital referrals for specialized care. Adult treatments followed Somali treatment guidelines and Sexual Transmitted Disease protocols, supported by basic diagnostic testing.

Reproductive Health in the country continues to face significant maternal health challenges, with a Maternal Mortality Ratio of 692 per 100,000 live births. The five primary causes of maternal mortality - hemorrhage, puerperal sepsis, hypertensive disorders, obstructed labor, and unsafe abortions - account for 70% of maternal deaths, with anemia as a significant indirect contributor. SRCS addresses these challenges through integrated reproductive health services and Basic Emergency Obstetric and Newborn Care (BEmONC) implementation.



ANTENATAL CARE SERVICE

The SRCS clinics provided antenatal care services to 234,983 women, including 71,432 first-time visits (ANC1) and 60,497 women who completed the recommended four or more visits.

To enhance maternal health outcomes, the clinics conducted comprehensive screenings to monitor pregnancy progression and identify potential complications requiring hospital referrals. The services emphasized the importance of completing all four recommended antenatal visits through targeted education and awareness initiatives.

Nutritional support was a key component, with 88,346 pregnant women receiving Multi Micro-Nutrient supplementation, 89,785 receiving Iron and Folate supplements for anemia prevention, and 20,975 receiving deworming treatment. For malaria prevention, 34,370 doses of intermittent preventive treatment were administered, and 20,417 mosquito nets were distributed to women in their third trimester.

The program also prioritized tetanus prevention by administering at least two doses of tetanus vaccine to all women of childbearing age, regardless of pregnancy status.



DELIVERY AND POSTNATAL CARE SERVICES

SRCS operates 70 health centers and 19 Routine and Emergency Mobile Health Teams, providing skilled delivery and post-natal services.

The clinics recorded 26,567 deliveries, all conducted by skilled midwives. To discourage traditional birth practices, no home deliveries were reported.

High-risk cases involving complications such as prolonged

labor, pre-eclampsia, antepartum hemorrhage, obstructed labor, and post-partum hemorrhage were referred to regional hospitals for specialized care.

Postnatal care services reached 61,965 women, with an improved 86% first visit coverage rate within and after 48 hours of childbirth. Notably, the antenatal care dropout rate decreased significantly to 16% across all health centers, demonstrating improved continuity of care.



INFANT NUTRITION PROMOTION ACTIVITIES

SRCS clinics implemented comprehensive nutritional promotion initiatives targeting pregnant women, lactating mothers, and caregivers to complement their child nutritional surveillance program. Through individual counseling and group sessions, the clinics reached 149,365 pregnant and lactating mothers with evidence-based education on Infant and Young Child Feeding (IYCF) practices.

These sessions focused on critical nutritional practices including exclusive breastfeeding, appropriate supplementary feeding for children aged 6-23 months, proper feeding techniques for sick children, and effective weaning methods. This targeted approach aimed to prevent under-nutrition by promoting recommended feeding practices based on established research and guidelines.

SEXUAL VIOLENCE, GENDER-BASED VIOLENCE, FEMALE GENITAL MUTILATION/CUTTING AND FISTULA

Somalia maintains deeply entrenched social practices, including Female Genital Mutilation (FGM), which affects over 90% of the female population despite its severe medical, physical, and psychological implications. The SRCS has implemented comprehensive interventions to address

these challenges through community education and survivor support services.

The organization deploys trained female community health volunteers and midwives who conduct regular FGM awareness sessions in collaboration with ministry officials and religious leaders. SRCS provides comprehensive support services including case management for sexual violence survivors, psychosocial counselling, and legal service referrals.

For fistula cases, SRCS facilitates identification through midwives and Female Community Health Workers, coordinating referrals to Keysaney Hospital for treatment. The hospital provides complimentary fistula repair services, including accommodation and meals for patients and their caregivers.

During the reporting period, 25 survivors received treatment, with all cases managed within 72 hours of incident reporting. Post-rape kits with essential medications were distributed to 24 health centers. Additionally, 71 fistula cases were identified through Primary Health Care centers and successfully referred to Keysaney Hospital for treatment and follow-up care.

FEMALE COMMUNITY HEALTH WORKERS

SRCS has a network of 95+ Female Community Health workers (FCHWs) linked to 24 SRCS health centers. They are trained volunteers stationed villages near the health centers and collaborate with midwives to provide tailored health education messages on mothers and child health, tracing and referral of pregnant women, postnatal mothers and their infants, sexual violence survivors, fistula and link them to the health centers for receive care they need.

FCWs conducted 50,518 individual health promotion sessions, 12,325 and 5,663 pregnant women and postnatal mothers were referred to various SRCS Health centers while 654 referred to SRCS HCs for safe delivery. FCHWs also referred 491 pregnant women with pregnancy complication, 141 postnatal mothers with complication, 62 neonate infants with complications and 9 rape survivors to SRCS Health centers.

IMMUNIZATION

SRCS continue to focus on the provision of child and maternal vaccination services to under 5 children, pregnant and women in childbearing age to ensure they are full protected from vaccine preventable disease, their associated illnesses and mortality.

A total of 452,632 doses of different vaccine series were provided to under 2-year children who were eligible for vaccinations. Among these, 73,541 and 67,452 infants received Pentavalent dose 1 and Pentavalent dose 3 and 71,717, measles dose 1 and 9,641 Measles dose 2 vaccinations respectively. Immunization dropout rate was 8 %.



HEALTH PROMOTION

The SRCS conducted comprehensive health education sessions across 70 health centers and 19 Emergency/Mobile Health Teams, reaching 407,311 participants through 323,336 sessions. These interventions provided both group and individual counseling on critical health topics including nutrition, Infant and Young Child Feeding (IYCF) practices, antenatal and postnatal care, facility-based deliveries, disease prevention, and water, sanitation, and hygiene protocols.

Individual counseling services reached 84,704 pregnant mothers and 22,207 postnatal mothers, focusing on IYCF practices, nutrition, disease prevention, and healthcare-seeking behaviors. The program also provided specialized awareness sessions on Female Genital Mutilation and Gender-Based Violence to 19,092 beneficiaries, while 16,610 adults received education on Non-Communicable Diseases and mental health.

COMMUNITY-BASED SURVEILLANCE

The SRCS implemented NYSS, an electronic community surveillance system, in collaboration with Norwegian Red

Cross and ICRC. This real-time monitoring system tracks five key health events: Acute Diarrheal Disease, COVID-19, measles, meningitis, and unusual event clusters. The system operates across 37 health centers, supported by 252 trained community volunteers and 164 Community Health Committee members.

The surveillance system documented 6,126 verified alert cases, comprising 5,492 acute watery diarrheal cases and 604 measles cases. The community-based volunteers conduct house-to-house health promotion, disease detection, referrals, and event reporting through the Nyss system, proving particularly effective in COVID-19 response efforts.



COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

Over the years, SRCS has increasingly integrated Community Engagement and Accountability (CEA) into National Society programming, particularly within preparedness and response plans. Community engagement is an essential component of service delivery, focusing on community sensitization and mobilization to enhance participation, especially during disease outbreaks and vaccination efforts for internally displaced persons, nomadic groups, and other remote communities.

The Community Health Committees (CHCs) act as intermediaries between the SRCS, communities and local authorities. These committees provide crucial support in managing clinics and

mobilizing communities for immunization campaigns and other volunteer-led health promotion activities through the CBHFA approach. The SRCS trains these CHCs to enable them to effectively fulfill their roles and responsibilities. With the support of the CHCs, SRCS branches engage with target communities and local authorities to publicize project activities and seek consent before initiating any project. The CHCs assist the SRCS in explaining project activities to communities and outlining their roles/contributions to the project's success.

Community feedback mechanisms have been established at the clinics, with some feedback collected through the Community Contact Centre (CCC).

NUTRITION

Nutrition is a key part of SRC's primary health care program. The program includes 15 therapeutic feeding programs and 13 targeted supplementary feeding programs for children under five and pregnant or lactating women to treat and prevent wasting. Children in the target communities are assessed monthly to monitor growth, identify malnutrition early, and provide treatment. They undergo anthropometric measurements, including weight, height, age, and Mid-Upper Arm Circumference (MUAC).

A total of 405,389 children under 5 years of age were screened to monitor their growth and identify their nutritional status. Among them, 94 children were found to have oedema, 71,362 were classified as having Moderate Acute Malnutrition (MAM), and 24,737 were identified with severe acute malnutrition (SAM). The Global Acute Malnutrition (GAM) rate of seven health Centres was determined to be 28%, indicating a serious level of global malnutrition.

The increased GAM rate is due to recurrent droughts, measles, diarrhea outbreaks, flooding, higher

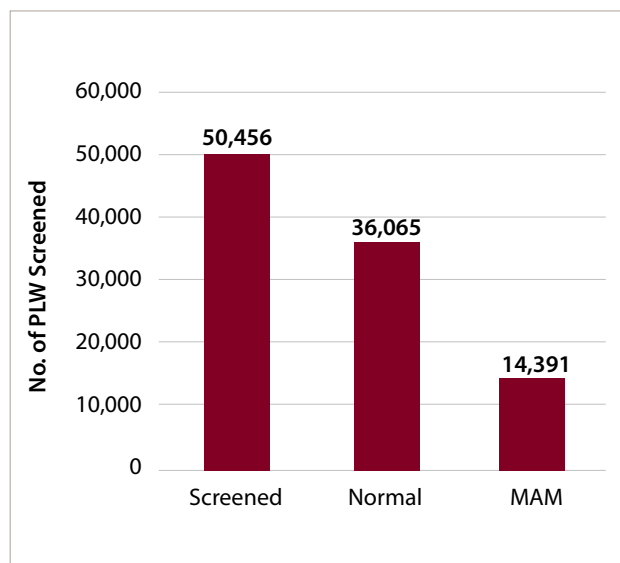




prices, disrupted food supply chains, and mothers seeking treatment for malnourished children.

Pregnant and lactating women (PLW) attending SRCS clinics are screened to monitor their nutritional status. MUAC tape is used to measure them, identifying malnourished mothers with a MUAC below 21.0 cm who meet the selection criteria of being pregnant for 4 months or having a baby less than 6 months old for lactating mothers. A total of 50,456 pregnant and lactating women (PLW) were screened to identify their nutritional status, and 14,391 (23%) were found to have moderate wasting. The GAM rate of PLW mothers is above serious levels of GAM PLW malnutrition rates.

Following the IMAM management guidelines, children diagnosed as severely malnourished without complications were admitted to the Outpatient Therapeutic Programme (OTP) of SRCS clinics and provided with Plumpy Nuts, a high-energy nutritional supplement. They remained in the OTP until they attained the normal growth and nutritional parameters for their age. Children diagnosed as moderately malnourished were admitted to SRCS's Targeted Supplementary Feeding Program (TSFP), while PLW mothers diagnosed as moderately malnourished were treated in SRCS's PLW TSFP program.



A total of 24,737 children with severe malnutrition without complications were admitted to the SRCS-run Outpatient Therapeutic Feeding Program (OTP) in 10 clinics, and 71,362 moderately malnourished children were admitted to SRCS TSFP Centres while 14,391 PLW mothers accessed nutrition treatments in the SRCS TSFP program.

PHC REFERRALS TO SECONDARY CARE

The Primary Health Care (PHC) program supports referrals for patients needing urgent secondary care due to complications and financial constraints. A total of 699 cases were referred along with their caregivers for various medical conditions. These included 206 obstetric complications, 71 fistula repairs, 89 SAM children with medical issues, 27 wounded, and 306 life-threatening conditions, including Almanach referrals.

Staff and volunteers have enhanced their skills through refresher courses and on-the-job training. Health facility staff received updates on national treatment guidelines and IMAM protocols to ensure quality care. Annual targets and key performance indicators were achieved.

Referrals	Total
SAM	99
Obstetric Emergencies	214
War-wounded	27
Life-threatening	326
Fistula	71
Total	737

FIRST AID AND PRE-HOSPITAL EMERGENCY CARE



The First Aid and Pre-Hospital Emergency Care Program serves as the National Society's flagship initiative, demonstrating exceptional visibility and strategic outreach. Through its ambulance services and First Aid responders, the program effectively delivers the SRCS's fundamental principles while providing life-saving assistance to high-risk and conflict-affected areas with limited accessibility.

Throughout 2024, the program conducted comprehensive community and routine first aid training sessions, along with capacity-building initiatives for staff across all branches and sub-branches, successfully training 4,577 individuals in various emergency response skills.

SRCS emergency response teams, comprising ambulance responders, First Aid volunteers, and trained community members, carried out 4,900 emergency responses nationwide, addressing a diverse range of injuries and illnesses. This remarkable achievement underscores the vital role of SRCS-trained personnel in emergency medical services.

The Volunteer Response Teams (VRTs) in Erigavo and Burao branches provided critical referrals and medical support to 1,015 individuals, addressing trauma and emergency health needs in conflict-affected regions. Community First Aid Training Responses assisted 520 cases, including weapon-wounded individuals. The program successfully trained 50



individuals in emergency response procedures and certified 25 First Aid Trainers of Trainers (ToTs) in Mogadishu. Additionally, 350 business professionals, including Tuktuk and truck drivers, received basic life support training at the SRCS training institute.

The program enhanced its operational capacity through the distribution of first aid kits to Community First Aid Teams (CFATs) and the procurement of ambulance upgrading equipment for Kismayo and Dusamareb branches. First Aid booklets were produced and distributed across SRCS branches to support ongoing training initiatives.





Keysaney War Wounded and Fistula Hospital

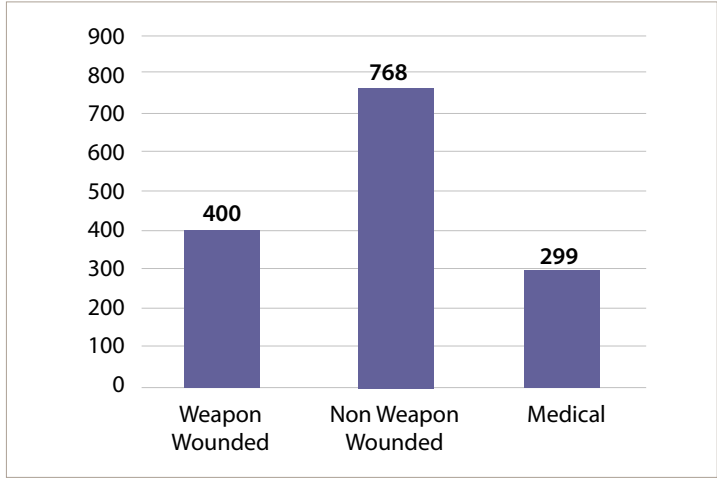
Keysaney Hospital is one of the largest surgical hospitals in Somalia, specializing in trauma surgery and accepting elective surgeries and referrals from Mogadishu, Garowe, and the other partes of the country.

The Hospital serves as the main teaching hospital for surgery and trauma for SRCS volunteers, medical students, and nursing students in the country. The hospital has a capacity of 45 beds: 20 beds for surgical wards and 25 beds for fistula wards.

In 2024, the hospital provided consultations to 4,341 patients, of which 1,467 were admitted.

The hospital trained 200 individuals including 20 medical students, 120 nurse trainees, and 60 SRCS volunteers.





The 32nd anniversary of the hospital was celebrated, highlighting its critical role in community health provision. The community generously donated 10 HP desktop computers to the hospital.

Numerous high-level representatives from SRCS partners and other stakeholders visited the hospital to observe its progress and ongoing work.

FISTULA SERVICES

The department provided consultations to 316 patients, of which 222 were admitted. A total of 203 patients received treatment.

Regarding community engagement, 75 community health workers were trained, and meetings were conducted with 500 individuals from vulnerable groups. In addition, 30 traditional birth attendants (TBA) received training, and 17 visits were conducted to health facilities.

Key messages about obstetric fistula services were disseminated through local radio stations in various regions to inform the community.

A ceremony commemorating Fistula Day was held on May 23rd and attended by over 100 community members. Posters and leaflets were distributed across all target regions.





PHYSICAL REHABILITATION PROGRAM

The Physical Rehabilitation Programme (PRP) stands as an important initiative of the SRCS, dedicated to enhancing the quality of life for individuals with physical disabilities. Through comprehensive rehabilitation services and specialized care, the program embodies the SRCS commitment to inclusivity and accessibility in healthcare delivery.

The Physical Rehabilitation Programme operates through three strategically located centers in Mogadishu, Hargeisa, and Galkayo, offering specialized orthopedic and physiotherapy services, alongside mobility devices to individuals with physical disabilities. Each center serves as a vital hub for comprehensive rehabilitation care, equipped with modern facilities and staffed by qualified healthcare professionals.

Several capacity-building initiatives were implemented throughout the year. A comprehensive Cerebral Palsy (CP) Training was conducted at DAN Centre from October 13-19, including participants from SRCS Rehabilitation Centres in Hargeisa, Mogadishu, and Galkayo.

The program incorporated a seven-day online theoretical component. In addition, fifteen caregivers received specialized training in clubfoot management through the Clubfoot Care Education program. A two-week intensive Trans-Femoral ICS Training program, led by Mr. Davis, Principal of TATCOT Tanzania, trained 10 technicians from three Centres. Furthermore, ICRC organized a leadership training workshop in Mogadishu from July 22-25 for management teams from all SRCS Rehabilitation Centres.

Three staff members began a four-year physiotherapy training program at AMREF University in Nairobi. Another staff member attended a one-year wheelchair training program at TATCOT University in Tanzania. Three staff members from the Physiotherapy and Orthopedic departments attended a short course on Cerebral Palsy in Hargeisa.

Four staff members participated in a Lean Management training in Mogadishu. Two staff members attended Transfemoral Ischial Containment training in Hargeisa. Once Centre Director attended a two-day support supervision training organized by Miracle Feet in Dar es Salaam, Tanzania.

The professional development plan continued in during the month of May with trans-femoral prosthesis training for four physiotherapy and orthopedic staff members in Hargeisa. In July, key staff member attended a Learn Management workshop conducted by the ICRC. Further specialization was also achieved through a Cerebral Palsy training program for two physiotherapists in October.

A staff exchange program was created between Galkayo and Hargeisa Rehabilitation Centres to encourage knowledge sharing and collaboration. The Centre celebrated World Clubfoot Day on June 3, 2024, and participated in the Annual Rehabilitation Centres meeting in Nairobi during the month of May 2024.

A meeting was held with the Hall Trust to enhance cooperation, especially in outreach programs. The meeting was led by the ICRC Physical Rehabilitation Project Manager and Field Officer.



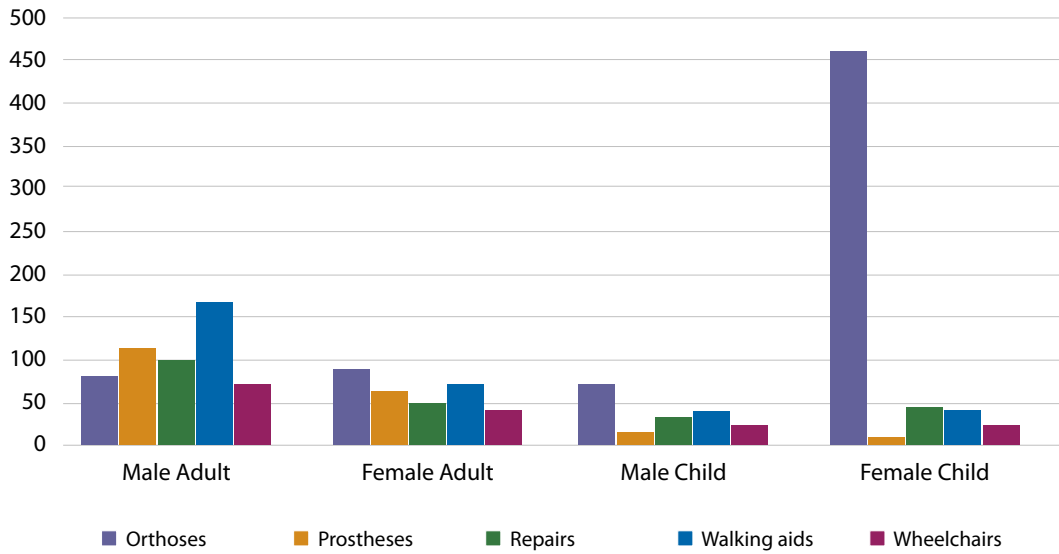
MOGADISHU REHABILITATION CENTRE

Throughout 2024, the Rehabilitation Centre maintained consistent operations, with staff demonstrating exceptional commitment to serving physically disabled individuals. The Centre successfully expanded its accessibility initiatives.

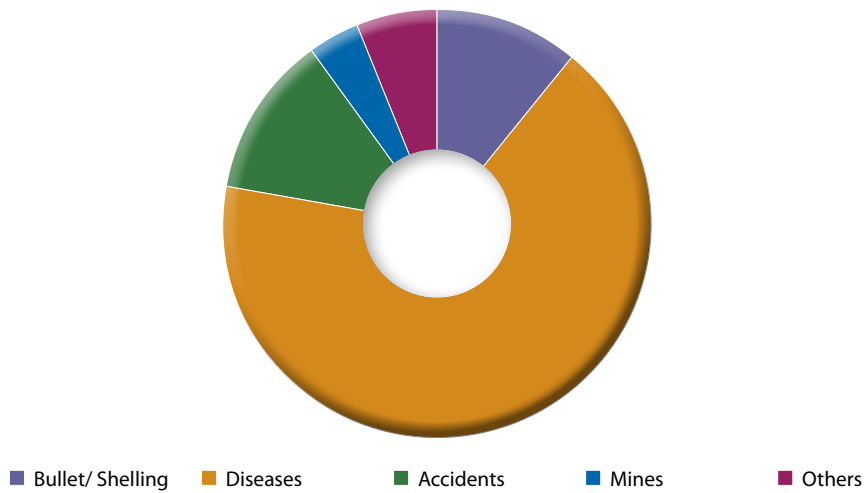
The Centre undertook comprehensive staff capacity building initiatives. A one-year certificate program in wheelchair technology is currently in progress. Additionally, two staff members are pursuing bachelor's degree programs in physiotherapy to enhance their clinical expertise. In February, the team participated in Clubfoot Program supervision training, followed by advanced clubfoot training for eight physiotherapy staff members in March.



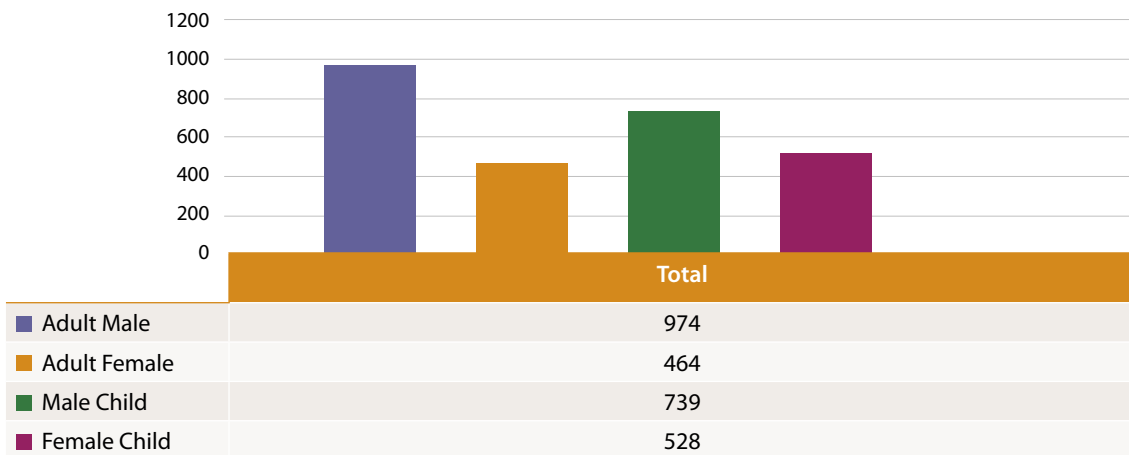
Appliance Produced



Causes of Disability (New cases only)



Physiotherapy Beneficiaries





Restoring Mobility and Hope

Six-year-old Abdi Mohamed Abdulle has regained his mobility and independence through the dedicated efforts of the Somali Red Crescent Society (#BishaCas) Mogadishu Rehabilitation Centre.

At the age of three, Abdi suffered a devastating accident when he fell into fire, resulting in severe burns that led to the loss of both his legs and most of his hand fingers, leaving him with only two functioning fingers. Following the accident, Abdi was confined to his home, unable to walk or attend school, significantly limiting his childhood experiences and development opportunities.

Through the intervention of SRCS Mogadishu Rehabilitation Centre, Abdi received comprehensive rehabilitation services. The rehabilitation program's success has enabled Abdi to walk again, marking a pivotal moment in his young life. This achievement not only restored his physical mobility but also opened doors to educational opportunities and social integration that were previously impossible.

Abdi's transformation exemplifies the vital role of rehabilitation services in changing lives and the importance of accessible medical care for children with disabilities. His story serves as an inspiration and testament to the remarkable resilience of the human spirit, particularly in young children.

The SRCS Mogadishu Rehabilitation Centre continues its mission to provide life-changing support to individuals like Abdi, helping them overcome physical challenges and rebuild their lives with dignity and independence.

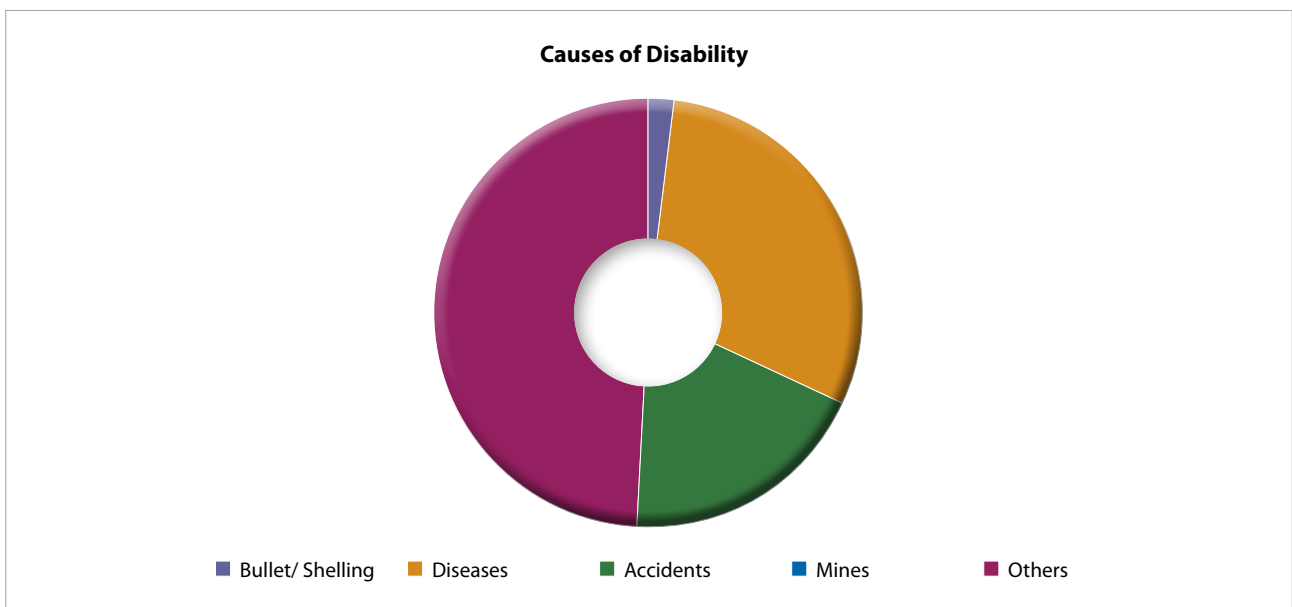
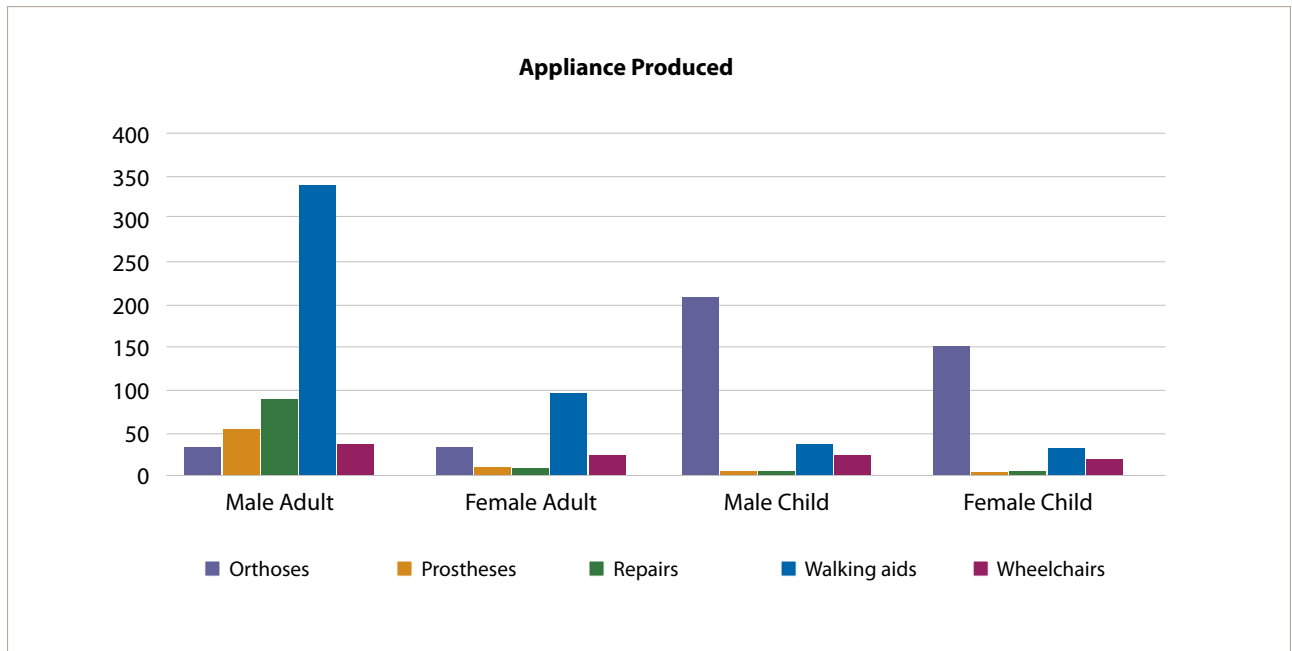


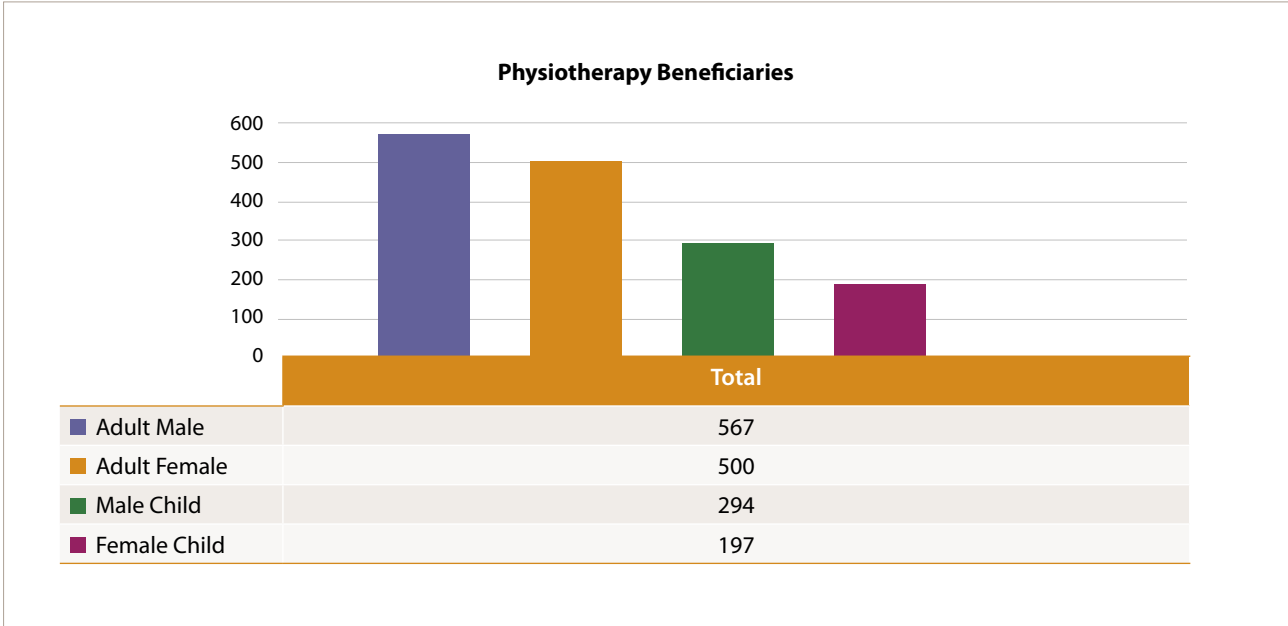
HARGEISA REHABILITATION CENTRE

The SRCS Hargeisa Rehabilitation Centre continues to operate efficiently, delivering essential services to persons with disabilities in alignment with the SRCS Health Strategy and the 2024 Plan of Action.

The Centre’s technical team conducted successful outreach activities, screening 333 patients across various regions. Most patients were subsequently referred to the Hargeisa Rehabilitation Centre for comprehensive care.

The Centre actively participated in the International Day of Disability celebrations on December 3rd, organized in collaboration with the Ministry of Employment, Social Affairs and Family, and the Somaliland National Disability Forum (SNDF). The Centre conducted awareness campaigns through two prominent local television stations.





GALKAYO REHABILITATION CENTRE

The Centre continued to provide services to the physically disabled people and demonstrate its commitment to improving rehabilitation services and expanding its reach to serve disabled individuals across the region.

The Centre conducted a one-day disability identification and rehabilitation service training for 20 SRCS volunteers at the SRCS clinic in southern Galkayo city.

The Centre conducted Lean Management and Lean Production training for all rehabilitation staff to enhance service efficiency and resource management to ensure safe and quality treatment for neuro-musculoskeletal conditions.

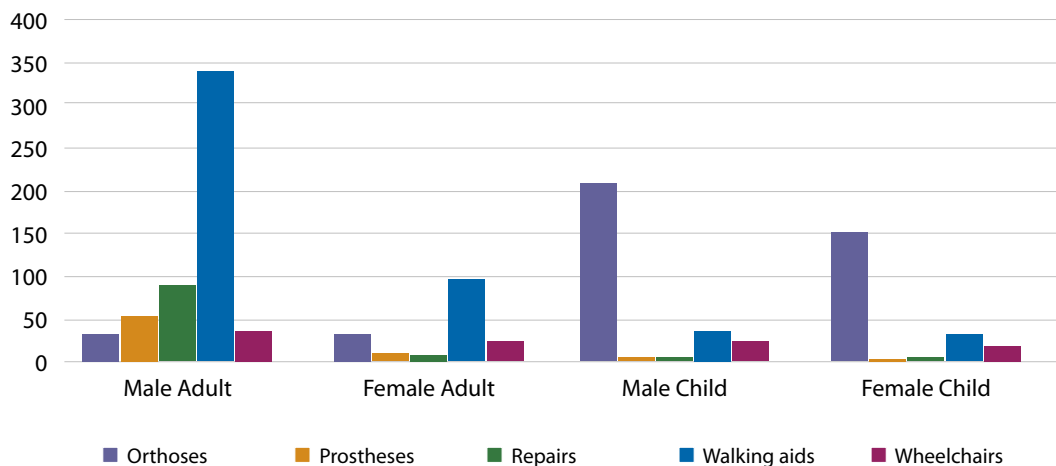
SRCS volunteers carried out a three-day door-to-door assessment in Xaarxaar IDP camp, identifying 95 individuals with disabilities for early referral and intervention. The Centre assessed the individuals clinically and provided them with the necessary rehabilitation services. The Centre delivered 5 pairs of crutches and 20 tips to SRCS Lasanod clinic.

The Centre provided two outreach services in Buuhoodle, Kalabeyr, Widhwidh, and Burtinle districts, benefiting 344 individuals with 57 wheelchairs, 142 crutches, 12 tips, 5-foot changes, and 2 walkers distributed.

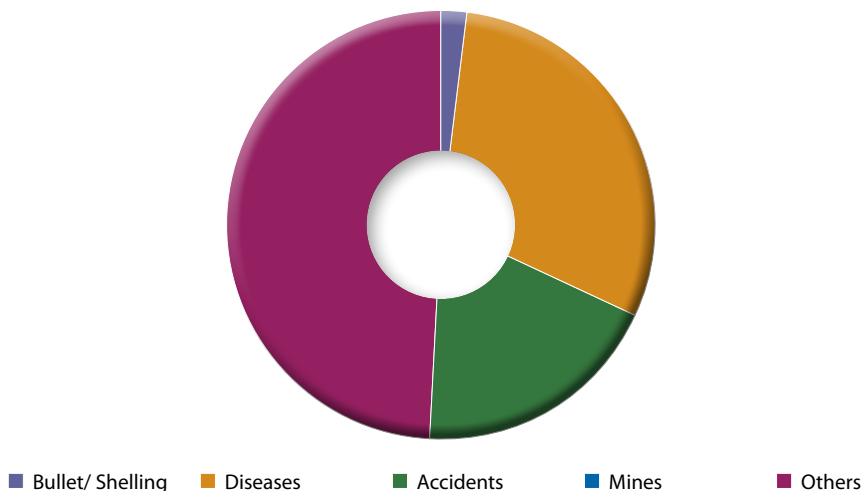
During the year, the Centre registered 67 clubfoot patients, mostly children and successfully corrected 35 cases; other patients received assessments in the field or various rehabilitation devices.



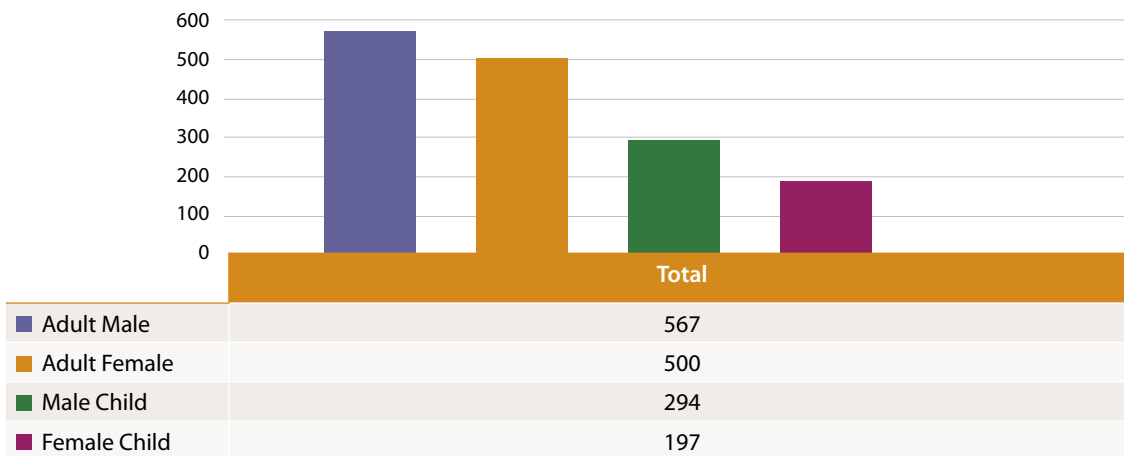
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Causes of Disability



Physiotherapy Beneficiaries





Transforming Lives: Abdinur's Journey to Mobility

In the pastoral community of Kalabeyr village near Las Anod District, a remarkable story of resilience unfolds through the journey of Abdinur Mohamed Ali, an 11-year-old from a nomadic family. Despite facing significant medical challenges early in life, Abdinur's story exemplifies the transformative power of medical intervention and unwavering family support.

At just five months old, Abdinur began a series of critical medical procedures due to complications from Neoplasm, ultimately resulting in the amputation of both legs through multiple surgeries extending into his ninth year. These circumstances posed extraordinary challenges for both Abdinur and his family, who maintain a traditional nomadic lifestyle tending to livestock.

Throughout this journey, Abdinur's mother has been his cornerstone of support, literally carrying him during the family's necessary movements across the region. Prior to receiving medical assistance, Abdinur was forced to rely on knee-walking for mobility, significantly limiting his independence and quality of life.

A turning point came when the SRCS Galkayo Rehabilitation Centre intervened, providing Abdinur with double trans-tibial prosthetic devices. This medical advancement has dramatically enhanced his mobility and independence, opening new possibilities for his future. Today, Abdinur is actively pursuing his education, demonstrating remarkable determination in his academic journey.

The SRCS Galkayo Rehabilitation Centre remains committed to supporting Abdinur's continued progress and aspirations. His story stands as a powerful testament to the impact of targeted medical intervention and the importance of accessible rehabilitation services in transforming lives.

This success highlights our ongoing commitment to providing life-changing support to individuals facing mobility challenges, enabling them to pursue their dreams and achieve their full potential.





Disaster Risk Management

FLOOD EMERGENCY RESPONSE

The SRCS branches conducted flood emergency response activities in various regions across the country during 2024.

The Merka branch conducted extensive distributions in October 2024, providing 12,000 sandbags across five flood-affected villages in Afgoye district. They supported 2,500 families with food, shelter, and hygiene items in multiple districts. Additionally, 600 households in three IDP camps received shelter kits.

In June 2024, the Jowhar branch distributed NFI kits to 320 beneficiaries in Iji village. Further distributions reached 700 beneficiaries across Iji and Donka villages, providing essential items including mats, basins, plastic sheeting, dignity kits, shawls, and stoves.

Kismayo branch executed a distribution of 3,000 sandbags to the flood-affected community in Wirkooy village on June 9th.



These materials were sourced from the branch's warehouse, where they had been pre-positioned specifically for flood prevention purposes. The branch provided shelter kits to 1,700 households in June and 2,500 households in September 2024. Food aid was distributed to 262 vulnerable households in Qamqam and New Luglaw IDP camps.

In August 2024, the Huddur branch distributed shelter kits to 1,500 displaced households in Wajid camps.

The branches of Bardhere, Jowhar, and Beledweyn coordinated food aid distribution to 1,087 households across three towns. Standard food packages included rice, flour, sugar, palm oil, and dates. On March 24, 2024, the branch provided Ramadan food aid to 82 flood-affected households.

The SRCS branches demonstrated effective emergency response capabilities, reaching thousands of affected households with essential supplies and support throughout 2024.



CLIMATE CHANGE INTERVENTIONS

Comprehensive climate change interventions were implemented across various SRCS branches, encompassing capacity building, infrastructure development, and environmental conservation initiatives.

The SRCS conducted specialized training programs to enhance community resilience and emergency response capabilities. These included Early Warning Systems training for 20 volunteers, hygiene and sanitation education for 27 mothers, and First Aid certification for 10 volunteers.

The Bosaso branch executed several critical infrastructure projects in Waciye town, including the construction of an 80-meter gully system designed for water retention, soil erosion prevention, and vegetation support. Additional improvements included providing fuel subsidies for

community boreholes and constructing an elevated water tank at Waciye Primary School.

The Galkayo branch implemented a comprehensive project addressing climate change impacts and displacement. The initiative focused on enhancing community preparedness, early action responses, and developing climate-smart livelihood strategies while improving natural resource management.

SRCS Somaliland Branches executed an extensive soil conservation project across six communities. The initiative resulted in the construction of 294 soil bunds spanning 23,530 meters of land, effectively addressing land degradation and enhancing soil fertility. The project included the planting of 660 tree seedlings, contributing to reforestation efforts and ecological restoration.

CASH VOUCHER ASSISTANCE (CVA)



The SRCS branches implemented Cash Voucher Assistance (CVA) activities including emergency response, capacity building, and economic empowerment initiatives.

During the reporting period, SRCS provided critical support to 6,540 drought-affected households, benefiting approximately 39,240 individuals through a three-month assistance program. The SRCS branches further extended nutrition-focused cash assistance to 1,200 individuals and general cash support to 2,400 individuals. As part of women's economic empowerment initiatives, 45 women received business grants of \$200 each to support income-generating activities.

A significant milestone was achieved through the training of 141 staff and volunteers in specialized CVA implementation. The SRCS conducted a CVA Standard Operating Procedures (SOPs) Development Workshop in Nairobi (September 23-24, 2024), attended by nine senior management members, to standardize CVA procedures across coordination offices.

The Bardera branch executed an emergency response in Luuq district, providing multi-purpose cash grants and NFIs to 820 households across four priority areas. In response to flash floods, the Garowe branch implemented a DREF response supporting 150 households with CVA and shelter assistance, while 60 farmers received agricultural inputs and seeds.

Specialized training programs were conducted focusing on Protection, Gender and Inclusion (PGI) for seven volunteers,



hygiene promotion for nine volunteers, climate change adaptation for nine volunteers, and psychological support for seven volunteers.

The program employed a systematic approach, including thorough registration processes in collaboration with district administrations and community committees, ensuring comprehensive coverage through house-to-house visits and accurate data collection.

WATER, SANITATION AND HYGIENE INTERVENTIONS

SRCS branches of Baidoa, Mogadishu, Beledweyn, Marka, Galkayo, Jowhar, and Kismayo conducted extensive hygiene promotion and outreach campaigns in different locations. The campaign successfully reached 46,650 households with hygiene and sanitation kits.

The Galkayo Branch implemented significant infrastructure improvements, including the rehabilitation of 12 communal latrines in the Bali Abaar IDP site, installation of a solar-powered system at East Africa University borehole, construction of seven twin latrines, and establishment of four water kiosks in Fardaharis village, benefiting 350 households.

In Somaliland, 19 water points were rehabilitated, providing improved water access to 1,710 households (approximately 10,260 individuals). The intervention extended safe and sustainable water access to 4,400 households, reaching an estimated 26,400 people. Additionally, 24,000 people received Aqua tabs for water treatment.

SRCS Somaliland branches distributed WASH-related Non-Food Items to 6,010 households in Somaliland, benefiting approximately 36,060 individuals.

The program included comprehensive training on Participatory Hygiene and Sanitation Transformation (PHAST) for 210

community committees and 350 individuals in areas with rehabilitated water points and shallow wells.



DISASTER RESPONSE EMERGENCY OPERATIONS

The SRCS Somaliland Coordination Office implemented several Disaster Response Emergency Fund (DREF) operations in response to a series of urgent crises. These included flash floods linked to the El Niño phenomenon and an Acute Watery Diarrhea (AWD) cholera outbreak. The DREF mechanism, overseen by the

International Federation of Red Cross and Red Crescent Societies (IFRC), is a critical funding tool designed to enable rapid financial support to National Societies in times of disaster or emergency. This allows them to act swiftly without the delay of waiting for more extensive, formal appeals.



The DREF operations cover several essential thematic areas such as Health, Water, Sanitation, and Hygiene (WASH), Shelter, Non-Food Items (NFIs), Food Security and Livelihoods (FSL), as well as Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA).

By responding to these urgent health needs, the SRCS coordinated health interventions aimed at preventing the further spread of waterborne diseases and providing necessary medical care to the affected population.

CAPACITY BUILDING

Throughout 2024, the SRCS implemented comprehensive capacity-building initiatives focusing on disaster preparedness, health promotion, and community resilience. The programs reached over 4,500 participants through various training sessions and workshops across multiple locations.

A specialized training course (Module 2) was conducted in Garowe from 30th June to 4th July 2024, attended by 13 SRCS volunteers representing 12 branches. The program focused on enhancing Food Security Assessment capabilities for Relief and Livelihood Focal Points.

The Preparedness for Effective Response (PER) Orientation was held in Garowe on 24-27 June with 30 participants. This

collaborative effort between SRCS, IFRC, and Finnish Red Cross was followed by a PER Self-Assessment process in Garowe (September 14-18) to evaluate SRCS's response capabilities.

A total of 324 volunteers participated in hygiene promotion refresher training programs throughout the year. Additionally, 30 volunteers received specialized training in Bayla district on 24-25 January focusing on hygiene promotion and water treatment methodologies.

The SRCS conducted extensive training in Disaster Risk Reduction (DRR), Climate Change Adaptation (CCA), and Early Warning Early Action (EWEA), reaching 3,815 individuals. A notable DRR simulation exercise engaged 175 participants, including students, teachers, and community members.



Key personnel attended various international programs, including:

- Emergency Team Leader Training (Ankara, Turkey, September 2024)
- East Africa Regional Migration and Displacement Workshop (October 2024)
- Multiple local training sessions in Galkayo, Garowe, and Bosaso.

The year's capacity-building initiatives significantly enhanced SRCS's operational capabilities and community engagement, strengthening the organization's ability to respond effectively to humanitarian challenges while building local resilience.

RESTORING FAMILY LINKS (RFL)

During the year, the SRCS Restoring Family Links program reached 228,983 individuals, enabling them to restore contact with their family members. The program provided critical support to migrants, internally displaced persons (IDPs), and other vulnerable groups in need of communication services.

A total of 149,918 persons benefitted from the phone call services offered by the RFL program. This service primarily supported migrants and internally displaced persons (IDPs) from the neighboring countries, allowing them to communicate with their families and loved ones.

The RFL program directly assisted 6,594 migrants, providing essential support to facilitate communication, reconnect with relatives, and access humanitarian assistance when necessary. 3,882 boxes of



emergency food rations and water bottles were distributed to migrants in Lowyacado and Harirad in Somaliland.

1,393 tracing cases were initiated to help individuals locate their missing family members. Out of these, 138 cases were successfully resolved. 68,059 Red Cross/ Red Crescent Messages were exchanged, enabling separated families to share news, communicate important updates, and stay connected despite displacement and migration challenges. The Trace the Face program facilitated the opening of 176 cases to help beneficiaries locate and reconnect with their missing relatives. This initiative utilized digital platforms and tracing services to assist individuals in finding their loved ones.

Additionally, 1, 091 tracing cases were followed up ensuring that ongoing efforts to reconnect families remained active and beneficiaries received continuous support in their search for missing family members.

During the two-week period from October 22nd to November 4th, 2024, the RFL team facilitated 1,726 phone calls within three Internally Displaced Persons (IDP) camps in Dhuyacley, Jazira, and Kulmiye under Luq district.

As for the staff and volunteers' capacity building, 27 volunteers and 17 staff members were trained in case management and family tracing. Suspension of BBC's Radio Baafin Program, a key tool for tracing missing persons, significantly impacted outreach efforts.

The SRCS held the Annual RFL meeting in Mogadishu from 17 to 19 December. Additionally, quarterly RFL meetings were held

in both Hargeisa and Mogadishu, where RFL teams focused on service improvement strategies and activity planning for upcoming initiatives.

The Africa Family Links Network Meeting took place in Dakar, Senegal, from August 6-9, 2024. The meeting featured active participation from SRCS RFL Coordinators. This regional gathering provided an important platform for knowledge sharing and strategic coordination.

Two significant data meetings were conducted in Nairobi during August and December 2024, with full participation from the RFL coordination team. The coordination team also engaged in the Regional Implementation Team (RIT) meeting, held virtually on January 29, 2024, further strengthening regional collaboration and implementation strategies.

The RFL Data Analysts participated in a specialized data protection training held in Naivasha, Kenya, from November 18 to 22. The training focused on ensuring compliance with international privacy standards in data management and strengthening data security measures to safeguard sensitive beneficiary information

The RFL team successfully completed the Annual Monitoring and Evaluation survey, marking a significant milestone in program assessment. The comprehensive evaluation process has yielded valuable insights into the program's operational effectiveness and service delivery mechanisms. The team has identified several critical areas for strategic enhancement, particularly in service efficiency and resource allocation.



Communication and Dissemination

The SRCS Communication Department demonstrated remarkable success in strengthening both public and operational communications during the reporting period, reaching 22,900 individuals through various channels.



The department documented crucial field activities through photography and video coverage, including food distribution events in Merka and Luuq during August and October 2024. They also covered the opening of a new health clinic in Buloburde in December 2024, which attracted over 100 community members.

Notable achievements included documenting a family reunion story between Tareedisho IDPs camp in Mogadishu and Kakumo Camp in Kenya. The team also produced video content highlighting the 32nd Anniversary of Keysaney

hospital, focusing on the facility's impact and its work addressing Fistula cases.

The department produced and distributed various print materials throughout the year. This included 500 copies of the SRCS Annual Report 2023, 300 copies of the Health Strategy 2024-2028, 390 Desk Calendars, and 20 large photo boards. The Somaliland Coordination Office separately produced 4,820 publications, including brochures, leaflets, and posters, further extending the organization's reach and visibility.



Commemoration of World Red Cross and Red Crescent Day

The SRCS branches joined the global humanitarian community in celebrating World Red Cross and Red Crescent Day on May 8th, 2024. Under this year's theme, "Keeping Humanity Alive," the celebration honored the unwavering commitment of volunteers and staff members who work tirelessly to provide humanitarian assistance worldwide. The theme particularly resonates with the current global landscape, emphasizing the increasing challenges faced by humanitarian workers and the critical nature of their mission.

Commemoration serves as a powerful reminder of the fundamental principles that guide the Movement: humanity, impartiality, neutrality,

independence, voluntary service, unity, and universality. These principles continue to drive the organization's efforts in providing relief and support to communities in crisis.



National Society Development

BRANCH ORGANIZATIONAL CAPACITY ASSESSMENT

During the second quarter of 2024, all SRCS Branches conducted Branch Organizational Capacity Assessment (BOCA) workshops. These workshops were attended by SRCS staff, volunteers, and members.

BOCA consolidation workshops were held for 12 branches, during which all BOCA reports were assessed and compiled. Insights from the BOCA assessments, as well as general trends of needs and priorities, were gathered.

In the previous year, 19 BOCA facilitators received training to expand and strengthen the pool of SRCS facilitators capable of conducting BOCA in the branches.

The purpose of this exercise was to enable branches to utilize a self-assessment tool that helps identify their strengths, weaknesses, and challenges. This is part of the SRCS branch development process and aligns with the NSD plan.



SRCS ALL-INCLUSIVE MEETING

The Somali Red Crescent Society successfully convened an All-Inclusive Meeting (General Assembly) on 4th June 2024. The meeting was graced by the presence of the SRCS Executive Committee Members, Branch Chairpersons, and the SRCS Senior Management Staff.

After confirming the quorum through a roll call of the SRCS branches, the meeting was officially inaugurated by the SRCS President, Yusuf Hassan Mohamed. He extended a warm welcome to the SRCS Executive Committee Members, Branch Coordinators, and Senior Management Staff. His remarks underscored several key areas, including the SRCS National Society Development (NSD), human resource and volunteer development, resource mobilization, SRCS sustainability, and the Safer Access Framework.

Subsequently, the two SRCS Executive Directors were invited to present an overview of the SRCS operations under their respective Coordination Offices. Mr. Ahmed Abdi Bakal, the SRCS Executive Director in Hargeisa, delivered an insightful



presentation, encapsulating key SRCS operations in the SRCS Somaliland branches. He highlighted the achievements, milestones, challenges, and key partners supporting the projects. Similarly, Mr. Mohamed Abdi Warsame, the SRCS Executive Director in Mogadishu, delineated the SRCS operational achievements aligned with the five pillars of the SRCS Strategic Plan.

A constructive dialogue ensued, with participants posing questions, seeking clarifications, and offering comments and suggestions. The meeting led to the adoption of the SRCS Health Strategy 2024-2028, Asset Management Policy, and SRCS Procurement Policy, and the re-election of the SRCS President, Vice President, and Executive Committee Members for a term of four years.

The SRCS Vice President, Mr Ahmed Jama Abdulle, expressed his heartfelt appreciation to all participants. He underscored the importance of endorsing the governance of the National Society and extending the leadership's term, considering the persistent challenges facing the country.

The SRCS President then invited partners to address the meeting. Representatives from the Canadian Red Cross, Qatar Red Crescent, German Red Cross, Norwegian Red Cross, Finnish Red Cross, IFRC, and ICRC took the opportunity to share their remarks. They lauded the SRCS for organizing such a significant meeting and achieving substantial milestones. They expressed their satisfaction with SRCS's operational efficiency and reaffirmed their commitment to supporting SRCS in its operations.



YOUTH AND VOLUNTEERS

The SRCS conducted significant volunteer operations across two main coordination offices in the country during the reporting period. At the Mogadishu Coordination Office, 239 volunteers from the branches of Bosaso, Garowe, Beletwein, and Baidoa participated in diverse humanitarian activities. These activities encompassed designing irrigation projects, implementing disaster risk reduction measures, and conducting soil protection initiatives. The volunteers also provided hospital cleaning services, worked on programs addressing gender-based violence and HIV, and supported cash voucher assistance programs.

The Somaliland Coordination office demonstrated substantial volunteer engagement, with 4,855 volunteers completing



training programs. Of these, 3,737 volunteers participated in regular training classes to enhance their skills and knowledge. The Office successfully deployed 657 volunteers to provide direct assistance to vulnerable populations in the region. Additionally, the volunteers coordinated and executed large-scale cleaning campaigns across multiple branch locations, demonstrating their commitment to community service and environmental health.

The Volunteers and Members Management System (VMMS) trainings took place in Garowe and Berbera from September 10th to 18th, 2024. The sessions were attended by volunteer focal persons from the Coordination Offices and Branches who engaged in discussions about the importance of teamwork and exchanged valuable ideas on enhancing team efficiency among volunteers.

PREPAREDNESS FOR EFFECTIVE RESPONSE

The Preparedness for Effective Response (PER) validation workshop, organized by the Somali Red Crescent, took place in Garowe from September 13th to 19th, 2024. This workshop was a follow-up to the orientation workshop and PER Self-assessment conducted in August 2024.

Facilitated by resource persons from the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Finnish Red Cross, the workshop aimed to develop the PER Plan of Action and Budget.

The workshop was attended by SRCS Management members, branches, and teams from the Danish Red Cross and IFRC.



FINANCE DEVELOPMENT

The SRCS Finance Manager, Ms. Zahra Ahmed Jimale, participated in a specialized training program focused on Financial Management and Reporting for the Pilot Programmatic Partnership (PPP) Project. The five-day training was conducted from 4th to 8th November 2024, in Budapest, Hungary. The training was designed to strengthen financial management capabilities and reporting practices among participating National Societies.

SRCS has successfully utilized the SAGE Accounting System across its Coordination Offices in Mogadishu and Hargeisa for the past three years. Building on this foundation, SRCS is now expanding its digital capabilities to include human resource management.



SRCS has started implementation of a new HR Module as an extension of the existing SAGE accounting system. This



integration represents a significant step toward modernizing and strengthening the organization's human resource management capabilities.

In collaboration with an external auditing firm, SRCS started a Financial Statement Compilation Exercise in 2024.

This strategic initiative involves compilation of financial statements in accordance with International Financial Reporting Standards (IFRS), assessment of current financial records and systems, preparation for external audit, enhancement of Finance Department capabilities, strengthening of financial processes and procedures and implementation of best practices in financial reporting. The timing of this initiative coincided with SRCS's 2025 external audit planning.

PEER-TO-PEER EXCHANGE LEARNING INITIATIVE



Five Senior Finance Officers from the Somali Red Crescent Society undertook a peer-to-peer visit to the Kenya Red Cross from 4th to 15th November 2024. This initiative aimed to bolster the expertise and abilities of the SRCS finance team through learning from the best practices and experiences of the KRCS in financial management.

The SRCS team had the opportunity to gain insights from the KRCS's experiences, discuss challenges and successes, and

explore collaborative strategies to enhance the effectiveness and impact of the SRCS finance team's contribution to our humanitarian efforts.

The SRCS and the Kenya Red Cross (KRCS) maintain a multifaceted partnership, united in our commitment to assisting the most vulnerable people.

ANTICIPATORY ACTION IN CONFLICT AND FRAGILE SETTINGS

The SRCS convened Anticipatory Action in Conflict and Fragile Settings Workshop from 4th to 5th December 2024 to explore ways to implement AA in conflict and fragile settings.

The workshop, which was officially opened by the SRCS President, Mr. Yusuf Hassan Mohamed. Mohamed Babiker, Head of IFRC Country Cluster, was held in Nairobi bringing together SRCS, ICRC, IFRC, and PNSs (German Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross and Norwegian Red Cross) focused on seeking ways to enhance anticipatory action and coordination in conflict and fragile contexts. The workshop was of great importance to the SRCS as its operations are crucial given the country's history of fragility, natural disasters, and protracted humanitarian crises.

The primary objectives of the workshop were to create a common understanding of the requirements of Anticipatory Action (AA) in conflict settings, enhance AA coordination, particularly in conflict-affected areas, understand each other's roles/responsibilities and ways of working in conflict-affected areas and develop a roadmap to make SRCS and partners ready to implement anticipatory action in conflict settings.

The presentations touched on the importance of AA in conflict and fragile settings. The relevance of AA in these contexts was explained in two key dimensions i.e. enhancing resilience and proactive risk mitigation. Participants also discussed the importance of AA in SRCS operations, as well as the differences between AA, disaster preparedness, and contingency planning.



STRENGTHENING SAFEGUARDING PRACTICES



The Somali Red Crescent Society convened a one-day workshop on 6th December 2024 focusing on strengthening safeguarding practices in humanitarian activities and equipping SRCS with the necessary skills to provide a service that protects individuals and the SRCS from abuse, neglect, and harm.

Throughout the workshop, the participants examined core safeguarding principles, discussed mechanisms for risk mitigation. The overarching objective was to reinforce the

capacity of the SRCS staff, ensuring they not only understand but can effectively integrate and uphold safeguarding standards in their day-to-day operations.

Co-facilitated by Ms. Loise Giteru, British Red Cross Safeguarding-PSEA Programme Manager for East and Southern Africa, and Ms. Maureen Nderitu, IFRC Protection, Gender and Inclusion Senior Officer, underscored the organization's commitment to improving safeguarding measures from the highest levels of leadership through all staff tiers.

SAFER ACCESS FRAMEWORK

The SAF Task Force supported SRCS's Safer Access Framework journey, conducting a workshop in Nairobi and developing a two-year Plan of Action with three priorities. Basic PPE kits were purchased for 10 branches. Passive security improvements were implemented across the branches. Accident insurance covered 5,348 active volunteers, and vehicle insurance was renewed for 25 operational vehicles. Recruitment of SAF focal points began. Validation workshops highlighted access, acceptance, and security challenges.

The SRCS President inaugurated a Context and Risk Assessments Validation Workshop in Mogadishu, attended by 12 Branch Coordinators, Department Directors, and other key staff members. The workshop aimed to validate the findings of the context and risk assessments conducted across the SRCS branches.



RISK SHARING ASSESSMENT

A joint risk sharing workshop was held in Nairobi from 10th to 11th December 2024 as part of the risk sharing initiative between the International Committee of the Red Cross (ICRC), Swedish International Development Cooperation Agency (SIDA), and Somali Red Crescent Society (SRCS).

The purpose of the workshop was to develop a shared understanding of fiduciary and related risks affecting humanitarian assistance delivery in Somalia and develop

collaborative risk-sharing solutions to enhance partnerships and improve humanitarian response effectiveness.

The workshop, which was attended by senior representatives from the ICRC, SIDA and SRCS, facilitated discussions on strengthening equitable partnerships while ensuring more effective humanitarian assistance delivery to affected populations in Somalia.

HUMAN RESOURCE DEVELOPMENT

During this period, several key human resource initiatives were successfully implemented: SRCS executed a Peer-to-Peer Exchange Learning Initiative in collaboration with Kenya Red Cross. A comprehensive Training Needs Assessment was conducted and delivered specialized training to 30 managers. HR policy training was given to 76 employees

The annual staff Medical and Life Insurance Contract was successfully renewed. A total of 26 employees were awarded for outstanding performance. An organization-wide performance reviews were also conducted. The HR team administered an insurance satisfaction survey with 125 participants



LOGISTICS AND INFRASTRUCTURE DEVELOPMENT

The SRCS achieved significant progress in strengthening its logistics capabilities and infrastructure development, marking substantial improvements in operational efficiency and humanitarian response capacity.

A complete renovation of six branch locations were made with structural reinforcement and safety upgrades, enhanced security features, and improved accessibility features. Four strategic warehouse facilities were completed.

The Logistics staff were given a number trainings including warehouse management, supply chain optimization and Procurement.

The significant improvements in logistics and infrastructure have substantially enhanced the SRCS's operational capabilities.



PROTECTION, GENDER AND INCLUSION (PGI) PROGRAM REVIEW

A comprehensive external review was conducted to evaluate the Protection, Gender and Inclusion (PGI) programming across four key regions of Togdheer, Awdal, Maroodi-Jeeh, and Saahil.

The assessment aimed to examine program effectiveness, community impact, and sustainable implementation practices.

The PGI initiative focuses on ensuring inclusive humanitarian assistance and protection services while promoting gender equality and diversity across the target communities.

The program operates through local partnerships and community-based approaches to address protection needs of vulnerable populations.

The PGI program demonstrates significant positive impact while highlighting areas for strategic enhancement. Continued focus on localization and sustainability will ensure long-term program effectiveness and community resilience.



SRCS Review and Planning Meetings

The SRCS Coordination Offices' Review and Planning Meetings were held in Mogadishu (28th November to 1st December) and Berbera (24th to 26th December). The meetings evaluated the challenges and achievements of 2024 and established strategic priorities for 2024.

The meetings were attended by 150 key management staff including Executive Directors, Branch Coordinators, Department Directors, Program Coordinators and Managers.

Throughout 2024, SRCS successfully delivered essential healthcare services to vulnerable communities and strengthened its disaster preparedness programs. Additionally, the organization focused on building institutional capacity to ensure sustainability and expanded its humanitarian network by establishing partnerships with new stakeholders.



Policy and Strategy Development

COMMUNICATION STRATEGY DEVELOPMENT

The Somali Red Crescent Society (SRCS) has undertaken a comprehensive review of its communications strategy to align with the evolving humanitarian landscape in Somalia. These reviews aim to refine the organization's communication vision for the period 2025-2027. The process involved a context and risk assessment under the SRCS's Strategic Action Framework Plan of Action, which highlighted several key challenges and opportunities for the National Society.

The purpose of the strategy is to establish a unified, open, and effective approach to internal and external communications is the goal of the SRCS communication strategy. It aims to strengthen SRCS's position as the premier humanitarian organization in Somalia working with communities, local authorities and other partners to provide basic and quality services to vulnerable people in accordance with Fundamental Principles of the Red Cross and Red Crescent Movement. While promoting cooperation, understanding, and trust among stakeholders.



ENVIRONMENTAL POLICY DEVELOPMENT

Progress has been made toward establishing organizational environmental policy. A task force established comprising SRCS, IFRC, ICRC and PNS representatives. The Initial draft of first organizational environmental policy in development.

The Policy currently undergoing review process. The final consultation workshop on this will be organized in May, 2025.

The ongoing development of environmental policy and PGI assessment results will inform future strategic initiatives.

SRCS Movement Partners' Meeting



The SRCS President, Yusuf Hassan, opened the SRCS Movement Partners Meeting held in Nairobi on September 10, 2024. He extended a warm welcome to all participants and expressed gratitude towards the partners for their invaluable contributions.

During the opening session, numerous key points were discussed. The precarious security situation in Somalia was underscored, with SRCS reaffirming its dedication to assisting affected communities. The relentless efforts of the SRCS team were acknowledged, and a new Health Strategy was unveiled to better cater to community health needs, with a call to partners for support.

Partners were urged to support Branch Development Plans to enhance local services. Future plans include developing a new five-year strategy, bolstering security management, updating partner mapping, enhancing resource mobilization, and improving Planning, Monitoring, Evaluation, and Reporting (PMER) capacity. The session concluded with appreciation for the unwavering support from partners, underscoring their pivotal role in SRCS's success.

Cyril Jaurena, the ICRC Head of Operations, presented an overview of the key security and political developments in the country. Major risks were identified, with proposed mitigation measures and reinforced coordination with SRCS. Mohamed Babiker, the IFRC Head of Country Cluster, expressed his gratitude towards the leadership and emphasized its

commitment to supporting SRCS. He highlighted the importance of coordination and adopting new working methods, which align with IFRC's ways of working.

The two Executive Directors of SRCS Coordination Offices in Mogadishu and Hargeisa briefed the participants on the program activities, achievements, and challenges against the backdrop of the country's political and security landscape.

Updates on SRCS NSD were provided, with tangible milestones in Strategy Development, Safe Access Framework, Finance Development, Digitalization of processes, Security and Risk Management, Branch and Volunteer Development, Governance and Policies Development, Communication, Safeguarding, Resource Mobilization, Human Resource Development and Finance Development.

Participants were also briefed on the outcome of the NSD in conflict research study, facilitated by the British Red Cross Consultant. The background, key findings, and how SRCS and partners can operationalize the recommendations of the study were discussed and shared.

The final session of the meeting centred on the role of partners in supporting SRCS operation and institutional development. Partners, namely ICRC, IFRC, British Red Cross, Canadian Red Cross, Icelandic Red Cross, German Red Cross, Finnish Red Cross, Italian Red Cross, and Danish Red Cross, made their commitments and pledges to support SRCS.

International Engagements

48TH SESSION OF THE ARAB RED CRESCENT AND RED CROSS ORGANIZATION

The SRCS attended the 48th Session of the Arab Red Crescent and Red Cross Organization held in Damascus, Syria from 25 to 28 June 2024. The 48th session witnessed the attendance of delegations representing 16 Arab Red Crescent and Red Cross societies, in addition to the participation of observers and representatives of several international organizations, including the Islamic Committee for International Crescent (ICIC), the International Committee of the Red Cross (ICRC), the International Federation of the Red Crescent (IFRC), and the Arab League of Arab states. The meeting approved several decisions, including assisting the people affected by conflict and droughts.



RED CROSS AND RED CRESCENT INTERNATIONAL FUNDRAISING SKILLSHARE

The Somali Red Crescent Society attended the Red Cross and Red Crescent International Fundraising event held in Lisbon from 24th to 25th September 2024. This global event which brought together nearly 200 people from different National Societies, was an opportunity for fundraisers from across the Movement to come together to share knowledge and skills, as well as to network to develop fundraising capacity of their National Societies.

The event was aimed at developing international fundraising skills by providing participants with vital new skills and ideas and empowering them to fundraise for the future.



RC NET GENERAL ASSEMBLY

The IFRC Vice President, Bolaj Akpan Anani, inaugurated the General Assembly of the RC-Net, held in Arusha, Tanzania, on September 18-19, 2024. The meeting convened 16 African National Societies from member countries in Eastern Africa and the Indian Ocean Islands. Mr. Abdulkadir Ibrahim "Afi", the SRCS Director of Organizational Development and Communication, represented the President of the Somali Red Crescent Society at the Assembly.

Mr. Robert Kwesiga, the Secretary General of the Uganda Red Cross Society, was re-elected as the regional Chair for a second term. Ms. Lucia Pande, the Secretary General of the Tanzania Red Cross Society, was elected Vice-Chair, along with three members from Djibouti, Rwanda, and Madagascar.

The East African and Indian Ocean RC-NET is a network of National Societies in Eastern Africa and the Indian Ocean

Islands, including Burundi, Comoros, Djibouti, Ethiopia, Eritrea, Kenya, Madagascar, Mauritius, Rwanda, Somalia, Seychelles, Sudan, South Sudan, Tanzania, and Uganda. The network aims to collaborate on common humanitarian issues.



NSD IN COMPLEX AND CONFLICT SENSITIVE CONTEXTS MEETING

The SRCS President, Mr. Yusuf Hassan Mohamed, the Deputy Executive Director, Hassan Abdi Jama and Director of organizational Development and Communication, Mr. Abdulkadir Ibrahim "Afi" attended an Event in London on National Society Development in Complex and Conflict Sensitive Contexts.

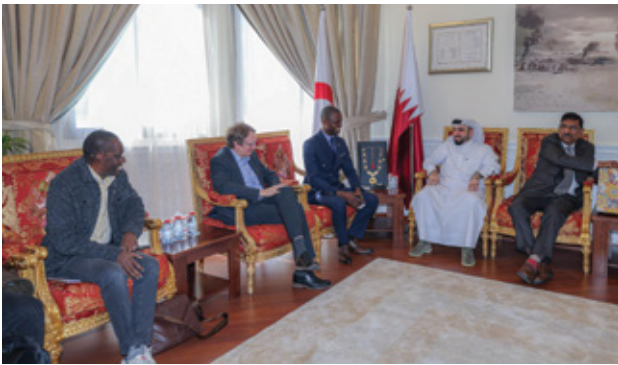
The Somali Red Crescent was among 6 NS that participated in a new study led by the British Red Cross together with Danish Red Cross, Canadian Red Cross, German, American Red Cross, Australian Red Cross, IFRC and ICRC.



IFRC STANDARDS AND CERTIFICATION TECHNICAL WORKING GROUP MEETING

The SRCS Director of Organizational Development and Communication, Mr. Abdulkadir Ibrahim "Afi" attended the meeting of the IFRC Standards and Certification Technical Working Group which was held in Doha, Qatar on 5-7 February 2024.

The meeting hosted by Qatar Red Crescent focused on mechanisms of optimizing the humanitarian service quality and increasing transparency in humanitarian sector. The Acting Secretary General of Qatar Red Crescent, Faisal Mohamed Al-Emadi, received members of the Working Group at the QRCS Headquarters in Doha where he expressed his support in the new international certification which helps enhance quality of humanitarian services.



STATUTORY MEETINGS IN GENEVA

The SRCS delegation led by the SRCS President attended the International Red Cross and Red Crescent Movement's Statutory Meetings which was held in Geneva, Switzerland from 22 to 31 October 2024. The event was attended by 191 National Societies, the International Federation of Red Cross and Red Crescent Societies - IFRC, International Committee of the Red Cross, 196 States, and global humanitarian partners.

The Statutory Meetings are crucial not just for the Movement, but for the entire humanitarian community. For over 150 years, these meetings have passed resolutions that have changed lives-impacting people affected by conflicts, disasters, and other crises. The SRCS, being a full member, is participating in the meetings, having bilateral discussions with partners.

The SRCS delegation had bilateral meetings with 10 Red Cross and Red Crescent partners and discussed issues of mutual interest with them. Two members of the delegation spoke on two important panels discussed where they shared the remarkable work of the Somali Red Crescent Society in navigating the complexities of a conflict-ridden environment under which SRCS must operate and maintain its neutrality and impartiality.





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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